

The Stages of Female Circumcision Practice among Meranaos Living in the Rural and Marginalized Areas in Lanao

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Abstract

Female circumcision (FC) is a literal translation from the Meranao term “Turi” which **refers to several traditional procedures that involve injuring women genitals**. This cultural practice has long been treated a critical women health concern by the World Health Organization and other national and international health organizations due to its dangerous effect to physical and mental implications. This study intends to explore the different stages of female circumcision among Meranaos, the prevalence rate of this practice and the stand of religious leaders on FC. This study utilized a combination of quantitative and qualitative methods using a specially designed questionnaire, interview and focused group discussions with the 30 “Manunuris” (the one who perform FC) and 30 religious leaders as respondents. The results showed that there are three stages of FC. The first stage is done during childhood that is preferably the girl is below ten years of age. The second stage is done once the girl turned to be a woman and still in the early marriage of her life. And the last stage is during late adulthood when the woman reaches 50 years old and above. The religious leaders confirmed that the verse in the Hadith (teachings of Prophet Mohammed PBUH) concerning circumcision is not clear and inconclusive and expressed their agreement in the eradication of this practice. The prevalence rate of this practice is indeed high in the rural areas, which is 86%. In conclusion, each stage has meanings and is symbolic among the respondents. The reasons of following this vary from cultural to religious basis though the common viewpoint is the prevention of committing immorality. FC is still rampantly performed in the different rural areas of Lanao del Sur, Philippines.

Keywords: Sociology, female circumcision, qualitative- quantitative research

Introduction

Female circumcision is known to be a common practice in a society where Muslims predominate. This practice that usually involves cutting or injuring some part of the genital area of a female has been a source of controversies around the globe because of its devastating effect to the well being especially the health of women (Gele, Bo and Sundy, 2013). The prevalence rate of this procedure that is performed in many countries in Africa, Middle East, Asia and within the newcomer populations throughout the world is 5-99% (Ismael, 2002) and it is also disclosed that this practice is also observed among settler communities in North America, Australia, Asia and Europe (Oloo et al., 2011). Girls having an age of 4 and 12 are usually the recipients of female circumcision although in some cultures, newborns and adolescence can also have the procedure (Feldman 2008). According to Tucker, 2009, there are types of FC and each form of

female mutilation requires a various change of physical aspect; in the procedure called clitoridectomy, the clitoris and labia minora are being removed, while infibulation requires detaching the labia majora and closing the genital area. Female circumcision or what is popularly named internationally as female genital mutilation (FGM) has long been a source of controversies because of its unfavorable effects to the physical and mental aspect of women.

The most common problems that reported include hemorrhage, pain, shock, formation of cysts, sexual disturbances, and infection (Ruderman, 2013). In Sweden, perinatal death among children of immigrant women was perceived to be associated with FC (Essen 2002). An approximated 100 to 140 million women and girls worldwide have experienced the said procedure and 3 million girls are at prone of undergoing FC ever year which indicates enormous number of human rights violation. In the African continent specifically in the Sub-Saharan, Egypt and Sudan, three million girls and women are circumcised each year. This statistic is remarkably higher than the former estimate of two million. Some countries in Asia, Middle East and North America also practice FC (UNICEF, 2008). In the Philippines, there is no data showing the number of females who have undergone female circumcision as well as the number of children who are at risk of undergoing the procedure.

However, there is a study about the performance of female circumcision among the Yakan by Calsalin (2008), which states, "In the Philippines, female circumcision is also being carried out by the Yakan tribe of Basilan. Results showed that all respondents have common beliefs regarding female circumcision including cleanliness, reason, dignity, honor and religious duty. FC is primarily executed to young girls aging infancy up to 15 years of age. Sometimes, it is done to adult women. (Multi Cultural Center for Women's Health, 2013). In the Philippines, FC is also known to take place particularly among Muslim women of the Yakan tribes in Basilan (Calsalin, 2008). Although no authoritative and definitive study have yet been published about the practice of female circumcision among the Meranaos which is one of the Muslim tribes that supports this practice in Southern Philippines, conversations with many adults and religious leaders in the area have confirmed the occurrence of female circumcision among the women populace. In the past, the practice of Female Circumcision (FC) went unnoticed except for recognition of its cultural value to various communities where it was practiced.

