



# **Female Genital Cutting: a Cultural Conflict**

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# **Abstract**

(English)

The issue of how to address the cultural practice of female genital cutting (FGC) is controversial as it involves surgical incision often performed to young girls in the age group six to ten. On the other hand, in a number of societies in different parts of the world, it traditionally carries great cultural importance and is essential to undergo in order to be considered part of the community. This study investigates FGC and how the general understanding of the practice affects the public portrayal of the Somali community in the UK. Utilizing the theory by Gayatri C. Spivak concerning subaltern's opportunities to speak, it is discussed how Somali women are represented within the dominant structures in the UK and whether they have the possibility of influencing this. Furthermore, the cultural sensitivity and culture-centered approach to health implementation conceptualized by Mohan J. Dutta is applied in order to study the current implementation of the FGC legislation in the UK. Based on conducted empirical data, it is concluded that a segment of the Somali community feel misrepresented due to the portrayal of the practice of FGC and the unwillingness from the dominant society to include oppositional statements in the debate and if included deeming them invalid.

# Abstract

(Latvian)

Sieviešu ģenitāliju griešana SGG kontroversāls temats, jo šī procedūra ietver ķirurģisku incīziju, kas bieži veikta jaunām meitenēm no sešu līdz desmit gadu vecumam. Daudzās pasaules sabiedrībās šī tradīcija ietver augstu kulturālo nozīmi un tai ir būtiska nozīme kopienas veidošanā. Šajā pētījumā ir apskatīta kultūras prakse SGG un kā vispārējais viedoklis par šo tradīciju ietekmē somāliešu kopienas atainojumu Apvienotās Karalistes publiskajā sfērā. Empīriskais materiāls ir analizēts, lai pētītu to, cik lielā mērā pētījuma dalībnieki jūtas publiski reprezentēti vai nepatiesi atainoti. Izmantojot Gayatri C. Spivak teoriju par *sabalternā* iespējām izteikties un tikt uzklausītam, ir diskutēts, kā somāliešu izcelsmes sievietes ir pārstāvētas Apvienotās Karalistes sabiedrībā dominējošajās struktūrās un vai tām ir iespēja šo reprezentāciju ietekmēt. Apvienotās Karalistes likumdošana par SGG ir analizēta ar Mohan J. Dutta teoriju par *kultūras-sensitīvu* un *kultūras-centrālu* pieejām, veselības aprūpes regulāciju veidošanai un īstenošanai. Šajā pētījumā ir prezentētas iespējas, kā šādu likumdošanu veidošanas process varētu tikt uzlabots, piemēram, iekļaujot somāliešu kopienas uzskatus, tādējādi ņemot vērā kultūras atšķirības. Pamatojoties uz empīrisko materiālu, tiek secināts, ka pētījuma dalībnieki uzskata, ka somāliešu kopiena un kultūras tradīcija SGG ir maldinoši un vienpusēji atainota. Šis ir izskaidrots kā dominējošās sabiedrības nevēlēšanās iekļaut opozīcijā esošos viedokļus publiskajā telpā, kas, ja pat ir ietverti, tiek uzskatīti par nepatiesiem un mazāk vērtīgiem.

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# 1. Introduction

## 1.1 Problem Area

In the following section we will introduce the problem area of the project and the problem formulation. Female genital cutting (FGC) is defined by the World Health Organization (WHO) as comprising “*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). FGC is a widely debated topic due to the large number of its practitioners. There is no specific data on the number of cut women and girls worldwide, however it is estimated that more than 125 million women and girls in Middle Eastern and African countries have undergone FGC (Unicef, 2013: 22). Specifically in Somalia, the prevalence of FGC is noticeably high. With 98 percent of all girls above the age of 15 having undergone the practice, this country has the highest percentage of FGC in Africa (Unicef, 2016: 2). Somalia has experienced a large migration wave across borders in the last three decades and has created Somali diasporas all over the world (IOM, 2014: 4; 9). Particularly United Kingdom is home to the largest Somali community in Europe with a population of about 114.000 Somali born residents in the UK (Hassan et al., 2013: 8). Due to this, the cultural practice of FGC has become a largely debated topic in the media within the UK. Surely, FGC has a long history that is hard to link with a single culture and even a time period and therefore there are various reasons and motivations for why the practice has been or is carried out. Since it is rather impossible to link it with an individual culture or group of people, it is questionable how to handle the issue internationally without overlooking cultural differences.

The debate about FGC in the UK has mostly focused on the health implications of the practice. There has been, and still are, numerous campaigns in the UK aimed at eradicating FGC by focusing on the negative aspects. As a result of this, a law banning the practice was implemented in the UK in 1985 (NSPCC 2) on the background of the European Union’s (EU) initiative to outlaw the practice (Shreeves, 2015). It can be argued that the way the matter was handled might have sparked further debate within the practising communities due to concerns of the ruling discourse shaping the public opinion (Baqué et al., 2015). The estimated numbers of women who have undergone FGC in the UK varies from 100.000 up to more than 200.000 (NSPCC 1; Nyangweso, 2014: 18). The puzzling nature of the difference in the statistics creates a controversy in its legitimacy. Additionally, it is interesting to question the authenticity of the data

that is revealed in the public debate and used by FGC campaigners, since one can imagine the difficulty of collecting such information.

The topic of FGC is sensitive, due to some women possibly feeling uncomfortable discussing bodily matters and furthermore, the fact that many practicing countries are following Islam where such topics would be seen as inappropriate to discuss within and outside the family (App. 2, Sagal: 00:28:30). Considering these factors, it is necessary for parts of the Somali community to be represented by either women from within this community, who do not have difficulties speaking publicly about the issue, or people without Somali descent, but possibly with another connection to the community or the practice. However, it is interesting to study the spokespersons' motivation for representing the Somali community, the standpoints they take as well as how they choose to portray Somali women, and whether this corresponds with the way the women view themselves.

## **1.2 Problem Formulation**

We will investigate this problem taking point of departure in the following problem formulation:

*How does the representation of the Somali community and the portrayal of FGC affect the conditions of speaking for the Somali community, according to a female segment from the Somali community in the United Kingdom?*

In order to answer our problem formulation we have composed specific working questions:

- *How does our interviewees experience the way the practise of FGC is publicly portrayed and how does this correlate with their own perception of it?*
- *How are Somali women's voices represented in the FGC debate in the United Kingdom, according to our interviewees?*
- *How are our interviewees' conditions of speaking about FGC affected by the public portrayal of the practice?*

We will answer our first research question in order to explain the concept of FGC: *How does our interviewees experience the way the practise of FGC is publicly portrayed and how does this correlate with their own perception of it?* This will be carried out by studying publicly perceived incentives for practising it as well as health legislation and implementation on the matter. In

order to compare this to how Somali women perceive the practice, we will account for the motivations behind carrying out FGC, as well as deterrents of the practice that our interviewees present to us and overall which values they ascribe to it. This will be done by analysing interviews conducted with two women who are born in Somaliland and one woman born on the border between Kenya and Somalia, all three living in the UK. Furthermore, this is done to investigate whether there is a possible disjuncture between the way the practice is portrayed in the public debate and how the Somali women we interviewed perceive it. This leads us to our next research question: *How are Somali women's voices represented in the FGC debate in the United Kingdom, according to our interviewees?* To answer this question, we will analyse the empirical data collected using Spivak's article "*Can the Subaltern Speak?*" (1988) and the article by Dutta "*Communicating about Culture and Health: Theorizing Culture-Centered and Cultural Sensitivity Approaches*" (2007). We find these two theories relevant for us in order to discuss the position of the Somali minority culture in the UK and their possibility of voicing their opinions within the larger framework that is established by the dominating society, namely that of the United Kingdom. Finally, we will discuss the last research question: *How are our interviewees' conditions of speaking about FGC affected by the public portrayal of the practice?* In line with Spivak, we will discuss whether the current health implementation on FGC in the UK complies with the cultural sensitivity approach or the culture-centered approach, as put forth by Dutta. We will furthermore discuss how Spivak's idea of representation collaborates with Dutta's approaches in regard to epistemic violence as well as stigma in order to incorporate the different aspects that might influence the possibilities of leading a culture-centered approach. As the study is dealing with women's positions across different cultures and furthermore with the hegemonic relation between former colonisers and people from former colonized countries, it takes up a postcolonial feminist position.

### **1.3 Motivation and Process**

Our interest in the topic of FGC was sparked by the book "*Desert Flower*" (1998) written by Waris Dirie. It is an autobiographical story about a Somali woman who has undergone FGC as a child. A practice that was forced on her and traumatised her childhood. The author describes how she got an opportunity to migrate to the UK in a search for better living conditions and how the cultural differences affected the way she understood FGC. She learned that not every woman in the world has undergone it. We went into this project with a rather clear idea of FGC as a harmful and widely spread practice in the UK because this was the narrative that "*Desert*



*Flower*” portrayed. Moreover, our standpoint was influenced by leading media channels such as The Guardian and BBC where we could find striking statistics on the amount of practitioners of FGC. We started out wanting to investigate the Somali minority in the UK’s cultural affiliation to the practice of FGC and in that regard whether it is ethically defensible to universally ban such cultural practices without taking cultural differences into account. The project’s focus started changing after we talked to our interviewees, because they gave us another impression of a more important matter surrounding FGC and the Somali minority in the UK. This let us to alter the focus of the project to concerning the representation of the Somali community in London.

## 2. Method

In the following chapter, we will present the methodological basis for the project. Foremost, we will discuss our philosophy of science and position our project within postcolonial feminism, which is inspired by the work of C. T. Mohanty amongst others. Secondly, we will present our methodological concerns about our interviews, who we interviewed and how we coded these as part of creating a general idea of our empirical material. Lastly, we will discuss the project's limitations and delimitations.

### 2.1 Philosophy of Science

In the following chapter we will outline and discuss the philosophy of science. This study will be inscribing itself into the tradition of Postcolonial Feminism. More specifically, we are inspired by Chandra Mohanty's article "*Under Western Eyes: Feminist Scholarship and Colonial Discourses*" (1984) as a point of reference, which will be used to create the foundation of the project's general methodology. We find it important to include a notion dealing with women's positions across different cultures and therefore see postcolonial feminism as a valuable approach for our project. Combining postcolonial theory and feminism opens up for the possibility of bringing in the postcolonial aim to focus on the "'Absent' colonized subject [...]" (Tyagi, 2014: 1), or in Spivak's words, the subaltern. The feminist perspective, on the other hand, points to the role of gender and suggests that women might be even more silenced through oppression by the structures decided upon by the colonizers as well as by the patriarchal structures of society (Ibid.). The project is based on the idea of the 'absent' female subject, the centre of postcolonial feminism, which we view as a historical construct; created by the colonizers as well as patriarchal structures in the colonized societies.

Along the lines of Mohanty, we argue that such structures are consistently evident in relation to people migrating from formerly colonised countries to formerly colonising countries. The aim of this project is to investigate individual female experiences of how such structures affect a feeling of societal inclusion, and we thus adhere to Spivak's understanding of identities and groups as consisting of numerous positions and therefore cannot be described as homogeneous wholes. This means that we cannot hope to uncover a general tendency or understanding of the practice of FGC, as it is conducted for richly varied reasons, which we will account for later on. Mohanty

argues that such explanations cannot be rendered either true or false but must be understood in specific historical, social and cultural contexts (Ibid.: 340). Meaning that no position is to be considered of more value than others which gives rise to the suggestion that science cannot uncover a universally valid understanding of the world. This leads us to work on the basis of an empty ontology. An empty ontology gives rise to the epistemology that a certain world view must be understood within the historical, cultural and social context in which it is experienced (Ibid.: 335). Thus, we find ourselves inspired by social constructivism as they too point out that interpretation of everyday life and one's overall world view is dependent on the context and therefore cannot be granted a generalizing function (Pedersen, 2012: 195). This being our methodological foundation for the project has led us to conduct interviews as one way of gathering knowledge on the subject of FGC. It further meant that the interviewees' perspectives were of great value and it was thus important to let them answer the questions in ways they themselves found meaningful. How our chosen theories and method has shaped our interviews, will be further elaborated and discussed in the following chapter. These interviews will be used to present our interviewees' different views on the cultural practice of FGC, as well as how these are influenced by the laws of the UK as their country of migration.

The problem with knowledge production lies in the process of domination which Spivak conceptualizes as a battle to determine what can be classified as knowledge (Spivak, 1988: 78). A critical position is necessary, she argues, as the Western position to determine knowledge has left certain Third World groups without the possibility of speaking. Thus, the concept of knowledge and the struggle to determine its definition is relevant as it does not only determine what is scientifically accepted as knowledge but also determine which worldviews should be considered valid (Pedersen, 2012: 191). It is therefore clear that by pointing to how such structures create groups of people for whom it seems impossible to speak, Spivak aims at stressing the negative aspects of the West managing the episteme. Mohanty points out that the temporary definition of knowledge is also evident in Western feminism as women of the Third World is often categorized as a uniform subject (Tyagi, 2014: 48). She argues that Western logics and viewpoints are dominating the discourse on womanhood and in turn creates an ahistorical and homogeneous account of the women of the Third World. Mohanty states that this ultimately results in:

*“[...] a homogeneous notion of the oppression of women as a group is assumed, which, in turn, produces the image of an “average third world woman”. This average third world woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and being “third world” (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimised, etc.).”*

(Mohanty, 1984: 337)

According to Mohanty, when researching women, a construction or assumption of ‘women’ as an already constituted category, leads to a neglect of differences in class, ethnicity or racial location of the women studied (Ibid.). This means that ‘women’ becomes a stable category that is ahistorical, universal and cross-cultural and thus work to support an understanding of the colonial woman that fits into a Western postcolonial worldview. The discourses described by Mohanty, of Third world women as inferior to Western women, continues to thrive not only in the former colonies but especially in Western countries. These countries are thus the gatekeepers of knowledge, determining the value and legitimacy of such. This creates the possibility of Western countries to render certain knowledge as universal and objective. According to Mohanty, knowledge cannot be objective but should be considered as a product of political and discursive practices (Ibid.: 334). In this fashion, knowledge is always to be viewed as coloured by the position of the person, who is behind the production of such. In Mohanty’s own words this means that the representation of Third World women in Western feminist literature: *“[...] is significant in suggesting a latent self-presentation of Western women which bears looking at”* (Ibid.).

Spivak (1998), like Mohanty, stresses that production of knowledge is always marked by the person producing it, which means that she accepts the notion of worldviews working simultaneously (Spivak, 1988: 74f). She points to this as being especially important in relation to the Western usage of epistemic violence, through which the image of the Third World as intellectually inferior and mere producers of the products consumed in the First World is maintained. Spivak argues that this power has been used to create and uphold the one, single interpretation of the world allowed by the West. An understanding in which they are *“saving brown women from brown men”* (Ibid.: 92) and therefore doing the *“brown women”* a favour. What is essential in this relation is the critique Spivak directs towards this production, as she points to the fact, that this does not leave room for the views of the subaltern and their

experiences. Hence Spivak, along the lines of Mohanty, works with an empty ontology. Dutta (2007) is of the same opinion as Mohanty and Spivak that knowledge is not objective, as he explicitly strives to reach an agenda. This is evident in Dutta's description of how a specific agenda can be incorporated either through the cultural sensitivity approach, in which an expert works as a mediator between cultural counterparts, or through the culture-centered approach, in which the local communities are brought in, in order to influence the implementations. Thus, depending on the chosen strategy the different views of the world are given more or less value.

## 2.2 Interviews

In the following chapter, we will introduce our chosen method for investigating the topic at hand as well as consider some of the ethical issues when doing empirical research.

In order to answer the problem formulation, the analysis will be based on empirical data collected through qualitative, semi-structured interviews. The interviews being qualitative gives an insight into the interviewee's life world and subjective opinions on the issue at hand (Brinkmann & Kvale, 2015: 27). The interviews being semi-structured means that the interview guide is composed of few, rather open questions and the interviewee's line of thoughts is encouraged through attentive listening, follow-up questions and pauses (Ibid.: 6; 154). By choosing this method, the answers will, naturally, be a product of the interviewee's own thoughts and therefore not provide an objective, all-around portrayal of the case. If the project was merely based on quantitative data, general social patterns could be determined and analyzed. On the other hand, interviewing several people with unique life experiences and views gives us a possibility to compare these nuances in the discussion. Our analysis will focus on the subjective opinions of the interviewees, in order to get an insight in relevant social structures and cultural settings and how the subjects position and identify themselves within these (Ibid.).

When dealing with a topic as sensitive and private as FGC, it is important to consider the ethical issues in regard to the way the interviews are carried out. According to Brinkmann and Kvale (2015), the interviewer should find a balance between being respectful and attentive to the interviewee and their reaction to the questions, but at the same time not be overly cautious in asking the difficult questions (Ibid.: 84). We tried to consider this in the way we formulated the questions regarding FGC such as: "*What does FGC mean to you? What are your experiences with the practice*" (App. 6, Interview Guide). These relatively open questions enabled the

interviewee to interpret it in her own way and thereby indicate how it should be approached by the interviewer. For instance, if the interviewee felt uncomfortable talking about it, one should proceed carefully and if they did not express any concerns, the questions could be more blunt in the rest of the interview. On the other hand, if the interviewee felt uncomfortable it could be due to the way the topic was presented and in that case the interviewer should try to reformulate the question and try to accommodate this obstacle. In general, it goes for questions in semi-structured interviews that the interview is, to a great extent, controlled by the interviewee. Moreover, the topics they bring up themselves are further discussed, which is why it is a fitting method for this sort of sensitive issue. But at the same time, there is a risk of the interviewee getting off track and in that case, the interviewer's role is to decide whether this could be relevant for the project or if the interviewee should be guided back to the initial focus.

Furthermore, each interview that we have conducted begins with an introduction to the project and where the data is going to be published. This is done to let the interviewees know the context and purpose of the interview. Thereafter, it is established that the interviewee can be kept anonymous if they want to and that they can get the transcripts and the final report, so that they had the possibility to confirm that their statements would be correctly transcribed, as suggested by Brinkmann & Kvale (2015). Regarding the interviewees wishing to be kept anonymous, their names have been changed and any facts that could lead to their identification has been left out.

The fact that FGC is outlawed in the UK, makes it essential to consider how to collect, interpret and present the empirical data, as not to inflict harm or injustice upon the interviewees. Franck Düvell, Anna Triandafyllidou and Bastian Vollmer (2009) conclude in their article on ethical responsibility in regard to irregular migration:

*“[...] our professional responsibilities lie in researching irregular migration and informing society about the phenomenon in a manner that does not contribute to discrimination against these groups but, instead, improves understanding” (Düvell et al., 2009: 229).*

Irregular migration may be substituted by practising FGC, as they are both outlawed and therefore the interviewees could be at risk of being prosecuted on the basis of the interviews conducted, depending on the information given. Furthermore, the way we as researchers interpret

and present the data may affect the public belief of the Somali community in the UK. Therefore, we should aspire to be as neutral as possible and reflect upon how the project might portray the interviewees.

The interviewees were chosen by their relation to the topic of FGC and divided into two groups:

- 1) Somali women, assumed to have a personal experience with the practice in one way or the other.
- 2) Professionals, with an outside point of view, people working officially with FGC, for example carrying out campaigns and health education.

By interviewing people who have different affiliations to FGC, the problem gets more nuanced than if we only had one category of women. On the other hand, one of the interviewees referred us to the three Somali women, which could involve the risk of them having an interest in furthering similar views and thereby the data being one-sided. Furthermore, the topic of FGC is controversial in the way that it can have health implications and legal consequences; therefore it can be difficult to find someone who supports the practice.

The reason for carrying out individual interviews instead of for instance focus groups, was to get the interviewees' subjective opinion - possibly without the influence from other people. Contrariwise, if using focus group interviews, the social interaction of the subjects could be studied and analyzed as well, thereby contributing with further knowledge. In focus groups the people could also be positively influenced by each other, for example be encouraged by the others to talk about something they would not have done individually.

In order to try to grasp the issue of FGC - the cultural importance of it and the congruency with the public debate - from the interviewee's perspective, an *emic* perspective was aimed at.

*"[...]an emic perspective also seeks to understand the multiple ways in which cultural insiders view the reality of which they are part in order to understand why people think and act in the different ways they do"* (Fetterman in Daly, 2007: 213).

It is important to underline "*seeks to understand*" in this regard, since one can never be completely liberated from one's own cultural perspectives and points of views. Therefore, it is

more productive to be aware of one's own bias and be critical to how the interviewee's answers are understood. Ultimately, one should try to understand these answers as close as possible to their point of view. The fact that we are a group of seven, white, Western women coming from a fundamentally different background than for instance the Somali women that we interviewed. Furthermore, culturally and religiously it might be difficult to put ourselves in their shoes when coming from secular, individualistic societies as Denmark and Latvia.

### **2.2.1 Table of Participants**

In order to get an overview of our interviewees, a table has been made to understand their background and into what context their opinions fit. Certain types of sensitive information has been changed or withheld in order to ensure the anonymity of our participants:



**Table of Participants**

<b>Name</b>	<b>Dahabo</b> (App. 1)	<b>Sagal</b> (App. 2)	<b>Gargaaro</b> (App. 3)	<b>Bríd “Bridget” Hehir</b> (App. 4)	<b>Dr. Barbara Howard-Hunt</b> (App. 5)
<b>Age</b>	32	46	29	Unknown	53
<b>Place of Birth</b>	Kenya/ Uganda border	United Kingdom	Somaliland	Ireland	Unknown
<b>Nationality</b>	Somali British	British	Dutch	Unknown	British
<b>Residence</b>	United Kingdom	United Kingdom	United Kingdom	United Kingdom	United Kingdom
<b>Religion</b>	Atheist	Muslim	Muslim	Unknown	Unknown
<b>Undergone FGC?</b>	Yes	Yes	No	Unknown	Unknown
<b>Education</b>	Unknown	Unknown	Soon to be studying Mental Health	Midwife	Medical Social Anthropology
<b>Current Occupation</b>	Student and currently setting up FGC- campaign	Works in the health sector	Caretaker at a mental institution	Founder of the blog “ <i>Shifting Sands</i> ”	Senior Lecturer and Researcher at Birmingham City University
<b>Former Occupation</b>	Unknown	Unknown	Translator and Midwife Assistant	Health Worker	Facilitator of academic development for students

## 2.3 Coding

In the following section, we will give an outline of how we have divided the interview transcripts for further analysis.

We have decided to structure the empirical material collected into manageable categories and therefore we have created eleven codes. Inspired by Potter and Wetherell's "*Discourse and Social Psychology*" (1987), we see the coding as a fundamental preliminary step that will help us to firstly, get an overview of the rather large amount of empirical data. Secondly, keep the focus on the data that is essential to study in order to answer our problem formulation (Potter & Wetherell, 1987: 167). Admittedly, not all of the empirical material is presented in the study, since the starting point for choosing the codes is based on the problem formulation and research questions that narrows down the problem field (Ibid.). Due to the limited time and the size of the project, coding is a helpful tool to keep a strong focal point as we go along with the analysis of the material collected. We have divided the interviews into the following eleven codes:

- Attachment to the Somali culture and community
- Motivations for practising FGC
- Deterrents for practising FGC
- Representation or the lack of it
- Hierarchies of subalternity
- FGC campaigns
- The interviewees' suggestions on how to improve the situation
- Stigmatisation
- The interviewees' thoughts on why the Somali voices are not being heard
- The interviewees' opinions on the FGC legislation
- Compromise between the UK laws and the minority's cultural practices

These codes are specifically generated since we believe that they are the most relevant ones in terms of analyzing the interviews and for a further discussion of the problem presented.

## 2.4 Limitations

In this chapter, we will touch upon the demarcations made in investigating this topic. There are certain boundaries set as well as active choices that we, as researchers have made which might

affect the result of the project. It is crucial to be aware of such limitations and delimitations in order to keep a critical stance towards the empirical material and the outcome of the analysis. One of such limitations is linked to our Somali interviewees, whom we were put in contact with through another of our interviewees, namely Bridget. In the early stages of contacting the potential interviewees we did not attempt to have participants that would be, to some extent, connected. However, our effort to reach out to diverse interviewees proved unsuccessful thus limiting the empirical data collected. The segment of Somali women participating in the study are all known to Bridget, as they all work or used to work in the same field of expertise. Having an active FGC debater putting us in contact with our interviewees of Somali origin means that they too are engaged in the debate regarding the practice of FGC. This is evident in the interviews as some of our interviewees express that they are often asked to talk about the topic both by other Somalis and people they describe as ‘outsiders’, meaning people who are not part of the Somali community. Furthermore, the number of interviews with women of Somali origin, can be seen as a limitation. This is due to the fact that the empirical data we gained cannot be used to paint a general picture of the Somali women’s perception of how FGC is portrayed in the UK. However, having a limited number of interviews gives us a restricted perspective. In order to broaden our perspective, it would have been interesting to interview men of Somali origin, as the practice is often described as a continuation of patriarchal structures and as a way of controlling the female sexuality. A view that is, however, questioned by the majority of our interviewees. However, as stated above, the difficulty in finding interviewees willing to share their views on the practice influenced the number and the diversity of the interviews.

In the project, we are not distinguishing between Somalia and Somaliland. We are however aware, that Somaliland has been an independent state since 1991, and thereby not a part of Somalia, even as it is not internationally recognized as an independent state (Jeffrey, 2016). We will thus include Somaliland as part of Somalia, not to refuse to recognize Somaliland as an independent state but rather since the public debate and our interviewees are not making a clear distinction between the two. These statistics suggest that the prevalence of FGC is higher in Somalia than in most other African countries, with the number of women being cut reaching 98 percent, while one of our interviewees state that the prevalence of the practice in Somaliland has declined a great deal (App. 3, Gargaaro: 00:04:30). The validity of these statistics will be discussed at a later time. Another geographical delimitation, is that we focus solely on Somali migrants to the United Kingdom. This distinction has been made, as the UK has the highest

population of Somali migrants in Europe and furthermore has been legislating on the area of FGC since the late 1980's. This leads us to believe that the chances of getting to interview women affected by the cultural practice would be greater than in other European countries in which the practice is not as widely acknowledged or debated. Additionally, noticing that there exists more than one government in the UK, the legislations on FGC might slightly differ depending on the geographical area. We have set our focus on the legislations established by the British government, since majority of the participant of the study reside in Britain.

The theoretical choices should furthermore be seen as an important part of our delimitation process. Deciding on a theoretical approach is simultaneously the creation of a reality, as it narrows our focus and therefore influence our perception of the Somali women's possibilities of influencing the discourse of FGC. In line with social constructivism, as stated in the philosophy of science section in chapter 2.1, our active choice for one theoretical framework over another creates a specific foundation in this study (Pedersen, 2012: 221). Therefore, we are aware of the constructed thus delimited frame in which our analytical points and following discussion is put into. To elaborate, the choice of using Spivak's "*Can the Subaltern Speak?*" (1988) as well as Dutta's "*Communicating About Culture and Health: Theorizing Culture-Centered and Cultural Sensitivity Approaches*" (2007) as our theoretical framework, has limited the meaning making process thus the analysis of the empirical data. To elaborate, by combining Spivak's and Dutta's theories, we have created a somewhat paradoxical theoretical framework. We read Spivak's conceptualisation of the subaltern as a rather unreachable Subject, partly because of her focus on the deceased, historical subaltern (Spivak, 1988: 94). Furthermore, because of her emphasis on the creation of subalternity rather than a location of the contemporary subaltern. To compare, Dutta has created a theory that is more like a tool-box than theoretical approach, meaning that he suggests various ways of improving the situation of the silenced Subject (Dutta, 2007).

## 3. Setting the Scene

### 3.1 Female Genital Cutting

In the following chapter we will introduce the practice of female genital cutting, both by explaining what it is and the health implications that often follows. Furthermore, we will introduce FGC by giving a short introduction to the history of the practice, the different cultural values and meanings ascribed to it, as well as the terminological considerations connected to the use of the term FGC. This will be included, as we find a basic knowledge of the practice of paramount importance in order to fully comprehend and follow later discussions of this paper.

#### 3.1.1 What is Female Genital Cutting?

Female genital cutting (FGC) is a custom covering a range of procedures involving partial or total removal of the external female genitalia. It is however a modification of the female genitalia which is not based on medical reasoning (Nyangweso, 2014: 15). It is estimated that more than 130 million women have been exposed to the practice worldwide (Nour, 2008: 135), and it is commonly conducted on girls in the age of four to sixteen, but averagely girls between the ages of six and ten (Nyangweso, 2014: 15; Abdalla, 2013: 189). However, in some instances it may be performed on infants as well as later on in a woman's life for example before marriage (Nyangweso, 2014: 23).

The World Health Organization (WHO) has classified FGC into four types depending on the extent of tissue removed and the severity:

- *"Type I, also known as clitoridectomy or sunna, involves removing part or all of the clitoris and/or the prepuce."* (Nour, 2008: 136)
- *"Type II, also known as excision, involves removing part or all of the clitoris and labia minora, with or without excision of the labia majora."* (Ibid.)
- *"Type III, the most severe form, is also called infibulation or pharaonic. It entails removing part or all of the external genitalia and narrowing the vaginal orifice by reapproximating the labia minora and/or labia majora. This infibulated scar*

*covers the urethra and most of the introitus, leaving a small hole for urination and menses.”(Ibid.)*

- *“Type IV is the mildest form and includes any form of other harm done to the genitalia by pricking, piercing, cutting, scraping, or burning.” (Ibid.)*

What type is the most prevalent depends on what country, or even community, you are looking at. The most prevalent type in Somalia is known to be type three (Abdalla, 2013: 188), whereas it is type two if you are looking at the world as a whole. With the first type, it is not always that easy to detect and might need a thorough inspection in order to know if a girl has undergone the practise. The last form, type four, accounts for five percent of the cuttings in the world compared to type two's 80 percent. (Nyangweso, 2014: 23f)

Typically, the procedures are performed by traditional circumcisers who are usually older women that are ascribed this important position in carrying on the tradition. In traditional communities, the girls are being cut without the use of any anaesthetics and are held down by other women during the procedure. (Ibid.: 24; 58) The following days, weeks or months, depending on the type, the girl has to - and that is all she can do - lie with her legs tied together in order to minimize the risk of the wound opening up. Urination and menstruation during these weeks is a very unpleasant and painful affair especially in the case of type three. (Mackie, 1996: 1003)

However, in modern times and places, the custom is to a greater extent in fact taking place at hospitals and under better medical conditions, with the use of anaesthetics as well as sterile instruments (Nyangweso, 2014: 58). After having been infibulated, that is to say, having undergone the third type, women are opened up again at a later time, referred to as deinfibulation. This is usually in order to provide the opportunity for penetration as well as childbirth, while at the same time some are sewn back up afterwards, which is referred to as reinfibulation. (Ibid.: 23)

### **3.1.2 Health implications**

Female genital cutting is known to pose several health implications for the person undergoing the procedure, some already mentioned earlier. These implications include both long-term and

immediate repercussions. Since FGC is frequently practised in rural areas, where there is often not very good access to medical instruments, the custom is performed with the use of often dirty razor blades, scissors, broken glass or even sharp stones. This is also one of the reasons why the practice is seen as constituting a health risk to the girls and women being cut (Nyangweso, 2014: 57f). The immediate consequences include pain, infection, urinary and menstruation retention as well as blood poisoning and loss of a great amount of blood. The long-term consequences encompass damage to the genitalia as well as difficulty in urinating, penetration and childbirth. In some cases, often also in the rural areas, the health implications may lead to the death of the girl, often as a consequence of loss of blood. (Nyangweso, 2014: 58f; Mackie, 1996: 1003)

### **3.1.3 Terminology**

“Female genital mutilation” (FGM) is the current terminology of the custom used by the WHO and is familiar to most Health Care Professionals. However, this term is in itself expressing a rather clear attitude towards the practice since the word “mutilation” is referring to someone being injured and harmed. This term can therefore be seen as judgemental and offensive, which might be used by anti-FGC activists to justify the means of trying to abolish the practice. Additionally, the term “mutilation” could be argued to discriminate the communities practising FGC since it does not acknowledge the cultural meanings of the practice that these communities ascribe to it. On the contrary, it exposes the practice as an intended harming act, carried out by the parents of the girls undergoing it. (Nyangweso, 2014: 25) Women themselves may refer to the custom as circumcision, since it sounds less harmful and more neutral. The term “female circumcision” however, also implies that the procedure is equivalent to male circumcision, when in fact there is a much more extensive amount of tissue removed in some types of “female circumcision”. Furthermore, with “female circumcision” a damage is done to the female reproductive organ in contrast to male circumcision, where this is not the case. Additionally our interviewee Dr. Howard-Hunt stressed that male circumcision can be justified as a needed medical procedure, which is not the case of female circumcision (App. 5, Dr. Howard-Hunt: 00:50:06). You could therefore argue that the term “female genital cutting”, which has been wider established as a term for this practice, is a more sensitive term to use since it does not necessarily connote a particular meaning or stance towards the practice. (Nyangweso, 2014: 25) Throughout this project, we will adopt the term “female genital cutting” and use the abbreviation

“FGC” in order to acknowledge these concerns and recognize the sensitivity of it, while furthermore try to have a neutral understanding of the custom and what lies behind it.