Recently, the practice has attracted the attention of many individuals, agencies, institutions, leaders, educators, health workers and many other people coming from different sectors of society as a public health issue within the context of Reproductive Health. This is due to the complications that are currently known to be precipitated by the practice (WHO, 2013). In the broad context of reproductive health, female circumcision no health benefits. It is deleterious in a sense that it may cause pain, trauma and it may interfere with the normal processes of the body and may even result to health alteration. Social and religious aspects are the reported reasons for continuing the practice. Basing from a human rights angle, FC displays complex inequality between male and female and embodies enormous discernment against women. (Jacob and Clifton, 2008). The dispute among Muslim cleric on this subject has thrown the practicing communities into confusion on whether to maintain the classical status quo, which describe and present the practice as a noble religious duty, or abandon it in favor of the contemporary wave of some Muslim scholars who have declared the practice illegitimate in Islamic law (Walusimbi, 2012).

Statement of the Problem

There were several studies on female circumcision in the different countries in Africa but very few researches that dig on this practice in the Philippines, particularly in Mindanao where various Muslim tribes live. This study intended to determine the stages of female circumcision. It also sought to give an insight on the prevalence rate of this practice in the area and the stand of religious leaders concerning the basis of this practice.

Research Design of the Study

This study utilized two approaches to research, namely quantitative and qualitative methods. The quantitative component was based on the data collected through a structured questionnaire, which comprised of the respondents' demographic profile and answers to the specific questions written in the questionnaire. Subsequent data were then collated and analyzed as a basis for preliminary conclusions. The qualitative component utilized the ethnographic approach wherein in-depth interview, focus group discussion, and direct observation were used to collect the qualitative data. The type of data that these three methods generated were field notes, transcripts, audio and video recordings.

Significance of the Study

Female Circumcision has been a source of international controversies. The World Health Organization and other foreign agencies had sponsored many studies regarding its nature and complications. African countries have remained the source of information and venue of various researches. Their outcomes have served as references in formulating a policy on the prohibition of this practice regardless of its nature. The Department of Health, being the agency responsible for the provision of programs and activities geared towards the attainment of health for all Filipinos, may have the interest of sponsoring researchers on female circumcision among other tribes. The agency may also become curious about the implication of this practice on the physical and psychosocial health of female children and even adults. Most importantly, this agency can facilitate the implementation of programs that can monitor the complications of this practice and institute measures of correcting them. The research may also serve as reference for future studies relating to female circumcision.

Collection of Data

Quantitative data like the prevalence rate of female circumcision was gathered with the use of a survey questionnaire. The qualitative component utilized the ethnographic approach wherein in-depth interview, focus group discussion, and direct observation were used to collect the qualitative data. The type of data that these three methods generated were field notes, transcripts, audio and video recordings. The in-depth interview is particularly useful when sensitive topics such as female circumcision are being explored. The interview allowed the researcher to collect qualitative data on the respondents' personal histories, perspectives, and experiences about female circumcision to clarify points and issues raised in the replies to the questionnaires. The objective was to validate the veracity of the responses and whether the answers were in the context intended by the respondents. Focus group discussions using open-ended and semi-structured questions were used to elicit data on the cultural norms of the different groups of respondents in order to explore the practice of female circumcision. The research questions were grouped according to its similarities and differences. The answers of the respondents were utilized to develop themes that were used in subsequent data analysis. Lastly, direct observation as a qualitative method of collecting data was used to record the procedure of female circumcision on video. Direct observation was used instead of participant observation to gain a more detached perspective of the procedure so as not to bias the observation.

Data analysis

Data analysis on the qualitative component of the study was based on the responses that were gathered after the distribution of the questionnaire and structured interviews. The answers of the respondents were verified and read several times as transcribed verbatim and translated to English, to establish whether the answers were in fact what the participants have mentioned as their answers to questions pertaining to their experiences and feelings when they had undergone female circumcision. For the quantitative aspect of the study, descriptive statistics (frequencies

and percentages) were used to describe the demographic profile of the respondents and their answers on the questions provided. Based on these statistics, analyses were made to correlate responses to demographic factors.

Treatment of Data

The researcher utilized mixed method. For the quantitative method, frequency and percentage were used in the presentation and analysis of the demographic profiles of the respondents. These included personal and family details, as well as information pertinent to the study. Their answers to each specific question were then tabulated to discern patterns or inclinations. The qualitative aspect of the study on the other hand, required one-on-one in-depth interviews, using open-ended questions that inquired about the bases of the respondents in selecting answers to each question. Another round of focused group discussions for the *Manunuris* was also done. This was to enable the researcher to delve into any deeper motivations for both parties involved in the female circumcision ceremony. This was also done to validate their answers and avoid errors in interpretation by the researcher. To avoid misquoting or misinterpreting the responses of the participants, the final transcripts of the interviews were repeated to them in the local Meranao dialect for final validation.

Findings

Female circumcision is a component of the culture and traditions of the Meranaos and it is an old observance with disputed origins. More than half of the respondents believed it to have been handed down to them by Muslim ancestors who resided in the Philippines (66.6%), while the rest believed that the practice of FC was a foreign influence from Indonesia, Brunei, and Malaysia (33.3%). According to some of the Manunuris, female circumcision is actually performed three times; the first time is during childhood that is preferably the girl is below ten years of age. The reason of doing this is to facilitate the transformation of girl into becoming a woman in order for her not only socially accepted by women in the society but also by males. It is also believed that a woman should undergo female circumcision to have worth in society. A woman who has not undergone the procedure should not perform any task that can benefit other people and society, as this is considered useless in the eyes of God and men and that the work and services rendered by a non-circumcised woman is considered as prohibited or “haram”. Traditionalists argue that the practice will facilitate maturation and readiness in entering a marriage. It also enables them to assume for other functions in the community. One of the women respondents stated, “An uncircumcised woman should not help in social activities like helping in wedding preparations and cleaning a dead body in preparation for burial (post-mortem care)”. Illiberal also argue that the procedure provides honor to the Meranao women. In the rural areas of Lanao del Sur, uncircumcised women are considered to be unholy, tainted and thus occupy a lower stature in society.

According to one of the respondents, “even the seat which had been occupied by a non-circumcised woman should not be occupied by any Muslim individual because it is haram”. Momoh (2005), In the United Kingdom, FC is perceived as a strategy of ensuring the future marriage of their daughters due to their belief that uncircumcised women are not saleable to the marriage market. In the municipalities of Lanao del Sur, FC is braces by cultural beliefs. Additionally, this practice is seen in the community as something that can bring dignity to both women and girls, and preserving their chastity. A circumcised girl is recognized as virgin until she is married which connotes pleasure to her family and family of her future husband. The second time to perform it is once the girl turned to be a woman and still in the early marriage of her life. The rationale for this is to strengthen faithfulness and loyalty of woman to her husband. It is perceived that this could strengthen couple’s relationship and could also prevent any act of immorality like adultery.