### **3.1.4 History**

The history of FGC in Somalia is long and can be traced back to ancient generations. Although FGC is a widely researched practice, it is not exactly known how the it came to be developed in Somalia. Some sources point to classical references claiming that the practice originated in Egypt and then later was adopted in Somalia, while others have alternative theories. (Abdalla, 2013: 188; Nyangweso, 2014: 30) The first mention of male and female circumcision appears in writings by the Greek geographer Strabo, who visited Egypt around 25 B.C. (Lorenzi, 2012; Nyangweso, 2014: 30). The beliefs surrounding the origins of FGC vary greatly, but in spite of the uncertainties surrounding the traditions of FGC and where it originated from, it is commonly believed to have originated in ancient Egypt as a sign of distinction amongst the aristocracy. Some however, do not share this belief and instead claim that FGC started during the slave trade when black slave women entered ancient Arab societies. Others believe FGC to have begun with the arrival of Islam in some parts of Africa, while others again, believe that the practice developed independently among certain ethnic groups in Africa as part of puberty rites. Although origins of FGC to a great extent is left a mystery, it is nevertheless thought to have existed, not only in ancient Egypt, but also in Ethiopia, Greece, various Middle Eastern countries, parts of Asia, as well as some South American countries (Toubia, 1994: 712; Nyangweso, 2014: 16). In short, the practice does not seem to be connected to a particular group of people or country but rather seems to transcend both religion, geography and socioeconomic classes and flourish among different cultural, ethnic and religious groups, such as Christians, Muslims, Jews and African religions (Toubia, 1994: 712). Few things on FGC is however known. One is that it is not directly tied to religion, although many believe it to be. This means that the practice of FGC is not stated in any of the religious scriptures, such as the Bible, the Qur’an nor in the Tanakh. Although FGC is not directly connected to a specific religious belief, it is by some communities believed to be. This is because religion and tradition is thought to be one and the same by these communities. Thereby the tradition is not seen to be unilaterally tied to culture or religion but rather seen as an integral whole. (Abdalla, 2013: 190; Mackie, 1996: 1004; Nyangweso, 2014: 28)



### 3.1.5 Cultural meaning of FGC

In this section, we will outline the cultural meaning of FGC and its relation to cultural identity. Culture and practices connected to culture are of great importance to many, as it helps create meaning. This in turn means that cultural identity is of paramount importance to the practice and meaning of FGC. Defending cultural identity might become increasingly important to some immigrants when leaving the country of origin to live in a country with a different culture and traditions. The practice of FGC can thus be seen as a big part of keeping a cultural identity for immigrants moving to Western countries and in creating a bond between the different generations. In the following text we will try to shed light on some of the cultural functions that FGC inhabits.

Although FGC is a practice that is generally being conducted for social and cultural reasons, there are many different theories and explanations for the cultural functions of FGC, just like there are many theories of the historical development and spread of FGC. In some communities, the practice is understood to be a rite of passage, from girl to woman, meaning a girl's journey into womanhood. FGC is hence a way of preparing the girl for her role as a woman and can be linked to gender identity (Nyangweso, 2014: 26). For many others, the practice of FGC on young girls, namely lies in the belief that it ensures women's modesty and virginity and thereby the honour of the family (Abdalla, 2013: 189). It is therefore seen as an important practice for women to undergo in order to uphold and ensure the honour of the family since the circumcision is creating better opportunities of getting married or simply required as a prior condition for marriage (Mackie, 1996: 1004). On the subject of the function of FGC in relation to marriage, Mary Nyangweso notes:

*“[...] the mothers who expose their daughters to cultural practices such as these love their children and want what is best for them. Because the uncircumcised girl is considered unacceptable for marriage, most mothers insist on their daughters being cut so that they will be considered eligible for marriage. These women do not hate their children—as is often assumed.”* (Nyangweso, 2014: 24)

Thereby the parents who choose to have their girls circumcised are often doing it as an act of love to help their daughters have a good and successful life. The good life comes from having

good conditions of marriage and of being part of the community and able to partake in it. (Ibid.: 28) Another prevalent understanding of FGC is that the practice evolved in communities that wished to establish control over the sexual behaviour of women. A similar technique was used by the Romans involving slipping of rings through the labia majora of female slaves to prevent them from becoming pregnant. Furthermore, the Scoptsi sect in Russia performed FGC to ensure virginity. In continuation of this, it is believed that one of the main reasons of carrying out FGC has been to prevent women and girls from experiencing sexual pleasure. Female sexual desire and the expression of sexual activity were associated with the behaviour of animals and should therefore be refrained from. (Ibid.: 27) In order to ensure that girls and women are not displaying this kind of behaviour, the clitoris is truncated or cut off. In addition, this cut is performed as the clitoris is of no use to the man (Abdalla, 2013: 189f). Female sexuality is hence not perceived as a feature of women, or at least it is a feature that should be controlled and regulated, unlike men's sexuality. FGC is thus theorized as a way, in some cultures, to control female sexuality. Thereby, with the custom and practice of FGC, a woman's virginity and faithfulness to her husband is fostered and secured. (Mackie, 1996: 1004) Yet another reason for carrying out FGC is related to the concept of aesthetics rather than that of control. A woman with intact female genitals are seen as unclean and her genitals as ugly, and the practice is by that a means of beauty enhancement of a woman's body, as well as a purifying custom. (Nyangweso, 2014: 28)

In spite of the different explanations as to why FGC is performed, it can be difficult to understand why it is still practised and why some, and especially women speak in favor of the practice. To this very question Nyangweso (2014) notes: "*Some wonder why women are the strongest advocates and defenders of this practice. It should be understood that women, like men, are socialized to accept the practice as the norm and the right thing to do.*" (Ibid.: 24). In that way, FGC can be understood as a cultural phenomenon that both genders are practicing and not one gender consciously oppressing the other. Culture is in that way indoctrinating us to act and see the world in a specific way and accepting the things, for instance FGC, as a part of one's culture. FGC is, however, not a practice that belongs in the past, but continues within some communities in various forms and even in the 21st century it is estimated that 3 million girls and women are still subjected to FGC every year (Nour, 2008: 136). In Somalia, an estimated 98 percent of the population is exposed to FGC, making it the country in Africa with one of the highest prevalence of FGC measured in percent. According to Dr. Howard-Hunt, Somalia is one of the communities in which female circumcision is most commonly practiced (App. 5, Dr.

Howard-Hunt: 00:42:42). A statement, which is furthermore evident in statistics, which estimates that 98 percent of the Somali population is exposed to FGC, making it the country in Africa with one of the highest prevalence of FGC measured in percent. With the emergence of globalization and the increased mobilization of people and thoughts, FGC is no longer a practice that can exclusively be linked to countries and geographical areas mentioned earlier but is a practice that also happens in industrialised countries (Nyangweso, 2014: 16). It is however important to note that although the practice today at large happens within immigrant communities, historically it has not been linked to countries and geographical areas either. In the United Kingdom and the United States FGC was practised by gynaecologists to cure women of so-called “female weaknesses”. As late as the 1960s American obstetricians have also performed clitoridectomies to treat erotomania, lesbianism, hysteria, and clitoral enlargement. (Nour, 2008: 136)

As FGC is a sensitive topic and investigations in this field is seen as an invasion of privacy for many it is difficult to study, meaning that various statistics concerning this can be imprecise or outdated (Nyangweso, 2014: 23). It is therefore important to note that the statistics available on the prevalence of FGC are not all updated and should therefore not be accepted at its face value (Ibid.: 32). This in turn means that the exact prevalence of FGC in industrialized countries is largely unknown. It is therefore important to remain critical not only towards the numbers but also towards the categorization used in statistics, as there could be doubts and needs for clarifications as to how a category such as “at risk” is established and who that in fact covers. Does it presuppose that all girls who are from countries that practice FGC, such as Somalia, are at risk and thereby included in the category? Or is there more detailed statistical data behind it? How is the data conducted? These are some of the things that should be taken into consideration when using statistics, instead of just blindly accepting the numbers. In spite of this uncertainty, statistics do however indicate that the practice can be found amongst immigrant communities in countries such as the United States, France, Australia, Austria, Norway, and Sweden as well as the United Kingdom. (Ibid.: 16ff)

### **3.2 Legislation**

The practice of FGC within Western countries has gained much attention and sparked many debates as it conflicts with Human Rights. In some Western countries, the practice has even been

banned by law. In the following chapter, we will take a look at how FGC conflicts with the Universal Declaration of Human Rights as well as how FGC has affected the laws within the United Kingdom.

### **3.2.1 FGC and Human Rights**

In 1948 the Universal Declaration of Human Rights was founded and from then on the international organ has been struggling to end inhumane and degrading treatment of people all over the world. What was defined as inhumane and/or degrading treatment was described in broad terms, and thus FGC was always indirectly thought of as a violation of the universal human rights in numerous aspects. These violations include the right to be free from violence, non-discrimination between genders, as well as the right to be free from any cruel, inhumane, and degrading treatment as such. (Human Rights Watch, 2010) As a result of this cultural practice being such a severe threat to women and girls' rights, according to WHO and the UN, the latter has made longstanding attempts to end the practice. In 1989 it was clarified as a form of violence against women and a list of recommendations to end the practice was presented. However, it was not until December 2012 that the UN introduced their first specific resolution on FGC. This resolution called for national action plans as well as comprehensive, multidisciplinary strategies all aiming at ending the practice of FGC. (Shreeves, 2015: 2)

### **3.2.2 Laws on female genital cutting in the United Kingdom**

The debate about FGC in the UK resulted in the approval of the first FGC law in 1985, which made it illegal to perform the practice within the national borders (Parliament (UK), 2014). This law was re-enacted in 2003 through amendments which made it illegal for citizens and people with permanent residency to have FGC performed overseas. It furthermore raised the maximum penalty for involvement in planning, conducting and forcing girls to undergo FGC to a 14-years prison sentence. (NSPCC 2) As of 2015, FGC was considered a serious crime and new legislation on the area was introduced as part of the "Serious Crime Act 2015" (Ibid.), corresponding to the EU suggestions (Shreeves, 2015). From this it follows that it is now mandatory for health professionals, teachers and social workers to report cases of FGC at best

within one working day and at maximum within one month. If such requirements are not met it can cost the person responsible of reporting, their license to practice. The cases that must be reported are girls under the age of 18, with physical signs that FGC has been carried out or if a girl under the age of 18 concedes to have undergone such practice (NSPCC 2). These restrictions are in line with the European Union's Directive on Victims' Rights as it requires provision of support services to women who have undergone FGC (Shreeves, 2015: 2). However, meeting such requirements has created a need for training the relevant health care workers in order for them to be able to spot the signs of FGC and further on how to deal with the knowledge of someone being at risk or performing the practice. In order to make sure the personnel has the right qualifications the British government awarded £250,000 from the European Union funds for online training of teachers, nurses, awareness raising among social workers, and promotion of the national FGC helpline, NSPCC (National Society for the Prevention of Cruelty to Children) (Topping & Carson, 2014). The allocation of EU funds to support such initiatives has been possible since 2013 when the European Union adopted a communication aiming at ending FGC as well as ensuring mainstreamed action to combat FGC across the European countries (Shreeves, 2015).

Another central amendment of 2015 was the inclusion of protection orders, which means that girls in danger of being cut or girls who have already been cut can apply for protection through the family court in order to secure their safety. If the protection order is breached, the person disrespecting it faces up to five years imprisonment. Furthermore, FGC is considered such a serious crime that people fleeing from their countries of origin due to matters concerning FGC are granted asylum in all of the United Kingdom as part of the European Union's directives (Shreeves, 2015). Even though the legislation on FGC has developed continuously on an international as well as a national level in the UK, and the awareness of the problem is ever evident, statistics indicates that the number of women and girls at risk of undergoing FGC in the UK is as high as 24.000 persons (Parliament (UK), 2014). In 2015-2016 the number of new cases was 5700, which covers girls and women who have undergone FGC and are being treated (NSPCC 1). Despite the high number of people considered to be at risk in the UK and the fact that it has been illegal to cut girls since 1985, only few cases of prosecution has been made public. The first person to ever be convicted in 2014 has later been cleared (Laville, 2015). This has lead parliamentary members to suggest mandatory medical examinations of girls considered

to be in danger of undergoing the procedure in an attempt to end the practice (Parliament (UK), 2014). Their suggestion, however, has not met broad parliamentary support and has not lead to any changes in the legislations.

With the increasing focus on FGC several organizations have addressed the practice as a problem and have sought to end it through programmes and campaigns. These are organizations such as Orchid's Project working entirely with an aim of ending FGC (Orchid's Project), Daughters of Eve with an aim of a world free from gender-based violence more specifically FGC (Daughters of Eve) and Equality Now advocating for a just world for women and girls including ending FGC (Equality Now). Even the British newspaper, The Guardian, are running a campaign against FGC (Baqué et al., 2015). Many of these campaigns are aiming at ending FGC by informing and educating people about the health risks connected to the practice as well as establishing support systems for women affected by FGC (App. 4, Brid: 00:29:10). The campaigns target not only women, as they seek to inform women using posters in public spaces such as community centers, but girls as well, by making speeches at schools, meant to inform kids about the practice and its health problems (App. 5, Dr. Howard-Hunt: 00:13:24). Besides the aim at ending FGC via health education the campaigns also aim to minimize the taboos connected to FGC through conversation. Via the campaigns and school speeches FGC as a topic of debate is forced on the agenda not only in the public sphere but also the private (App. 5, Dr. Howard-Hunt: 00:13:24). In addition, the campaigns try to create allies in religious leaders as well as within the male segment of the population, as FGC as aforementioned often is considered a religious practice as well as a practice aimed at securing marriage opportunities (Options UK, 2013: 12). The general debate in the public about FGC, expressed through campaigns as well as the legislations, are thus taking a quite clear stance towards the practice. The advocates of the practice are however not that apparent.

## 4. Theory

In the following section we will present and compare the theories, which we will utilize throughout the project. Firstly, we will present Gayatri C. Spivak's "*Can the Subaltern Speak?*" which will be used to understand and question the position as well as possibilities our interviewees have. Alongside this theory we will incorporate Mohan J. Dutta's "*Communication about culture and health: Theorizing Culture-Centered and Cultural Sensitivity Approaches*" in which he appoints how one can move from the subaltern position. The weaknesses and strengths of such a combination will be discussed in the end of the chapter.

### 4.1 Can the Subaltern Speak?

In the essay "*Can the Subaltern Speak?*" Gayatri C. Spivak is directing a criticism towards the Western tendency to conserve the West as Subject (Spivak, 1988: 66), thereby ensuring that the West is always the central character when attempting to explain international developments. Spivak is an Indian professor currently employed at Columbia University and is known as a feminist critic and postcolonial theorist (Encyclopedia Britannica). Her postcolonial perspective inevitably results in a division between the West and the 'Others', which is evident through the creation of:

*"[...] margins (one can just as well say the silent, silenced center) of the circuit marked out by this epistemic violence, men and women among illiterate peasantry, the tribals, the lowest strata of the urban subproletariat."* (Spivak, 1988: 78).

Thus, Spivak points to the side effects of the Western wish to maintain themselves as the Subject, resulting in the creation of marginalised groups. The division is upheld by the Western use of 'epistemic violence' as a tool to maintain the self-image as the saviours of the world. A role taken upon themselves as they have the most capital as well as the self-appointed capability to decide what is good and bad for the margins. However, it is important to emphasize that Spivak does not necessarily see the West as well defined and intelligible Subject but quite the contrary. In her theorisation Spivak argues for a dislocated subject, meaning that interest, desire

and power of the Subject is not to be reduced to a unified entity and this argument thus does not provide a clear and graspable unit of opposition of its others (Spivak, 1988: 66). To put it differently, Spivak argues that the West seems to be ignoring their positions within the ruling ideology thus leading to a process of marginalisation of the Other.

Spivak argues that the creation of knowledge can be understood as a two-handed engine, with the Western Subject as the one hand and the Third World as the second. Ideally the creation of knowledge is displaced in its broad nature rather than happening from a single narrator's view. However in reality the hegemonic relations between the West and its others means that the Third World narrative, the other end of this engine, is disqualified. Thus, the knowledge produced outside the West is not acknowledged by the West as adequate and is seen as ineligible. This positions the Other's way of creating knowledge below the Western epistemic level of comprehension (Ibid.: 76). Such a view on knowledge allows the West to create structures of 'epistemic violence'. As the subaltern, according to Spivak does not speak within such structures they cannot be heard. Referring to Marx, Spivak therefore suggests that they need to be represented: "*The small peasant proprietors 'cannot represent themselves; they must be represented. [...]*" (Ibid.: 71). In the case of temporary UK, we will not focus on landowning farmers, but rather another silenced and/or subaltern group, namely Somali women and their need for someone to represent them in the debate on FGC. Representation is important as their perception of the cultural practice cannot be told without it; as it would be silenced by the structures of epistemic violence produced by the West. In "*Can the Subaltern Speak?*" such structures are explained by using an example of British codification of Hindu Law. This systematisation was sustained by educating the Indian population, the 'colonial subjects', in the British production and views on law (Ibid.: 77). This was further used to produce an Indian elite highly influenced by the British taste and cultural understanding (Spivak, 1988: 77). Subsequently, this class was used to spread these ideas to the rest of the Indian society and as a way of linking the coloniser to the colonised. Such tendencies are explained by Spivak within a historical, colonial frame, but drawing on Spivak we will discuss whether this argument can be extended into a postcolonial context.

Epistemic violence, however, serves several purposes and plays a central role in maintaining the Western position as validating knowledge, which ensures the conservation of the West as the central Subject, resulting in the silencing of the Other (Ibid.: 78). Thus, the task of creating new



knowledge remains with the West even when it comes to producing knowledge about the Other. This means that the West speaks on behalf of the Other within the structures created by the West itself. This generates the paradox that the margins can only be understood within the Western logic by which the Other's understanding of the world is silenced. As an example of this phenomenon, Spivak is referring to Western intellectuals such as Foucault and Deleuze, who claim that "[...] *the oppressed, if given the chance, and on the way of solidarity through alliance politics, can speak and know their conditions*" (Ibid.). Spivak is criticising this notion by asking whether speaking within the Western frameworks allows the intellectuals to represent the subaltern experience. Inspired by Deleuze, Spivak acknowledges two different kinds of representation: "[...] *representation as 'speaking for', as in politics, and representation as 're-representation', as in art or philosophy*" (Ibid.: 70). The division between the two is important as Spivak criticises the Western intellectuals for being too quick in applying the 'pure' theory on concrete experiences, meaning that even though they attempt to, they are never able to fully represent the Other (Ibid.). Instead, they end up reproducing their own understanding of such perceptions, thus representing their own re-presentations. It seems a corollary from this would be that the Western intellectuals are not able to produce any legitimate knowledge on behalf of the subaltern subjects because they do not possess the nativist position. However, this is questioned by Bart Moore-Gilbert (1997) in "*Postcolonial Theory: Contexts, Practices, Politics*", in which he suggests that Spivak dismisses nativism, meaning that not "[...] *only the postcolonial subject can address the subject of postcoloniality [...]*" (Moore-Gilbert, 1997: 86f). Thus, being part of the subaltern category does not grant the subject a privileged access to knowledge of the group as a whole (Spivak, 1988: 87). Even though the Western intellectuals do not have the expertise to speak about the margins, they are still able to unlearn the structures of knowledge and be critical to their own position within the already established discourses (Spivak, 1988: 91). In order for the Western intellectuals to understand the experiences of the subaltern people they need to be willing to learn from them and vice versa (Moore-Gilbert, 1997: 93). Thereby recognising that neither have a privileged access to knowledge.

Spivak touches upon the international division into what she describes as First and Third World as a result of the nineteenth-century imperialism when the growth of capital was at play – a division of labour that is still present in the 21st century, mirrored in the Third World countries still providing the manual labour of products sold in the First World countries (Spivak, 1988: 83). To assure the First World's Subject position, the workers are provided with nothing but the

bare minimum, thereby ensuring that the First World would not lose the cheap labour since they are kept immobile. Such immobility is increased as the Third World Subjects are strategically controlled within the consumerism, assuring that the production stays within the constructions set up by the First World powers. (Ibid.)

Spivak exemplifies the societal structures by using Ranajit Guha and his colleagues from the Subaltern Studies group's classification of non-elite sectors in Indian society and the problem of *'the permission to narrate'* (Ibid.: 79) that is described in "*Selected Subaltern Studies*" (1988) (Moore-Gilbert, 1997: 79). In the preface of "*Selected Subaltern Studies*" Guha explains the colonial social production through an overall hierarchy which clarifies the roles and the mobility of the classes represented in the colonial societies. Guha defines the essence of specific groups by measuring, comparing and identifying the difference between the groups. He divides such a production into four classes, ranging from elite to subaltern, all of which are identified by *identity-in-differential* (Spivak, 1988: 79). In the top of this hierarchy, Guha places the dominant foreign group, the Western countries. This placement is due to their role in deciding the structures within the colonised country. This is the group that creates the legitimate knowledge and therefore is the ideal from which the subaltern differs. The second group is the dominant indigenous group, consisting of indigenous people who share the same values as the colonizers, as accounted for earlier in the chapter (Ibid.: 77). The third group is made up by indigenous people who are dominating on a local or regional level. This particular group is caught in an in-betweenness, having more power than the subaltern group, while at the same time not having enough power to actually be categorized as part of the elite. Being caught in this crossfire, the third group is able to mediate between group two and four. This is due to the fact that the subjects categorized as dominating at regional or local level might vary, depending on "*regional economic and social development*", meaning that: "*The same class or element that was dominant in one area [...] could be among the dominated in another*" (Spivak, 1988: 79). This means that the indigenous groups are dynamic, hence it is possible to move from the second to the third group and from the third group to the fourth group and vice versa. The foundation for this mobility might be grounded in Spivak's description of identity as heterogenous and dislocated, thereby not accepting the notion of a group identity. (Ibid.) This point is made as a broad criticism not just directed towards the Subaltern Studies group and Guha, but also against internationalist Marxism, Foucault and Deleuze, all of whom, according to Spivak: "*[...] are united in the assumption that there is a pure form of consciousness*" (Ibid.: 81). Thus, the fourth

group, the people and the subaltern, are more than just subaltern and they are so in different degrees. The difference in degrees amongst the subaltern is taken up in the last part of “*Can the Subaltern Speak?*”. Here Spivak argues that conditions such as race, sexuality and gender plays important roles in deciding the degree to which one might become subaltern, hence the level of subalternity depends on the degree to which one adhere from the norm; the white, heterosexual male. Thus, “[...] *if you are poor, black and female you get it* [subaltern in three ways, ed.] *in three ways*” (Ibid.: 90). The levels this creates within the subaltern group suggests that this might build on a hierarchical structure which determines one’s mobility, as the ones, who deviate most radically from the norm, would be placed in the bottom of such a hierarchy.

Even though Guha’s scheme of the hierarchy of the social colonial production is bound to the context of colonialism and more specifically India, we will discuss whether it is applicable when investigating the subalternity of migrants settling in the First World. In our case, the first group would not be a foreign power but the local majority and the government of the United Kingdom, while the second, third and fourth group would consist of Somali migrants. In the specific case study on women from the Somali community in the UK their place within the hierarchy will be discussed. By being aware of who holds the power, namely the governments of the United Kingdom and in our specific case the society of the UK, we are able to note the degree to which the lower group differs from them. Furthermore, their possibilities of speaking and being heard can be questioned. It is vital to acknowledge the subjects’ positions within the structure and their mobility in order to discuss whether or not the real subaltern exists.

In “*Can the Subaltern Speak?*” Spivak’s concern lies with the creation of subaltern groups, which means that she leaves out conditions under which the subaltern can speak (if at all) and thereby possibly move out of the silenced status as subaltern: “*While Spivak is excellent on ‘the itinerary of silencing’ endured by the subaltern, particularly historically, there is little attention to the process by which the subaltern’s ‘coming to voice’ might be achieved*” (Moore-Gilbert, 1997: 107). Arguably, it has to do with the fact that Spivak is investigating a historical subaltern who is deceased, exemplified in the Hindu widow burning. This leads her to conclude that “*The subaltern cannot speak*” (Spivak, 1988: 104). The subaltern’s inability to speak can, accordingly, be found in the works of Foucault who acknowledges that in order to hear the subaltern, one has to be willing:

*“[...] to make visible the unseen [which, ed.] can also mean a change of level, addressing oneself to a layer of material which had hitherto had no pertinence for history, and which had not been recognized as having any moral, aesthetic or historical value” (Ibid.: 80f).*

Foucault, like Spivak, thus points to the intellectual’s willingness to unlearn the learned structures and add value to the history of the subaltern, even if it has not been thought of as valuable before. This means, that the subaltern can only speak if the intellectuals are willing to let them and if the non-subaltern are willing to hear. Moore-Gilbert (1997) puts it as follows:

*“[...] the subaltern is still, characteristically, only heard through the mediation of the non-subaltern, or that while the subaltern can speak, the West may choose not to hear, or that the terms in which the subaltern speaks may be overdetermined, so that no ‘pure’ form of subaltern consciousness can be retrieved” (Ibid.: 108).*

He thus adds an extra hindrance for the subaltern story to be told when he points to how the existing structures might manipulate with the content of the message as well as the way it is perceived.

In Spivak’s article, she works with a historical subaltern. This historical subaltern’s existence is recognized but their story is however not told. Dealing with a historical subaltern is however different from dealing with an alive subaltern in the contemporary society, as the change in societal structures as well as the technological development has granted almost everybody a voice. This creates a conceptual problem as the subaltern in most instances will have the chance to speak, however whether they are listened to, understood and by whom is another story. The voices the subaltern are granted are in most instances limited to the social media, however the people reached at such platforms are most likely to be friends and/or followers who already agree with the speaker and therefore the effect on the overall structures, which placed them in the subaltern position, is likely to be limited. This leads us to define the subaltern, not as someone who is unable to speak, but as a person or group who are subordinated the structures of epistemic violence and therefore is not heard or understood by their oppressors.

## 4.2 Communicating about Culture and Health

Mohan J. Dutta seeks in his article “*Communicating About Culture and Health: Theorizing Culture-Centered and Cultural Sensitivity Approaches*” (2007) to create a framework explaining the different ways in which culture can be incorporated in the development of health education (Dutta, 2007: 305). Dutta holds prominent positions at the National University of Singapore and Purdue University in Indiana, USA, and has worked in several fields, including communication, health and culture. He draws on the Australian scholar Deborah Lupton, who criticizes the universalistic basis of the dominant approach in health education resulting in the neglect of the cultural contexts and the socio-economic circumstances these are located within (Dutta, 2007: 305; Lupton, 1994). In order to incorporate cultural aspects in the development of health policies, Dutta describes the approach of cultural sensitivity (first mentioned in “*Understanding culture’s influence on behavior*” by R. Brislin in 1993). He criticizes the way this approach apparently takes cultural differences into account while actually upholding dominant power structures. He challenges this by introducing the culture-centered approach, which seeks to include, what Spivak calls, subaltern voices in the debate and development of health education. Dutta focuses on how a hierarchy between minority-majority cultures is created by the discourses in the public health debate (Dutta, 2007: 305). Both approaches seek to include culture in the development of health legislation but they do not agree on how this should be done or even on the general conceptualization of culture (Ibid.: 307).

The two approaches can be discussed in relation to structures of power and hegemony. Simplistically speaking, power can determine how certain actors have influence on social structures consisting of a hierarchy of domination and subordination, which upholds the dominating economic system. Hegemony is the way the dominant group controls other groups for instance with the use of the aforementioned methods (Ibid.: 313). These concepts can be used to criticize the cultural sensitivity approach and to develop the culture-centered approach.

### 4.2.1 Cultural sensitivity approach

The cultural sensitivity approach takes a certain culture’s values and beliefs into account when making health education. The campaigns using this approach are shaped in order to be effective and get the message across with the aim of changing the individual’s knowledge, values and

behaviour in order to fit the status quo set out by the government through a top-down approach (Ibid.: 304ff). According to Dutta, the conceptualization of culture in this approach is based on the notion of the primacy of clearly distinguished communities based on shared values and beliefs. In this approach, culture is seen as static and as composed by traits defined by an outside expert (Ibid.: 308f). Dutta is critical towards this static conceptualization of culture and argues that culture should be thought of as fluid. Culture as a static category can further be questioned through Mohanty as it undermines the cultural differences within the societal groups and thus creates an image of culture as being homogenous. The cultural sensitivity approach may include the voices of a minority community by interviews or other form of data collection but it focuses on the individual's experience in order to change its behaviour and not the overall structures. The health professional decides which key problems to address within the minority community without consulting the members of the community first (Ibid.: 310). This ultimately puts the professionals in the role of deciding who should be listened to and how certain cultural practices should be categorized and explained. Dutta appoints that this is problematic as it might result in the alienation of certain groups. The uncritical attitude towards actors in positions of power and their influence when developing health education maintains the dominant power structures (Ibid.: 314f).

Dutta argues that these power structures outline the discursive space thereby deciding who gets a voice in the debate. Thus, the power holders are allowed to voice only the experiences that are similar to their own, whilst the others are left silenced. According to Spivak, this would suggest that epistemic violence is used to uphold the existing categories (Spivak, 1988: 78). Hence, it is left to the core actors to decide what is perceived as unhealthy practices in the minority culture and the power over it is thereby maintained (Foucault in Dutta, 2007: 315).

*“It is only through the identification of fixed categories that a systematic body of knowledge can be developed that addresses these categories and produces communication materials to induce behavior change.” (Dutta, 2007: 317)*

The way culture is defined from the outside in this approach maintains the individual members in a stable, static frame. It is a way of generalizing in order to make health policies suit the context in a more beneficial way when in reality it simplifies the culture and fixes it as the alienated Other, thus it does not accept the idea of different world views (Ibid.: 317).

#### 4.2.2 Culture-centered approach

The culture-centered approach focuses on enabling subaltern actors to voice their opinion. These are the actors who are not visible in the debate but whose perspectives are essential in order to understand the cultural community from the inside and their relevant health issues. (Ibid.: 310) Thereby the approach “[...] seek(s) to create alternative ways of knowing the world, opening up discursive spaces to marginalized voices” (Ibid.). It centralizes human experience in order to understand the lived experience of health and disease. This is the point of departure when developing theories and health practices based on dialogue with marginalized communities (Ibid.). The culture-centered approach focuses on the hierarchy in the public health debate with the aim of enabling marginalized voices to be heard (Ibid.: 306). Culture is conceptualized as being complex, fluent and dynamic, while it interacts with the structural processes surrounding it. Within this approach, the understanding of health issues is constructed by the members of the community and within the local context. The theories of health development should therefore be based on a bottom-up approach supported by personal experiences of the members (Ibid.: 311).

Dutta argues that health promotion typically favours transnational interests and upholds the desired hegemony again neglecting the social, cultural and economic context in which health is located (Ibid.: 307). The legislation on FGC can be criticised as being an example of favouring transnational interests in the sense that the strict legislation is influenced by the wish to comply by the International Human Rights Declaration. However, in the effort to support the international struggle to combat FGC, the minorities valuing the practice are silenced, as their wish to uphold the practice is contradictory to the governmental transnational interests. Thus, it seems that transnational ambitions do not allow the influence of cultural specific values. Dutta seeks in his essay to propose a way to theorize the culture-centered approach, which he believes can challenge the dominant paradigm in health promotion.

*“The concepts that drive the culture-centered approach are the links between culture and structure, the notion of multiple and shifting contexts, as well as agency and voice, and spaces of resistance.”* (Ibid.: 318)

He emphasizes the importance of considering the relation between the minority culture and the societal structures that surrounds it. In order to implement health initiatives, that takes cultural differences into account, one must support the agency of subaltern voices in order for them to influence the process (Ibid.). Thus the individuals must be able to act with and within the societal structures with the possibility of changing them (Ibid.: 321). In the case of FGC, this would mean that a culture-centered approach would allow for the practitioners to influence not only the way the legislation is implemented but, in the long run, also the legislation itself. “*The presence of the subaltern voice in the discursive space becomes a resistive act*” (Ibid.: 323). The culture-centered approach opens up a discursive space of resistance, which can challenge the worldview that the dominant structures are built upon, and evaluate who has the power to decide which knowledge is legit (Ibid.).