One of the justifications for FC that was given by the respondents was: it entails a woman to have a good married life with full of blessings in terms of children and resources. The third time is during late adulthood when the woman reaches 50 years old and above and this signifies that circumcision during this time is a symbolic activity of disposing sins that the woman had committed for the past years of her life. In Somalia, female circumcision is done during childhood and many of them follow the process of infibulation (suturing the labias to close the vagina). Reopening is done days before the marriage. This practice poses major health risks among women like infection, bleeding, abnormal scarring and many others. Statistics about the number of girls circumcised in the different municipalities of Lanao del Sur are difficult to obtain because of the lacking of information on the number of women circumcised by Manunuris. In the majority of situation, this procedure is performed in the countryside due to the fact that it is done secretly. Information revealed that the prevalence rate of female circumcision in the different municipalities of Lanao del Sur is 86.8%. Majority of the religious leaders believed that the practice of FC is a foreign practice and that Muslims in the Philippines only adapted the tradition. It is possible that Filipino Muslims believe that Muslims in Arab countries have a wider range of knowledge pertaining to Islamic culture and tradition than they do, and thus adapted the practice also. As people who are more exposed to the Qur-an, the Hadiths, and the Islamic practices and teachings in general, the religious leaders are more knowledgeable than the average Muslim. For them, FC is not an obligatory practice, as shown when majority of the respondents said “no” to the necessity of FC for a woman to be called a follower of Islam is the observance and performance of the five pillars of Islam (i.e. believing in Allah as the one true God and Prophet Mohammad as his Messenger, praying that is performed five time a day, charity, fasting during month of Ramadan and pilgrimage to Mecca).

Therefore those Muslim women who do not or cannot undergo FC should no longer be treated as if they are disbelievers of Islam. Moreover these Islamic leaders believed that the original Islamic jurisprudence literature endorses only male circumcision and regards female circumcision as not being sunnah. They said, “it is never mentioned in the Quran-an that circumcising women is obligatory. What is mentioned in the Qur-an is male circumcision.” Another respondent mentioned that, “The act of circumcision for females is not one of the requirements to be a true Muslim, because the Prophet had never stated it to be obligatory in the first place”.

Conclusion and Implication of the Study

Female circumcision is rampantly being practiced especially in the rural and marginalized areas in Lanao del Sur as shown by the prevalence rate 86% of FC in the municipalities of Lanao. This study explored the beliefs of Manunuris in every stage of FC, the prevalence rate of this practice and the perception of religious leaders concerning the procedure. The main perpetrators of FC in Lanao del Sur were found to be the Manunuris who are the persons solely responsible for performing female circumcision in the study setting. On a personal context, the Manunuris wield numerous rationales in explaining their performance of the practice in every stage of FC. They consider it as gaining socio-cultural expectation, aiming for chastity, morality, and their own economic motives. Cultural motives appear as the main basis of this practice. Other and there was a hereasons include normality and religion and have to be performed to women to have worth in society. However, this paper revealed, that the financial benefits were not conclusive for their intention. That the Manunuris were not able to disclose economic benefit and are hesitant to mentioned the hidden motive. This study has shown that Manunuris are important stakeholders in perpetuating FC. By recognizing Manunuris for their significant function in the locality related to the holistic well being of the women and children. The society needs to recognize the Manunuris to be the group most capable to influence people in the

prevention of FC. FC. The religious leaders whose mastery is the Islamic jurisprudence were asked relating to the beliefs and stages of FC. Some of the religious leaders confirmed that there is a verse in the Hadith concerning circumcision but it is not clearly stated if females are to be circumcised. Though circumcision is mentioned in the Hadith but the evidence that the Prophet Mohammad (PBUH) commanded it was weak that is why religious leaders have different views concerning this practice. Some of them accepted the procedure for as long as it is not overly done or as long as it is Sunnah. For some, doing it has no significance among females and it can only result problems as it can affect the reactions and desires of women. While other religious leaders conformed that there are no Islamic laws that support FC and that the practice is traditional and in conflict with Muslims' jurisprudence. They have affirmed that there is no clear verse as to the religious justification of the practice; hence, it is not obligatory.

The researcher believes that these obscure religious justifications and equivocal interpretation of Islamic laws are accountable for the pursuance of this practice. The government, educators, religious leaders have moral responsibilities to explain these concerns and assure that FC is eradicated.

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