*“Ultimately, the culture-centered approach offers a space for social change by presenting the dialogues of cultural members through this performance, by enacting the stories of oppression that lead to poor health, and by opening up possibilities of change through performance.”* (Ibid.: 324)

The culture-centered approach is aimed at the health professional but in comparison with the cultural sensitivity approach, it presupposes that the person developing the health policy has an open dialogue with the community and is constantly reflective of her or his own position and the power structures he or she is upholding (Ibid.: 325). Even though Dutta is attempting to come up with a hands-on approach to how health professionals can develop and carry out health policies, we will discuss whether it is applicable for analysing the already implemented policies from the community’s point of view. This is done in order to criticize to which extent culture is taken into account and consequently touch upon the degree to which it is represented in the implementation process. However, Dutta does not give any account of how the culture-centered approach could be implemented in a multicultural society such as the UK due to the heterogeneity within and amongst minority groups.



### 4.3 Theoretical Comparison

Both Spivak and Dutta emphasizes the importance of being aware of the structures of power and hegemony that determine which voices get to influence the public debate. This is essential as powerful actors choose which aspects to emphasize in relation to health promotion. Thus, these actors are given the power to decide how certain minority groups are portrayed in the public discourse.

A combination between Spivak and Dutta allows us to move beyond Spivak's theoretical description of the creation of the subaltern group and look at ways in which such positioning can be changed. This is evident as Dutta argues that the culture-centered approach can make it possible for subaltern actors to be heard and attain influence within the existing power structures; thereby giving them agency and allowing them to move beyond the categorisation of being subaltern. On the other hand, Spivak is critical towards the possibility of creating a space of resistance as the structures would still be determined by the dominating First World societies. Therefore, the inclusion of the cultural minorities in the culture-centered approach, advocated by Dutta, can be seen as an attempt to justify the implementation of certain health policies without actually giving them influence. This is, paradoxically, what Dutta criticizes in the cultural sensitivity approach (Dutta, 2007: 304).

Both Dutta and Spivak criticizes the idea that groups can be placed within fixed categories. Spivak argues that identity is heterogenous and, applying this to the case of FGC, it can be misleading to define a cultural minority as such when implementing health strategies. Dutta advocates the culture-centered approach, which conceptualizes culture as fluid and dynamic, thus the fixed categories creates an unjust image of the group. Furthermore, when the categorisation is made by an outside expert the interests of existing power structures are upheld. According to Dutta, this categorisation alienates the group from the majority culture and from Spivak's perspective they are thereby exposed to epistemic violence as they will always be heard and understood within the dominating framework.

The two theorists share the same view on the notion of the existence of multiple, differently perceived world views (Spivak, 1988: 79; Dutta, 2007: 310). However, while Dutta emphasizes the importance of getting the human perspective of the lived experience of sickness and health,

Spivak would question whether this is even possible because of the dislocated nature of a single subject. Moreover, Spivak does not argue for a monolithic acting Subject but explains the dominant discourse as a heterogeneous construct, thus questioning the very possibility to represent its counterparts (Spivak, 1988: 66). Dutta's presentation of the two approaches on how health policies can be implemented when taking culture into account, enables us to analyse the way the legislation surrounding FGC is currently implemented and how this affects the segment of Somali women we interviewed. In addition, we will look at how the Somali community is portrayed and represented from the community's point of view.

## 5. Analysis

In our analysis, we will be investigating our interviewees' relation to FGC and whether this might be a result of them belonging to a subaltern position. We will divide our analysis into a set of headlines, which are all quite similar to the codes the interview material was divided into. This means that the focal point in the first part of the analysis, chapter 5.1-5.4, is our interviewees' relation to FGC, the legislation on this area as well as the campaigns. In the second part of the analysis, chapter 5.5-5.6, we will investigate whether our interviewees can be considered subaltern individuals and if they are represented in the general debate on FGC.

### 5.1 Motivations and Deterrents

The interviewees present various motivations for carrying out the practice of FGC - traditionally and currently - in addition to possible reasons for not doing it anymore. According to Dahabo, the motivations for carrying out the practice has been tied to various reasons including as a rite of passage of becoming a woman, she thus describes how it made her feel brave and like “*a true woman*” (App. 1, Dahabo: 00:23:17; 00:25:16). Furthermore, she stresses that it is a fundamental value to their culture and strengthens their community and hence not a way of controlling the sexuality of women (Ibid.: 00:08:07). Sagal too, do not see it as something that has to do with gender oppression as both men and women undergo the practice, but rather as a practice that used to be connected to religion: “*It is not about gender based violence. It was basically done in Somali community because it is called hallala [permissible, red]. We don't call it FGM, it was done for Islamic. You know how they do male circumcision?*” (App. 2, Sagal: 00:02:07)

Gargaaro however, expresses the opposite when stating: “[...]it's also a way of controlling a woman basically, you know, making sure she stays virgin.” (App. 3, Gargaaro: 00:10:39). Performing FGC on young girls can be a way of discouraging girls to have sex with different men before getting married, as sex becomes less enjoyable. According to Sagal, being cut was essential in order to fit in:

*“It was to fit into the norm, and culture of their society. If they didn't have it done it wasn't the norm. Do you know what I mean? You would be outcasted. You'd feel like*

*everybody's walking with an arm, and you haven't got an arm. You feel out of place. That's how it would feel like.*" (App. 2, Sagal: 00:47:05).

They furthermore explain that the practice was initially thought of as having a religious foundation but as Sagal explains they later "[...] found out that it was not Islamic. Because I spoke to my local Sheik and he said no. I talked to Muslim girls. It is not Islamic. There is nothing. There is not a mention of this in Quran." (Ibid.: 00:11:48). Gargaaro points to the previous importance of the practice because it would be a requirement in order to get married:

*"[...] it's just to make sure your daughter will get married, because if she hasn't had it done, then nobody would have married her - she would be stigmatized, and you know, outcast, so that's why women have been doing it - it's for the men basically. I think the men wanted it and making sure that she was untouched, you know."* (App. 3, Gargaaro: 00:12:20).

Therefore, according to Gargaaro, it would be inconceivable to not have your daughters undergo FGC. At the same time, according to Bridget it was a way of ensuring the pureness of the tribe in traditional societies because the girls would not risk getting pregnant by men from other tribes. This way the man ensured that the child of his wife was his own, again making it a way of controlling the woman. (App. 4, Bridget: 00:25:58) Dahabo has a different view on the practice and points to the cultural importance of it and how it seems to form the basis of her identity:

*"It is not about history, it is a fundamental right. It is about who you are. It is not just about, you know, belonging and this stuff. It is a gender, racial continuous relation through generation so you belong to generations and generations have been doing that."* (App. 1, Dahabo: 00:48:48)

Furthermore, the fact that she points to the practice having been done for generations, and functioning as a way of connecting her to her ancestors, indicates that it is essential to her cultural identity. Dahabo is the only one of our interviewees expressing a wish to continue the practice. She says that she wants to have the opportunity for her daughter to undergo FGC when she is older and therefore able to make an informed choice. (Ibid.: 00:25:16) At the same time, she emphasises that since they live in the UK, where it is outlawed, they will not continue practising it (Ibid.: 00:31:25). Sagal finds the practice unnecessary after finding out that it had no religious importance, and her own personal experience carried trauma that she does not want the

next generations to experience (App. 2, Sagal: 00:07:21; 00:43:23). Additionally, Gargaaro says that things have changed, and that the men do not want a woman who is circumcised which is another reason for stopping the practice (App. 3, Gargaaro: 00:37:51). She also emphasizes that less and less people advocate in favour of FGC: *“Mostly when they realized it wasn’t allowed and they regret what they have done to their daughters. But definitely the younger generations are definitely anti-FGM, you know. Definitely.”* (Ibid.: 00:25:53). It seems as if the decrease in people practicing FGC is due to a combination of the practice being outlawed and the younger generations changing their mindset, possibly because the traditional importance of having FGC done, in order to get married and the thought that it carried religious meaning, is not relevant anymore.

## 5.2 Change in the Traditional Practice and Law

Not all of our interviewees have undergone the cultural practice of FGC, yet they agree that it should not be done to children but that it should be legal to have it performed when you are a consenting adult: *“So if a woman wants to do it to herself, right? As a consenting adult, I haven’t got a problem with it. That is then a woman’s right, what you want to do and where, ok?”* (App. 2, Sagal: 00:26:15). Sagal further explains how she disagrees with her mother’s decision to have her undergo the procedure when she was a child: *“Yeah, I remember saying to my mom as a teenager: “You should have allowed us to consent to it because you consented us as children to something that is harmful to us”.”* (Ibid.: 00:26:15). It is no longer seen as a requirement to undergo FGC in order to get married in the UK (Options UK, 2013: 10). In extension to Sagal’s previous conversation with her mother, she also told her: *“You did this for nothing, no man will marry for this, I am going to hospital and have it undone, so you did it for nothing”* (App. 2, Sagal: 00:25:15). Sagal explains the change in how the community views FGC has come about due to the fact that they have been educated about its many consequences and its disconnection to Islam. She compares the practice with arranged marriages which also used to be a common custom in the community:

*“We would say no that’s not good, because it’s not part of the religion, and anything that’s bad in the culture, just like FGM, you get rid of it. It’s like we used to have arranged marriages, and we don’t now.”* (Ibid.: 00:50:18)

Sagal explains that she feels like she and most of the community has been misled, by the people who have told them that the practice is Islamic and lied about the health complications (Ibid.: 00:11:48). With the new legislation also came education about these matters as accounted for in chapter 3.2.2. And as Sagal expresses, this information is the reason for the big change, not the legislation itself: *“And to educate our women that it's harmful to do to your kids and it's haram, because it has nothing to do with Islam.”* (Ibid.: 01:25:53)

According to Sagal, there has been a dramatic change since the 70s and 80s, where she believes 99 percent had undergone FGC while today they do not do it to children anymore (Ibid.: 00:21:33). In her opinion, the law has made it easy for people to say no to this practice because the children can report their parents to the authorities: *“And for me if I knew that any lady in my community was going to take their daughter to have FGM done, I would report her. Immediately”* (Ibid.: 01:08:39). So while there seems to be a consensus among our interviewees about the laws being good as it protects children, they however all believe it to be patronizing to grown up women, telling them what they can and cannot do with their own bodies. Gargaaro believes it is unfair to refuse a group of people to have FGC done, if they want it done and are consenting adults. She cannot see why it is considered different from the western plastic vaginal surgery:

*“Why should you be done, when you are a child, if you are a child, obviously that is child abuse, but if you are an adult and you want FGM, that is your choice. If you feel that it's part of your culture, then that is up to you, because if, you can go to Harley Street and get you know, like, you can get, you know, what you call a designer vagina and you know and you won't be persecuted for that, so it is the same thing.”* (App. 3, Gargaaro: 00:55:11)

The legislation has been made to especially, but not exclusively, protect children from FGC. Our three interviewees does not see a pressure from within the community to undergo FGC. They want to be considered consenting adults with agency. By making legal restrictions towards the practice, a law that decides adult women cannot decide over their own bodies, the women's agency is taken away which leads our interviewees to feel that they are subjected to what Spivak would conceptualise as epistemic violence (Spivak, 1988: 78). The Somali women feel that they

are not truly being heard by the society of the UK when it comes to FGC. The Somali women are thereby left in a position that can be interpreted as being subaltern in this context. The result of being subjected to epistemic violence is also detectable in the text by Dutta. In this he argues that adopting a culture-centered approach when creating and changing health implementation, enables individuals to have influence on the overall structures. (Dutta, 2007: 310) Thereby the Somali women's perspectives are taken into consideration and Dutta would thereby argue that they are granted agency and influence on the overall structures. The mentioned epistemic violence our interviewees experience will be unfolded in chapter 5.5.

### 5.3 Opinion on the law

Dahabo and Sagal have very different opinions on the legislation on FGC. Dahabo claims that the laws have not had any effect whatsoever on the Somali community practicing FGC (App. 1, Dahabo: 00:14:18). Sagal, on the other hand, claims that the legislation has had a massive influence; it almost stopped the practice in the UK, and made the Somali community aware of the fact that the practice can be harmful and traumatising for children (App. 2, Sagal: 01:08:39). According to Sagal, the legislation has made it easier for people in the community to speak up and prevent children from being cut because they can hold the parents to the law:

*“I remember my father reading the law to my mother, because we have two younger sisters. And I kept saying to my mum: “Don't do it to the younger girls, and if you do I'm gonna tell on you”.”* (Ibid.: 01:08:39)

Sagal is further expressing her acceptance of the legislations, by saying that if she were to become aware of anybody in the community planning to have their daughter undergo FGC, she would immediately report them (Ibid.: 01:08:39). However, Gargaaro believes that no one is going to be prosecuted for carrying out FGC because she does not think that daughters will be willing to report their own parents (App. 3, Gargaaro: 00:35:20). This leads her to conclude that the laws are ineffective. Gargaaro further stresses this by pointing out that if someone really wants to have their daughters undergo FGC, they will do it in spite of legislations because they believe it is the right thing to do: *“[...] they would do it. Either in the UK or back home. There is nothing you can do”* (Ibid.: 00:36:20). Furthermore, Gargaaro does not think a 14-year prison

sentence will actually prevent people from conducting the practice if they really want to. She suggests that a loss of citizenship would be a more effective punishment (Ibid.: 00:17:05).

Dahabo points out that you cannot make effective legislation without creating a consensus by consulting the minority communities (App. 1, Dahabo: 00:12:50). In her own words: “*These are laws that are made in the West .... You are imposing your own values on others.*” (Ibid.: 00:14:18) Gargaaro shares Dahabo’s view on the ineffectiveness of the legislations. However, she adds that she believes the legislation is done with the best intentions: “*Yeah, I think the government is just doing this just to make sure, that they have done their best, but not knowing how it affects, you know, the realities.*” (App. 3, Gargaaro: 00:54:09).

Gargaaro is shedding light on the complexity of punishing someone for having their daughters undergo FGC: “*Who is really to blame? Is it the mother? Is it the father? How many generations do you wanna go back?*” (Ibid.: 00:17:05). The tradition of FGC has been handed down from generation to generation thus complicating the question of who should be held accountable.

Sagal’s focus is on the consequences from the investigations and initially the legislation. According to her, a lot of families are being wrongly investigated when considered at risk for practicing FGC and children are being taken from their parents (App. 2, Sagal: 01:17:22; 01:25:53). Sagal is questioning if such consequences are necessary and whether they cause more harm and trauma for the children, than good (Ibid.: 00.58.36).

## **5.4 Campaigns**

Dahabo, Sagal and Gargaaro all presented different views on the FGC campaigns. They do, however, all agree that it has become an industry with an agenda, meaning that the campaigns are framing FGC as a prevalent practice in order to raise awareness and thereby be granted financial support. Dahabo is criticizing how the focus of the campaigns has shifted from aiming towards educating on the consequences of FGC towards attracting financial funds (App. 1, Dahabo: 00:52:52). Sagal expresses the same concern about the FGC organisations having become a money making industry:



*“It's become an industry, it's global, people get paid 100s of pounds to talk at conferences. The National center of FGM. What link have they had with the community? None, whatsoever. And they get 3 million pounds in funding. It's all about making money...”* (App. 2, Sagal: 01:34:50)

To substantiate her argument, Sagal refers to two spokeswomen from the Somali community; Leyla Hussein and Nimco Ali. They are both Somali women who have undergone FGC, but are now campaigning strongly against it. Sagal is criticizing these women for being caught up in the industry by making money on exaggerating the issue and distributing incorrect information about females being cut in the UK. (Ibid.: 00:38:58) Gargaaro even goes as far as claiming that “[...] there is no proper research done and I think those statistics are mostly done for funding” (App. 3, Gargaaro: 01:02:16). The possibility of attaining financial support when representing specific views might explain why some views are being purposely deselected with the outcome of creating a specific picture of FGC and in turn the Somali community, as our interviewees suggest.

According to Sagal, the notion of the Somali community as actively practicing FGC has created the discourse around the subject which has caused, what she explains, as unnecessary hysteria (App. 2, Sagal: 01:25:53). She claims that the practice has become rare: *“To me, it's dying out completely”* (Ibid.: 00:50:18). In this way, she is criticising the Somali spokeswomen when they claim that the practice is done frequently to girls in the UK. Furthermore, Sagal argues that the public debate is shaped by spokespersons *“[...]who is giving that narrative out there to the media”* (Ibid.: 01:23:31). In this way, it seems that the people who are willing to talk about the issue within a Western framework are the people with the possibility of influencing the public opinion and the campaigns, as Spivak would argue (Spivak, 1988: 78). Thereby, they come to be viewed as the representative voices of the community.

In terms of representation, the fact that two Somali women are actually able to have a say in the debate could be seen as the subaltern voices being included. However, in line with Dutta's definition of the cultural sensitivity approach, it can be argued that this dialogue Hussein and Ali are being a constituent part of, is with the agenda of the dominant culture in mind. There is thus only discursive space for the one side of the debate. As Dutta argues, the development of health education should rely on the knowledge of experts within the community or with inside views of

the community, in order to incorporate cultural aspects. (Dutta, 2007: 310) It could thus appear as if the subaltern voice is present in the debate with the inclusion of spokespersons as delegates from the community that is being addressed. However, one could argue that the subaltern voice, or at least the other view on the practice, is not really being heard since it is excluded from the debate and from the campaigns. As Spivak argues, it is not enough for the minority to have the opportunity to voice their opinions. In order for the voices to be influential, the power holders has to unlearn the structures determining how they are thinking to actually understand what is being said in their own context. Therefore, if the Somali women are categorized as the Other and portrayed as mutilators, this is the framework they will be heard within and therefore not truly understood.

Dahabo is criticizing the general discourse on FGC for presenting the practice in a specific way. In the following example she is talking about how the campaigns usually only focus on the type three of the practice, infibulation, which is the most severe kind. According to Dahabo, by doing this, the campaign is trying to paint a specific kind of picture of the practice of FGC in order to create a greater reaction from the public:

*“...when you hear this image, you do feel something... it is just... as a human being you react. You know every action has a reaction and such.. and so.. so they adhere to that sensitivity and women, the majority of women say: “oh that is horrible it is hideous” but in reality it is limited.”* (App. 1, Dahabo: 00:49:49)

Furthermore, the picture that is painted is to a very large extent focusing on all the negative aspects of the practice, and how it has several health implications and is being practised under bad medicalized conditions. However, this too is only one part of the story, since Sagal for instance have not been affected negatively:

*“So this thing we are mutilated, your vaginas are ripped in pieces is absurd. We know our bodies, we can have sex, we enjoy sex. ... So when they say that it is affecting physically those ladies, is you know everybody is different. Like when they say that every birth is different. Everybody, every body is different as well. So basically, for me it has never affected me sexually, at all.”* (App. 2, Sagal: 00:28:30)

Additionally, Dahabo explains that in traditional communities in Somalia, FGC is in fact

practiced in a medical environment (App. 1, Dahabo: 00:23:17). It could thereby be argued that it is again only one side of the story that is being portrayed, which is a characteristic of the cultural sensitivity approach, in line with the argument stated earlier. On the other hand, the fact that two Somali women are represented in the debate could foreground the argument that the discourse in the campaigns also has a touch of the culture-centered approach, since they are thus having personal, subjective experiences as a basis for their health promotion, as Dutta argues should be the case with this approach. However, what Dutta equally criticizes the cultural sensitivity approach of doing is categorizing and creating a homogeneous and static image of the Other. (Dutta, 2007: 313) This is furthermore the case with the campaigns, from what the interviewees are expressing; that the Somali women are being stigmatized through the way they are portrayed. It should however be stated that the culture-centered approach suggested by Dutta is an explanation of an idealised way of developing health education and it might be questioned whether it is attainable at all.

Based on the interviews, the view of the FGC campaigns can be categorized into three main points: the issue of practice being done to children who are by definition unable to give consent, health issues of women, and oppression of women in the sense that the practice is done to control the women's sexuality. Dahabo is arguing that the campaigns are not completely truthful about their intentions as they are talking about the children's consent and health issues openly, while indirectly pointing out the oppression of women. (App. 1, Dahabo: 00:21:02)

Commenting on the campaign's focus on women's health, Sagal explains how she has never heard of anyone dying as a result of the practice (App. 2, Sagal: 00:28:30). It seems as if she is implying that the campaigns are also exaggerating the health concerns to cause a greater reaction. Gargaaro additionally states that she believes the statistics are exaggerated on purpose in order to get more funding: *"I don't believe many girls are at risk, so I think it is mainly for funding reasons, just to create that scare mongering."* (App. 3, Gargaaro: 01:02:16)

Dahabo, Gargaaro and Sagal argues that the data used in the campaigns are inaccurate and not portraying what, according to them, is really happening in the community. Sagal claims that the campaigns are still based on WHO statistics from 30 years ago, saying that 90 percent of Somali women are cut (App. 2, Sagal: 01:33:14). The opinion about the wrong data is equally expressed by Dahabo, when she says the following: *"This data is a scheme. There is no real data out there."*

*When you hear the term “data”, these are dumb, lie statistics”* (App. 1, Dahabo: 00:35:00). Dahabo says that the data collected, is registered in a way that makes the numbers look worse than they actually are. According to Dahabo, the cases of FGC that are discovered now mostly come from women going to check ups for maternal health care (Ibid.: 00:35:00). In most of these cases the practice is not carried out in the UK and the women, who have been accounted for in the statistics when visiting health care specialists, have undergone the practice in their countries of origin before migrating (Ibid.: 00:36:34). She furthermore argues that the media is neither showing the origin of the data, nor are they questioning the data or the validity of it (Ibid.: 00:35:00). Sagal additionally explains that the Somali community would campaign themselves if they thought of it as a massive issue. (App. 2, Sagal: 00:11:48)

Sagal mentions how the discourse circulating in the campaigns on how parents are abusing their children by exposing them to the practice is paints a picture of the practice as child abuse:

*“Who would in their right minds state that their parents abused them? We see our mothers every day, we see our grandmothers. And when we hear campaigners saying, “no but they abused you.”.”* (App. 2, Sagal: 00:11:48)

Sagal does not agree with the campaigners presenting the practice as child abuse, since the reasons behind it were traditional and cultural. In her opinion the parents’ intentions for doing it is in the child’s best interest. This too is, one could say, an example of how the campaigners do not allow people from within the community, who does not contribute to the power holders’ opinion on FGC, to have influence on the implementation of FGC legislation and the portrayal of the intentions. Thereby they adopt the approach of cultural sensitivity.

Gargaaro proposes that change in terms of FGC should come from within: *“If you wanna do FGM, if you wanna stop it - start educating your own.. Start within the community, [...]”* (App. 3, Gargaaro: 00:17:05). Furthermore, she suggests that the community should be reached through local channels that the community actually use. Like Sagal, Gargaaro also mentions the two most known spokespersons for the Somali community - Leyla Hussein and Nimco Ali - that have been seen as representatives of the community. It is Gargaaro’s opinion that instead of trying to change the community from within, they shape their campaigns in order to get funds from the government (App. 3, Gargaaro: 00:17:05). Moreover, she is criticising them for one of the ways they have done the campaigning:

*“They have done a TV show, where they showed - I think it was inappropriate, ehm.. Pictures of women who were circumcised, to men. It’s not because of.. I think it’s like. You should not show anybody, like, ‘cause it’s undignified, you know.”* (App. 3, Gargaaro: 00:19:40)

Since it is part of the Somali and Islamic culture to be very private about the body and sexual matters, this method of campaigning is expressed by Gargaaro to be very offensive and insensitive to the Somali community. (App. 3, Gargaaro: 00:56:30)

With the campaigns on FGC and their aim to eradicate the practice, the culture from which the practice originates, namely the Somali culture, is, according to our interviewees, not - or at least only to a very small degree - taken into account. From what the interviewees are implying with their opinions on the campaigning, the Somali culture is merely overruled by what the society of the UK finds right in terms of cultural norms and values and thereby upholding the dominant power structures. The campaigners can thereby be seen as having a rather culturally sensitive approach in their campaigning, the approach criticized by Dutta, since they are including culture in their proposals on health education and care, however arguably not in the other aspects such as legislations. In this way, overall, it is only the majority culture that is represented and not the minority. The discourses in the public debate, in which these campaigns are situated, have thus created a hierarchy between the two cultures leaving only room for the dominating voices.

The Somali women, we interviewed, suggests a way of going about FGC implementation and campaigning, which one might see as a culture-centered approach. Their suggestion is, in relation to the campaigns, to try and represent the community’s voice and engage with the women instead of just ignoring them and denying them the right to be portrayed.

Dahabo is in a process of making her own campaign, presumably with the aim of showing other narratives rather than the ones that have been dominating the debates concerning FGC. She states that she is gathering support because *“[...] you can’t just turn up on a Western, you know platform without any support... ehm.. you need press groups and that sort of things”* (App. 1, Dahabo: 00:32:58). This possibly implies that opinions which do not fit into the dominating discourse are not appreciated and points to the idea that the West might strive to maintain the existing hierarchy within the creation of knowledge. Therefore, support is needed in order for her to be heard. Gargaaro is expressing that for women who experienced issues regarding FGC,

appropriate services should be in place that can be easily accessed to help them (App. 3, Gargaaro: 00:13:24). She is furthermore stating that education and awareness about the practice is needed (App. 3, Gargaaro: 00:40:18).

Sagal is expressing the need for new research across generations of the Somali women, and also women who were born and raised in the UK that have undergone FGC, in order to explore their views of the practice and to arguably, emphasize the heterogeneity of reasons for doing it (App. 2, Sagal: 00:32:58). Furthermore, she argues that doing the research of the different age groups would adequately portray whether the practice has declined or not (App. 2, Sagal: 01:20:06). Her suggestion for conducting new research on the area arguably comes from her criticism of the inadequate statistics circulating in the debate about FGC.

Sagal also points to the Somali women's difficulties in voicing their opinion about the practice and being heard. She sees a campaign made from within the community as a necessary tool in order to achieve this: "*We really need to do something collectively in the Somali community, as a campaign about, where all the people get interviewed, to get the narrative out there*" (App. 2, Sagal: 01:42:40). One could argue that the government's approach to health implementation in relation to FGC is in line with the cultural sensitivity approach, as it does not let the Somali women's narratives have influence on the public debate. Thus, the need for the culture-centered approach is expressed through Sagal's quest for campaigns coming from within the Somali community.

## 5.5 Epistemic Violence

By using the concept of representation and how it affects and is affected by power structures, put forth by Spivak, we will analyse how our interviewees perceive their conditions of speaking and thereby influence the general portrayal of FGC. In "*Can the Subaltern Speak?*" Spivak claims that the use of epistemic violence is evident in instances where the colonial subject is comprised as the Other, a notion which is experienced and expressed by our interviewees (Spivak, 1988: 76). Dahabo points out that she sees how a clear universal idea of what is right and wrong is prominent within the society: "*Because you depict it, you sort of, you are telling the, ehm.. a different culture which is more... according to your own narratives, which is right and wrong.*"

(App. 1, Dahabo: 00:56:10). The ‘you’ referred to by Dahabo appears to be the dominant West, who according to her, defines universal morals and cultural norms; they thus define “*which is right and wrong*” in accordance with their “*own narratives*”. As the West finds itself in a position of deciding the moral codes, they are thus in a place to decide what is considered ‘deviant’. Spivak describes this as a natural outcome of the West’s continuous struggle to define themselves as the central subject; everything outside the West is reduced to margins of the Western image. (Spivak, 1988: 78) Therefore these “*margins*” are per definition positioned as weaker than the West itself. In Spivak’s words, the image of the Other is reproduced in the representation of the power holder’s idea of them therefore the group is fixed in the position of being different and of less value (Spivak, 1988: 80). This might come to mean that the oppositional voices, those of the Somali women, are understood via difference from the dominant debate in the UK; therefore their voices are always already unacknowledged or viewed as less valuable. This dynamic is put into focus when Dahabo enunciates that the media decides which voices to emphasize in the public debate and how to frame them (App. 1, Dahabo: 00:56:10). In her opinion, the majority of the society within the United Kingdom has the power to reproduce their own image of the Somali community, a point Sagal also expresses: “*And new media they can misconstrue your words or they take it, if you get The Guardian to write, if they get to write about me, they change it, they are in control of the editing.*” (App. 2, Sagal: 00:01:05). In this it seems that the Somali women thus have an opportunity to convey narratives or viewpoints but are at risk of being wrongly portrayed as they have no say in the editing. Seen with the perspective of Dutta, this could be linked to the cultural sensitivity approach. On the one hand, the marginalised voices are included in the debate but as they are not “*in control of the editing*”, it could be dubious to what extent they are truly represented or influential in the debate. An uncertainty that will be further discussed in chapter 6. Thereby, a hierarchy between majority-minority cultures are maintained where the majority culture appears to be inclusive and take minority cultures into account; a hierarchy that will be elaborated in chapter 5.6. (Dutta, 2007: 317)

All of the interviewees expressed a feeling of the Somali community in the UK as being marginalised as they all shared experiences on how Somali women’s voices are not being heard in the public debate. Furthermore, they do not see an opportunity for these voices to be included in the debate and eventually taken into serious consideration as valuable ones.

It is Dahabo's impression that by utilizing certain terms such as barbaric, horrible and victims, the media portrays the negative aspects of the practice (App. 1, Dahabo: 00:56:10). Furthermore, when naming the practice female genital mutilation and the abbreviation, FGM, the person who has undergone it is portrayed as mutilated and the practitioner as the mutilator. The women from the community find that such terminology carries negative connotations, and hence find it offensive, as expressed by Gargaaro:

*“But then again, even with the terminology - FGM - [...] It's not really mutilation, like, for.. Because I know girls, women, who have been done type three, and they don't see themselves as mutilated - they say, “well I've been circumcised”. So, you know, they find it offensive”* (App. 3, Gargaaro: 00:24:03).

The terminology does not correspond with the way the women themselves feel, according to Gargaaro, and their own experience is not reflected in the public debate. When being described as 'mutilated', they feel like they are seen as deviant from the norm; a norm that, as touched upon earlier, is set by the dominant group. Furthermore, Dahabo emphasizes the fact that the whole group is described as savage: *“We are deformed. And who would like to be thought of as that? As barbaric.”* (App. 1, Dahabo: 00:16:50). Portraying the Somali community this way results in them being stigmatized by the majority culture. Thus, they are left without opportunities to voice their opinion in a space where it can be heard without being deemed invalid which can be seen as a result of how they are subjected to epistemic violence.

## **5.6 Hierarchies and the Need for Representation**

The stigma and the epistemic violence experienced and expressed by our interviewees, suggests that certain positions are at play. This is seen in one of the interviews when Dahabo points out that the Somali women seem to be left without a voice in the debate on FGC. She thus states that:

*“We are being treated unequal to the white.. our white counterparts. How do you.. how do you explain that to women in your own communities, who most of them cannot articulate their concerns? How do we feel. How would you feel if someone is telling you:*



*“I will speak for you. You have no autonomy to decide what you are gonna do”, and.. so we are very angry and fuming.”* (App. 1, Dahabo: 00:15:14)

This specific feeling of being *“treated unequal to the white”* is not only expressed by Dahabo but is evident throughout all the interviews. This suggests that Spivak’s utilization of Guha’s notion of colonial social production could be relevant in providing an understanding of the positions of the Somali women. In the quote, Dahabo paints a picture where the *“white counterparts”* are placed at the top of the hierarchy, which grant them the authority to speak on behalf of the Somali women, who are placed lower in the hierarchy; an example of Spivak’s claim that the *“white counterparts”* wish to save brown women from brown men (Spivak, 1988: 92). The role as saviour is a responsibility that the *“white counterparts”* take upon them, as they seem to believe that they are in possession of a more nuanced knowledge than their brown counterparts. This leads the *“white counterparts”* to argue that they should *“[...] speak for you [the Somali women, ed.]”*, as they believe that the Somali women have *“no autonomy to decide what you [the Somali women, ed.] are gonna do”*. In the *“white counterparts”* attempt to save them, by expressing the concerns on behalf of the Somali women, which they cannot articulate themselves. The *“white counterparts”* thus, unintentionally, end up dismissing the Somali women’s voices and autonomy rendering them *“angry and fuming”*.

Sagal points to somewhat the same problem when being told by *“Western white women”* (App. 2, Sagal: 00:43:23) how she is to think about her body: *“I said: “No, we're not mutilated. Number one, you created that name. And I will not say it. You cannot tell me that I'm mutilated. Cause I see my body, not you”.”* (App. 2, Sagal: 01:25:53 ) What becomes evident here is the difference in the hierarchical positions of the *“Western white women”* and the Somali women. As previously mentioned, understandings of practices has to be understood in geographical and historical contexts. What is foregrounded is the *“Western white women’s”* power provided by their powerful positions in the hierarchy enabling them to define FGC as mutilation and thus also define how all females (and males) should see it. Such hierarchical structures does not allow for the Somali women to have any influence on the debate and thereby amplifies their position as subaltern. Thus, the interviewees share a worry that someone else is continuously speaking on their behalf, as Dahabo asserts: *“In the public discourse the white women are speaking for us. They are not consulting us in regards to our views and our concerns. We are being silenced”*

(App. 1, Dahabo: 00:00:39). Dahabo further elaborates that the silencing of certain voices might be done unintentionally but comes as a result of “*white women’s*” ignorance towards the Somali women’s point of view (App. 1, Dahabo: 00:01:40). In this case, the women that Dahabo refers to as the “*white women*”, can be seen as acting within the structures build by a Western elite; structures which are portrayed as neglecting the validity of other cultures, or in this case, the Somali culture. As a result of this, they will never allow for the voice of the Other, referred to by Spivak, to influence the dominant discourse. Subsequently, a segment of the Somali women are put in a subaltern position. However, even though the Somali women, who are constituting Guha’s fourth hierarchical group, might not want the “*white women*” to speak for them, they still find themselves in need of representation. This actualizes Marx’s concept of representation: “*The small peasant proprietors ‘cannot represent themselves; they must be represented. [...]’*” (Spivak, 1988: 71). In this sense, suggesting that the silenced women needs to be represented as they are not capable of being heard on their own. Such need for representation can be recognized in what our interviewees are saying as they express how other Somali women ask them to act as representatives on their behalf: “*I get hundreds of women writing to me wanting [...]. Saying: ‘we are being treated this way, what can we do? [...] Dahabo speak for us’*” (App. 1, Dahabo: 00:32:22). With reference to Marx, Spivak can provide a framework for understanding why these women ask Dahabo to represent them. Their expressed wish has to do with the fact that they are placed in the lower part of the social hierarchy. Referring to the aforementioned structures, provided by Guha in Spivak, certain hierarchical structures can also be detected in the narratives presented by our interviewees. These detectable structures however seem more complicated than those presented by Guha in Spivak. Within the information provided by our interviewees it is noticeable that it is not only the four main groups that are observable in our interviewees’ presentation of their perception of the Somali women’s society but also hierarchies within the four main groups. These hierarchies within hierarchies open up for structures and categories that are more fluent, lenient and thus more difficult to define than what is seen in Guha’s model. As mentioned above, Dahabo expresses how she, alongside other like-minded Somali women, is ignored and silenced in the public discourse (App. 1, Dahabo: 00:00:39). This could, on one hand, speak to the idea of Dahabo as a part of the fourth group; a subaltern group with no autonomy or power on the local level. Dahabo can, however, not be conceptualized as merely part of the fourth group. When she is asked to represent the views of Somali women in the FGC debates it thus seems as if she gains a double position; on the one hand she shares the subaltern experience of being silenced while on the other hand acting as a representative of the subaltern

group, as she is given the power to act on a local level, which is characteristic of the third group. The amount of women contacting her, asking for her help, suggests that they wish for her to affect and change the power structures on the local level. Dahabo further claims that there are Somali women, like herself and others, who are eager to express a standpoint that might be in opposition or somewhat would not comply with the ruling opinion (App. 1, Dahabo: 00:00:39). As being part of an opposition in terms of views she continuously experiences difficulties in getting her message across and thus still encounters the silencing ascribed to the fourth group. This suggests that she is placed in the space between group number three and group number four. Furthermore, her ‘in between’ position could be explained by her ongoing process of gathering support for her views before obtaining the position as an official spokesperson appearing in the debates on FGC (App. 1, Dahabo: 00:54:18). As she is still just known by a limited amount of people her chances of affecting the structures of the debate are equally limited and therefore she still cannot be considered as part of Guha’s third group; having power on local and regional level. Only after gaining success with her counter campaign does she have the ability to represent these women and therefore move to group three in this specific aspect of her life. It thus seems as if the Somali women would be better represented by people from the inside of their own community as the class and cultural background in which one is placed seem to colour one’s view on cultural practices and views in general. Sagal expresses the same view and mentions the problem of western representation: “[...] *what they’re doing is, they are assuming from a western perspective.*” (App. 2, Sagal: 00:47:05), hence the dominating group have difficulties actually representing the Somali women in a way that the Somalis themselves can identify and agree with.

However, choosing representation from one’s own class or community is not as unproblematic as it might seem. The Somali community is not purely represented by ‘outsiders’ but are in fact also represented by Leyla Hussein and Nimco Ali, who could be considered as ‘insiders’, when taking their Somali origin into consideration (App. 2, Sagal: 00:39:14). From a UK perspective, including Ali and Hussein can be seen as an attempt to bring in experts from the subaltern group, thereby seeking to get the insider’s view on the practice. This suggests that allowing for two Somalis to be spokeswomen on the practice of FGC is an attempt to enforce or move towards, what Dutta would call, a culture-centered approach in which the goal is for the subaltern group to be engaged in the health policies (Dutta, 2007: 310). Nonetheless, none of our interviewees feel like Hussein and Ali are able to represent their views on FGC. Sagal describes Leyla Hussein as

Somali of origin, however she expresses that she does not consider Hussein being Somali in mind:

*“She is Somali. She comes from the south of Somalia. I don’t know her, but I have seen her at events and conferences. Everybody in the Somali community just talks negatively about Leyla. Leyla now, she did this documentary. She broke every rule of Somali culture. This is how she breaks rules. Now, if a white woman did that she would be accused for racism. yeah? But she gets away.”* (App. 2, Sagal: 00:39:14)

Sagal acknowledges that Leyla Hussein is in fact Somali by blood, but by breaking “*every rule of Somali culture*” she questions whether she is capable of representing the Somali perspective on FGC in line with Sagal. Keeping in mind Spivak’s notion of the Indians who are Indian in blood but British in taste resulting in them rising in the hierarchical structures and thus raise above the subaltern category and into the indigenous elite (Spivak, 1988: 79), it might seem as if Hussein has adjusted to the structures of the society in the UK to such a degree that they are able to elevate themselves from the Somali migrant group. They are thus instead becoming part of what Guha describes as the indigenous elite, more specifically, the Somali migrant elite. Hussein’s hybrid identity allows for her to make constant shifts between valuing the norms of the United Kingdom and those of Somalia, however it seems from Sagal’s perspective as if Hussein voices the UK norms to a greater degree. Gargaaro further expresses the problems that might occur when someone from the community tries to get their voice heard through the representatives: “[...] *but they [Leyla Hussein and Nimco Ali, ed.] will not, unlikely they will publish your story*” (App. 3, Gargaaro: 00:58:06) on their webpages. She thus points out that the people representing those who are unable to represent themselves, have the power to choose which views they want to mediate. This means that they have the opportunity to actively silence the voices going against their own interests by not including them in the public debates on FGC. It seems as if Hussein, despite her Somali origin, are not thought of as part of the Somali community in the eyes of our interviewees. This is noticeable in the interview with Sagal as she states that Hussein and Ali are “[...] *completely disconnected from the community.*” (App. 2, Sagal: 00:39:43). This results in our interviewees feeling as if they are excluded from shaping the overall story on FGC, even if the government believe they are including them in the campaigns. Therefore the Somali women perceive the campaigns as not representing them which can be seen as an indicator of the campaigns adopting the culturally sensitive approach instead of culture-centered (Dutta, 2007: 314).

However, our interviewees do not only feel misrepresented by Hussein and Ali but in the media in general. Sagal verbalises this media misrepresentation by claiming that the Somali community is falsely portrayed through leading media channels: *“I mean, did The Guardian newspaper ever meet with us as a community? No. They won't. Cause they don't wanna hear what we have to say”* (App. 2, Sagal: 01:03:50). The phrase used *“they don't wanna hear”* could be read as the media having its own agenda which is pushed forward in order to keep a single assessment in its dominant position (App. 4, Bridget: 00:42:54). Similarly, Gargaaro also points to this issue: *“I'm sorry to say it, but the media does not wanna hear my voice. It does not fit in the... [...] So they're not gonna put that in a positive light, so.. You know, they wanna hear all the negative sides”* (App. 3, Gargaaro: 00:23:12). She thus suggests that the media has a clear interest in portraying FGC in a specific way which does not allow for her perception of the practice to be included. This might be used to maintain a particular framework where everything that does not fit in is improper and is therefore left out, hence the opposition is marginalised. Since the legislations on FGC can be seen as a cultivation of one society's understanding of norms and values, it could be translated as the dominant society's, namely the society of the UK, use of epistemic violence on the subdued one, namely the Somali women in the UK. This can be understood with Spivak's explanation of how the West is managing the knowledge in such a way keeping the oppositional voices outside the debate thus relentlessly speaking on their behalf, as mentioned earlier (Spivak, 1988: 70). Dahabo further stresses the conflict of interests that occurs, as only one side of FGC is being depicted to the public:

*“So this whole debate is images and false statistics which are not the reality and the women themselves are found in a contribution to their own demonisation of their own community for their own expansion of their own careers, which is... the reality depends... it is unfortunate”* (App. 1, Dahabo: 00:49:49)

Those in charge of representing the Somali community to the public does not, according to Dahabo, paint a nuanced and truthful picture but instead demonises the Somali community in order to further their own personal interests. Dahabo is not the only one of our interviewees to foreground the conflict of interest. Sagal and Gargaaro also feel misrepresented by Leyla and her views as they interpret her actions as not corresponding with Somali culture. The way they are speaking on their behalf is ultimately stigmatising the Somali community which leads the Somali community to talk *“negatively about Leyla”* (App. 2, Sagal: 00:39:14). The view our interviewees share on FGC is thus not represented in the public debate, neither by non-Somali

spokespersons who assumingly have good intentions but lacks cultural knowledge, nor by the Somali representatives who participate in the public debates. In this way, it seems evident that the need for representation might result in the silencing of some voices while others gain strength. Hence, it cannot be denied, even if none of our interviewees advocated for such a view, that Leyla Hussein and Nimco Ali probably do represent a percentage of the Somali women. From this it is clear that shared cultural background does not place one in a privileged position when it comes to understanding and therefore speaking on behalf of a group with a similar cultural background. This dismisses the nativist argument, a point also made in relation to Spivak (Moore-Gilbert, 1997: 86f), as our interviewees consider people coming from outside the Somali community as better representatives than Leyla Hussein and Nimco Ali, despite their shared origins.

An example of such an ‘outsider’ whom they consider as someone who would be able to represent them and give words to their experiences is Bridget. Here Sagal is emphasizing the importance of women like Bridget, trying to understand the different stories while coming from the Western society, in this case the UK:

*“We are all part of that narrative as well. If we don’t talk there has to be a group of people that come up, like from Bridget who write the other story. Cause there is not a single story on this subject, there’s another story. Like Bridget, what she’s doing is good. Because they’re showing the other story.”* (App. 2, Sagal: 01:25:53)

In opposition to Dutta, Spivak argues that it is not enough to acknowledge various narratives but that it is equally vital to be aware of the context in which they are presented (Spivak, 1988: 82). Moreover, the West claims to have won the battle of knowledge and thus sets the framework for the understanding of the Other. In order to give the subaltern the opportunity to speak and be heard, the dominant groups need to understand the creation of knowledge as a dynamic process and be critical towards their own role in making this frame (Spivak, 1988: 76). It can be argued that Bridget has shown an awareness of the lack of nuance in the public debate on FGC and unlearned the structures, meaning that she is critical towards the way FGC is portrayed as universally wrong, thus, from the Western perspective. *“So there is no degrees of understanding, because the worse the picture is painted the better the message that goes out there”* (App. 4, Bridget: 00:54:14). As Bridget explains here, it might be a strategic choice to portray the Somali community in this generalised way by focusing on the negative aspects since it emphasises the dominant opinion put out there by what they perceive to be the power holders.

Another example of outsiders who are considered as adequate to represent the Somali community, Dahabo mentions the employees of the National Health Service (NHS) in general: *“It is frontline staff and they can’t speak because they are bound by ethics. If they speak they could be sacked. They, they are on our side, but they cannot speak.”* (App. 1, Dahabo: 00:53:07). It thus seems as if the NHS workers are considered trustworthy spokespersons as they have a hands-on experience on the number of Somali women who have actually undergone FGC. This group is thus accentuated as competent in order to tell Dahabo’s story. However, as she expresses in the quote above, the NHS personnel being subjected to certain ethical regulations means that they cannot share the knowledge they have at hand. This position prevents them from getting Dahabo’s message across, because they are not allowed to do so and therefore they cannot support Dahabo in her struggle to tell another side to the story of FGC. Silencing the midwives and other health workers means that the facts and information they might hold cannot be used in order to break down the homogeneously created story around FGC. This furthermore influences the way the Somali community is being portrayed. As our interviewees express, they are being described as a homogenous group by the power holders which creates a wrongful image of them because, as Dahabo argues, her identity is influenced by several factors and can vary depending on the context. As Dahabo explains:

*“I think, women like me, we are sort of hybrid. We have two cultures here. I come from one culture, and I identify myself with being Somali but I’ve sort of adopted or sort of taken on the ideas of a certain place [...] So I can talk for what a Western woman is but I can also talk about what it is to be a Somali woman in a context of being back home. So I can say I identify with both of them”* (App. 1, Dahabo: 00:04:44).

Such creation of homogeneous categories is criticised by Spivak, who believes that individuals cannot be considered beings who are constituted within one category only. Such a notion would imply that individuals are able to have ‘pure’ identities, hence that one would be able to represent every person within the category in a truthful manner on the basis of belonging to the category at hand. The individual’s identity is thus conditional, meaning it is influenced by several factors, such as class, gender, sexuality and nationality (Mohanty, 1984: 340), which is equally expressed by Dahabo in the quote above.

Sagal furthermore expresses how she feels torn between two cultures. On one hand she attempts to adhere to Somali norms and customs while juggling with a new way of understanding the practice of FGC from the UK's point of view where it is seen as abnormal, prohibited and socially unaccepted. Thus, she is trying to navigate between the expectations from her culture of origin and the wish to integrate into the society of the UK and the norms there. (App. 2, Sagal: 00:50:18) This dichotomy makes it even more essential to get several narratives from within the community in order to understand the motivation for carrying out cultural practices, such as FGC, which is what Dutta emphasizes. He argues, that it is only the members of a certain community that can express their experience of sickness and health and ultimately, that this is how health issues should be approached. This is the ideal in the culture-centered approach, an ideal that Spivak would disagree with as she dismisses the nativist argument (Moore-Gilbert, 1997: 86f). Meaning that one does not have a privileged position to communicate the story of a group on the basis of them belonging to it. This argument should be seen in coherence with her further argumentation that one cannot have a 'pure' identity neither as an individual nor as a group which means that it is not possible to be purely subaltern (Spivak, 1988: 81). Instead the individual and members of groups must be considered as roaming between the different spheres, depending on the numerous roles an individual possesses.

*“You should never have a single story on anything in life. [...] Because with a single story you get to judge people and judge people on just one narrative. There is not just one single story you've always got another thing, holistically. Like what you are doing is speaking to people like me, speaking to other people. You're speaking to other people who feels our community have been stigmatized by this whole FGM industry.”* (App. 2, Sagal: 01:05:03)

As Sagal points out in the above quote there are several perspectives and narratives coexisting within the Somali community. Therefore, the women concerned about FGC should not be considered as one homogeneous category but be accepted as individuals with at times conflicting views and opinions. This provides a difficulty for any one person to represent the community as a whole as there are always more than one story of FGC and therefore more than one view to represent. Even though not all Somali women living in the UK would feel accurately represented by Hussein and Ali, our interviewees do not seem to consider the idea that they might represent some parts of the Somali community. Another reason for the possible misportrayal of the Somali community in the public debate could be that the Somali women have reasons for not going



public with their narrative such as religious beliefs and the privacy aspect of the topic. Additionally, they are frustrated and angry as they believe that their views and opinions will not be understood anyway by “*women from the Western world*” (App. 1, Dahabo: 00:56:10). As Sagal points out:

*“We don’t want to, and even if you get a group of ladies together, they won’t talk, because it is un-Islamic it is not culturally appropriate, it is un-Islamic to talk about your sexual behaviour. There has to be Haya [word in Arabic, meaning modesty, ed.] which is modesty that is, so we are brought up not to talk about that”* (App. 2, Sagal: 00:28:30).

Gargaaro also explains the absence of voices in the public debate as a result of religious morals: “*I think in many of those Muslim communities it is just like just talking about sex is just taboo. They can’t talk about sex*” (App. 3, Gargaaro: 00:56:30). Therefore, the debate is dominated by people appearing to be speaking on behalf of the Somali community or people unrelated to the community.

In summary, our interviewees expressed the feeling of being silenced in the public space, partly due to misrepresentation by the UK elite in regard to FGC. Furthermore the inevitable troubles of speaking when belonging to the third or fourth group became evident. As shown above, subalterns are in need of a representant in order to be heard and understood. As individuals they are easily ignored and brushed aside so their hope is that by shouting in unison through a representant, they are harder to ignore. By allowing a person to speak on their behalf the subaltern gains an ally who, to a larger degree, transcends Guha’s categories and thus has a position which might lead to a change in the local structures. Additionally, as expressed by the interviewees, their position is further complicated as the media shapes the statements of the Somalis in order to fit the dominant agenda and thereby reproduce the majority culture’s understanding of the Other. The norms set up by power holders determine which opinions and statements are valid. This results in parts of the minority cultures being subaltern because the overall structures do not acknowledge the voice of the group outside this structure and therefore do not allow them to influence the dominant discourse. Additionally, the terminology used to describe FGC in public creates a certain image of the whole group resulting in them being stigmatized. Our interviewees experience that they are being put into a fixed category and in line with Spivak and Dutta this can never be a true representation of the community. This is due to the claim that there is no ‘pure’ identity, meaning that the subjective

experiences are essential when trying to understand various motivational aspects of positioning oneself in the debate on FGC. In line with this, Dutta emphasizes the importance of getting the insight perspective in order to understand the subject's experience and create health implementation while taking culture into account, which is the ideal in the culture-centered approach.

## 6. Discussion

In this chapter, we will account for how we can be critical towards the statements our interviewees make and discuss the possible outcome of them portraying the issue around FGC with point of departure in the theories by Spivak and Dutta. Furthermore, we discuss the portrayal of Somali women in the public debate in United Kingdom, which factors influence the extent of representation and whether it is even possible for everyone to feel equally represented. Ultimately, we will question whether one can be defined within the subaltern position and discuss if this applies to our interviewees.

The analysis leads us to question how the interviewees' positions, their expertise and their active participation in the debate on FGC affect the points they make throughout the interviews. It is important for us as researchers to remain critical towards the empirical material collected and not to favour one opinion over another. The very notion that the interviewees felt comfortable speaking about their personal experience with FGC suggests that they are used to discussing this topic. This indicates that they have transcended from the traditional Somali migrant position, as FGC and bodily matters are not something that is usually discussed within this community, and if so, only done in private frames within the family.

As shown in the analysis, several factors affect the Somali women's possibilities of expressing their views publicly. As expressed by the interviewees this is partly because they are not supposed to talk about this topic for religious reasons and if one could actually engage them in the dialogue, cultural and linguistic differences could pose difficulties for both sides comprehending what the other is saying (App. 3, Gargaaro: 00:56:30; App. 2, Sagal: 01:08:39). Speaking in Guha's terms on class hierarchy, it can be questioned whether our interviewees are or ever can be classified as belonging to the fourth group and thus be considered as subaltern (Spivak, 1988: 79). Because of their positions within the Somali community, it seems as if they have an established platform from which they speak and in this sense are trying to create a foundation from which their voices can be heard. It is however questionable whether their voices can ever change the ruling discourse. Being 'heard' does not imply that their narratives are just being heard by someone, but rather that they would be measured equally valuable as the ones leading the public debate (Spivak, 1988: 76). In the case of Dahabo, her position as a part of the subaltern group can be further questioned by the fact that the other women from the community

would ask her to speak for them. Her position as a channel for like-minded women to get their narratives and frustrations mediated through to the public (App. 1, Dahabo: 00:54:18), shows Dahabo's higher position within the minority group. In relation to Guha's class hierarchy, the individuals positioned lower are likely to direct their concerns to the ones in higher positions, thereby implying that Dahabo is not in the fourth category.

A further point that could question our interviewees' position as subaltern is the apparent use of certain forms of argumentation and strategical positioning. It might seem as if the interviewees based their claims and argumentation on theoretical concepts and scholars suggesting that they are acquainted with theories dealing with the problem of subalternity. A reason for their use of this terminology could however also indicate that it has been widely spread and been reproduced within the community. Therefore, the members might have adopted the particular discourse without being completely familiar with the scientific background of such terms. This might have affected the analysis and created a false notion of the interviewees making arguments that is in line with the theory, which could have led us to an uncritical acceptance of their statements. By using terms such as "*stigmatisation*", "*white Western women*" and "*silenced voices*" (App. 1, Dahabo: 00:01:40; App. 2, Sagal: 01: 05:03) our interviewees are positioning themselves as being oppressed by the ruling society. By staying true to the empirical material, thus still being critical towards it, we can discuss whether this was done actively to emphasize their marginalised position in the society of the UK in order to validate their critique of the Western power holders' neglect of cultural differences. Arguably this might be the interviewees' attempt to improve their conditions of speaking within the dominant structures by actively acting within them. Choosing to do so can thus be seen as a tactic through which the Somali women are actively trying to regain autonomy over the Western structures placing them within the subaltern position. Contrariwise, it is correspondingly possible that the interviewees are compelled to express themselves within certain structures being that those are the only ones available. As they are forced to express themselves within structures in which they are always already deemed wrong or invalid, they feel obligated to justify their opinions to the majority. Especially because they are experiencing the dominant society's use of epistemic violence in order to maintain the ruling discourse (Spivak, 1988: 78) and the interviewees are therefore kept within the subaltern position. By being continuously silenced, one could argue that they are subaltern in regard to the public debate. On the other hand, the fact that they have the possibility of being heard and through that the opportunity to attain influence within the existing power structures, could still,

as Dutta would argue, be seen as allowing them to move beyond this categorisation of being subaltern.

Moreover, it is interesting to keep in mind that Dahabo is developing her own campaign on FGC (App. 1, Dahabo: 00:00:39). As she states, she needs to establish her network to get publicly known (ibid.: 00:32:58). Participating in this project could be seen as a strategic choice from her part due to her interest in getting her own, and like-minded Somali women's, point of view publicly known and acknowledged. In other words, by expressing a rather clear understanding of who holds the power and controls the discourse, namely "*Western white women*" (Ibid.: 00:01:40), Dahabo paints a clear picture of the power holder as a homogeneous, well-defined force that she will further oppose in her campaign. As Spivak argues, the Subject is not to be understood as a unified entity (Spivak, 1988: 66). This is contradictory to the critique our interviewees express of the dominant discourse portraying the Somali community as a homogenous group and not letting the opposed opinions come through. As the interviewees are accusing the power holders of categorizing and stigmatizing the Somali community, it can be considered whether they are in fact participating in the creation of another category. Our interviewees talk about "*white women*" as defined by being different from themselves and thereby overlook the heterogeneity within the group (App. 1, Dahabo: 00:01:40). Whether this is done consciously or not, can be difficult to determine from our material. What is clear, however, is that the interviewees end up replicating a monolithic, dominant Other, where both context and intersectionality are ignored. Hence, the interviewees' criticism of the West's creation of a homogeneous Somali migrant group can be discussed as rather hypocritical.

The Western society's prominent power position allows it to determine the prevailing discourse, which means that they have the power to decide to what extent to include the voices of lower groups (Moore-Gilbert, 1997: 80f). As previously argued, the power to select which narratives to emphasize or even show about a certain cultural minority creates the public portrayal of them and thereby how they are perceived. Our interviewees express discontent with the way specific narratives from within the community are claiming to be representative of all Somali women in the UK. At the same time, for instance Dahabo seems to think that she has access to the "*reality*" (App. 1, Dahabo: 00:49:49) of the whole community, indicating that there is such a thing as a homogenous identity, which she is able to represent. This is contradictory to our interviewees'

critique of Nimco Ali and Leyla Hussein acting as spokespersons for the community, and their demand for a variance of narratives in the public debate.

As touched upon in the analysis, the question of whether it is even possible to represent someone arises. As shown in the analysis, the Somali women that we have interviewed feel like the white Western women cannot represent them due to cultural differences and that those women do not have the knowledge of how it is to be them. Moreover, the interviewees are expressing that the two Somali women, Leyla Hussein and Nimco Ali, cannot represent the whole female Somali group either. This, it seems from the interviews, is due to the fact that Hussein and Ali do not share the same understanding and views on the practice as our interviewees. Even as our interviewees do not agree with the two representants, it cannot be denied that they might represent parts of the Somali community. As they are evidently unable to represent the whole community, women of Somali descent do not necessarily have a privileged access to represent all Somali women due to the level of heterogeneity within the group. It can thereby be considered whether representation, according to our interviewees, has to go hand in hand with correlative views in order for anyone to be represented. Thereby, the criteria that needs to be fulfilled is not the one concerned with belonging to the community or not, but rather the extent of agreement. This leads us to question whether it is possible for the Somali community to ever feel truly represented as it is difficult, if not impossible, for the whole community to agree on one narrative.

This being said, they are not left without representation. The interviewees are implying that Bridget, the founder of the blog "*Shifting Sands*", is telling the other side of the story and getting their narrative out there and thus in a way represents them. Bridget, as a white woman, being acknowledged by the interviewees as legitimate to tell the Somali women's stories and present their narrative, goes in line with Spivak's dismissal of the nativist argument (Moore-Gilbert, 1997: 86f). Meaning, that not only Somali women can represent the Somali community but equally others outside it as long as they unlearn their own structures and are willing to learn from the marginalized people (Spivak, 1988: 91). As explained earlier, our interviewees are painting a homogenous picture of the white Western women speaking on their behalf while still acknowledging Bridget as a representative of the Somali community. Thereby, their criticism might rather be targeted at Western feminists, who, in their opinion cannot or are unwilling to understand the Somali perspective on FGC. Bridget, also being from the majority culture, is not

the obvious choice of a representative for the Somali women. This questions the explanatory force of Guha's hierarchy in relation to our case as he implies that mobility between the groups can only occur within group three and four. Therefore, a person from group one would not be interested in representing group number four. In our case, Bridget representing group number four stresses that the ethnic division presented by Guha has lost relevance in the contemporary society, and thus implies greater flexibility between the groups. In cultural discussions it thus seems as if ethnicity and social class are no longer factors of division but rather common values and shared opinions.

As earlier portrayed, Spivak's article deals with a historical subaltern who is fundamentally different from the contemporary subaltern that we present in this project. As aforementioned, people are always able to speak in the literal sense. Hence, a contemporary subaltern must therefore be defined as a group who are able to express themselves but are suffering from epistemic violence. A contemporary subaltern is therefore able to speak but is, however, ignored or misunderstood. This provides a theoretical paradox, which becomes evident in the case of FGC and health implementations. This theoretical paradox blossoms specifically in the combination of Dutta and Spivak. This is due to their different conceptualization of the subaltern role and their ability to speak within the structure and be liberated from the epistemic violence they are subdued to. Dutta's mission seems rather idealistic as he seeks to allow for the subaltern to co-define the structures that positioned them as subaltern in the first place. From Spivak's point of view, however, it is dubious whether the group from a theoretical point of view, can be understood and still be categorised as subaltern. A combination of Spivak and Dutta thus leads to a theoretical dead end as the subaltern, Dutta would engage with, per definition cannot speak, according to Spivak. This leads us back to the problem of representing the subaltern as a group in order for a culture-centered approach to be implemented. A problem which occurs due to the difficulty of representing a whole group based on cultural practice since culture and the motives behind certain practises vary within such a group. As appointed in the analysis this represents an important difficulty as it becomes impossible to include all such reasons and therefore some will be left unrepresented. Something which will most likely also occur when attempting to utilize the culture-centered approach. Furthermore, as the culture-centered approach is founded on the notion that people positioned within the subaltern group possesses a special ability to define a shared culture and worldview, it could according to Spivak, be problematic as the 'natives' have no privileged position in doing so. Thus the culture-centered approach ends up doing the same as

the culturally sensitive but under a ‘false’ name. This means that the good intentions the government are taking pride in, seem to be a continuance of former policies in new wrapping.

Having a sincere conversation about FGC, as is needed for a culture-centered approach to function, is however blocked by already implemented laws and societal structures such as penalties for conducting FGC or the possibility for children to be forced taken into care. Pursuing a culture-centered approach on a foundation created from a culturally sensitive approach thus poses a great difficulty. It thus seems as if the transition from one approach to the other will be hard to achieve unless the power holders are willing to change the legislation itself radically. In spite of the numerous points of critique directed towards Dutta’s approach, our interviewees still prefer what could be conceptualized as the culture-centered approach, as they argue this will improve their chances of being heard. He thus proposes a way out of the dead end situation in which Spivak leaves the subaltern. A difference which is due to the variance in their theoretical aims, and Dutta’s wish to change the position of the subaltern, by allowing for their culture to be taken into account, and therefore seek to create ways in which the overarching structures of epistemic violence can be altered. However flawed, Dutta thus seems to provide a practical exhortation to what could look to be a theoretical stalemate.



## 7. Conclusion

In this section, we will conclude upon how the representation of the Somali community and the portrayal of FGC is perceived by our interviewees. Furthermore, how this affects their conditions of speaking and influencing the public debate.

There are several reasons for conducting FGC. However, our interviewees think that it is only the negative aspects of FGC that are being presented in the media and the public debate. This results in them feeling misrepresented and stigmatised. The fact that Spivak describes a historical subaltern, who is unable to speak, which creates a theoretical paradox in regard to our case, because we study the possibility of the existence of a contemporary subaltern, who on the contrary is able to speak in the literary sense. Therefore, the individual's possibilities of being understood within its own context and liberated from the framework set by the dominant power determine how the Somali women's statements are received in the public debate.

Our analysis showed that the Somali women, we interviewed, currently feel misrepresented in the public debate regarding FGC, where the practise is being presented as oppressive, harmful and prevalent within the minority communities in the UK. Such portrayal is by the interviewees considered misrepresentative and portraying their culture as wrong. However, it can be argued that the hierarchy based on ethnicity and social class presented by Guha is not applicable in our case as our interviewees express that the representatives from within the community, namely Leyla Hussein and Nimco Ali do not speak on behalf of the whole community. They do not seem to feel represented by the current Somali spokeswomen, despite their shared origin, but rather by Bridget, being a white woman. Therefore, we have come to the conclusion that the basis for representation lies in common values and shared opinions rather than a shared background. In addition to this, through our interviewees' account, we can conclude that through the terminology pertaining FGC and the way the media is portraying the practice lead to a segment of the community feeling stigmatised. In line with Spivak, the Somali women are positioned as the inferior Other to the dominant society and are subjected to epistemic violence. Thereby, they have limited possibilities of changing their circumstances hence positioning them as subaltern within the debate on FGC. However, when describing their white counterparts as a homogenous group, they themselves reproduce the structures created by the dominant society by positioning

themselves as being oppressed. This might be done with the incentive of justifying their critique of the dominant society's neglect of cultural differences. On the other hand, Dutta would argue that in order to achieve the culture-centered approach to health implementation, one should engage in dialogue with the community and let several narratives come through. However, the culture-centered approach could be considered utopian since what Dutta defines as subaltern groups are perceived to be able to influence health implementation and legislation. If a dialogue is established, the subaltern might not necessarily be able to express their opinions explicitly, due to unfavourable consequences on social and legal matters.

In order to answer the problem formulation, we can conclude that the representation of the Somali community is faulty and one-sided, partly due to the dominant society's unwillingness to include the voices that hold oppositional standpoints. Moreover, the way FGC is being portrayed publicly in the UK as harmful and barbaric, as well as widely practiced, results in stigmatisation of the Somali community. This shapes the general opinion of the Somali culture as backwards and deviant. Therefore, if voices speaking in opposition to the dominant discourse are included in the debate, they are deemed of less value leaving them in a position of inferiority.

## 8. Bibliography

### Appendixes

App. 1, Dahabo

App. 2, Sagal

App. 3, Gargaaro

App. 4, Bridget

App. 5 Dr. Howard-Hunt

App. 6, Interview Guide

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