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## Sexually destroyed or empowered? Silencing female genital cutting in close relationships

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### ABSTRACT

Based on fieldwork among Kurdish-Norwegian migrants, this study explored how female genital cutting (FGC) was a silenced topic between mothers and daughters, and between men and women. The silence was often broken when FGC was discussed as a practice that needed to be rejected. The main reasons for rejecting FGC were to support women's rights and to recognise the negative ways in which FGC affected women's sexuality. This way of breaking the silence on FGC was particularly helpful to some husbands and wives in their discussion of how FGC might have affected their sexual relationships. Using theories of migrant women's sexual agency and embodiment, this study examined how the silencing of FGC in close relationships can be interpreted both as a sign of oppression and as a sign of empowerment. The analysis suggests that the stigmatisation that circumcised women can experience from condemnatory public discourse on FGC may sometimes lead to the negotiation of assertive female sexuality.

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Female genital mutilation; silence; female sexuality; sexual agency; Kurds; Norway; female sexual pleasure

## Introduction

A central aim in global work against female genital cutting (FGC), defined as 'procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons', is to 'empower women and girls' (UN. 2016; WHO 2018). Female circumcision and female genital mutilation are other terms used to describe the practice (e.g. Lewis 1995). In this article, we mainly use the term FGC as we believe this best captures the variety of cutting practices and not only the type of FGC that has been central in public discourse and research in Norway, as well as that which is often practised among the Somali population. Partially owing to the condemnatory global discourse on FGC, and particularly in the diaspora, circumcised women are often posited as victims believed to experience physical and psychosexual problems

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(Nyarango and Griffin 2019). This perception conflicts with how women who had undergone circumcision were seen, and in many local communities are still viewed, as normal, healthy and sexually attractive (Johansen 2006; Nyarango and Griffin 2019). Scholarship has recently argued that public discourse on FGC may ascribe additional problems for circumcised women and lead them to question their sense of self (Nyarango and Griffin 2019; Parikh, Saruchera, and Liao 2018). Based on fieldwork that explored perceptions of and experiences with FGC among Kurdish migrants in Norway, this study analysed how participants negotiated the silence on FGC. We focus particularly on negotiations between daughters and mothers, and between women and men. We further explore how the silencing of FGC in close relationships is shaped by perceptions of how FGC affects female sexuality negatively. To explain how participants' perceptions of female sexuality shaped the silencing of FGC in close relationships, we employed a theoretical framework on migrant women at the intersection of passive and active female sexuality (Ussher et al. 2017). Against this theoretical background, we explored how study participants' silencing of FGC in close relationships can be interpreted as a sign of both oppression and empowerment. We use the term 'migrant' rather than 'immigrant' throughout to reflect how participants expressed their identity as dependent upon transnational ties with Kurdistan in some way, rather than on their permanent relocation to Norway.

### ***Female genital cutting in Norway***

Under the Norwegian legal system, as in many other countries, FGC is viewed as a form of violence limited to specific migrant groups; it is defined as child abuse and violence against women (The Lovdata Foundation 2015; WHO 2018). The practice was initially framed as a health problem in the wake of the high influx of Somali migrants to Norway around 1990, resulting in a legal ban in 1995 (Johansen 2006; The Lovdata Foundation 1995). The management of FGC has since been a major political priority, including five action plans to promote the abandonment of the practice and to provide care for associated health complications (e.g. Ministry of Justice and Public Security 2017–2020). Two of these action plans can be understood as responses to media exposés, with one documentary in 2000 showing support among Imams for Somali girls in Norway being circumcised and another in 2007 claiming that Norwegian-Somali girls travel to their home country to undergo FGC (Fangen and Thun 2007; Teigen and Langvasbråten 2009). Although political interventions and work on FGC often adopt a non-judgemental approach, the Norwegian context is similar to other European countries where FGC is often conceptualised through processes of moral panic 'characterized by a fear or a concern that is out of proportion to the actual threat posed by the behaviour, or supposed behaviour, of a certain group' (Johnsdotter and Mestre 2017, 3).

### ***Study setting: FGC among Kurdish-Norwegians***

Kurdistan is a political region in the border areas between Iraq, Iran, Turkey and Syria. There are no official records of FGC in Turkey and Syria. The most recent population-based survey found FGC to be concentrated in the Kurdish regions in Iraq, with a prevalence rate of 37.4% in Kurdish areas and 0.4% in the rest of Iraq (MICS 2018).

Reports have indicated that approximately half the female population in some Kurdish towns in Iran have undergone FGC (e.g. Ahmady 2016; Pashei et al. 2012).

Kurds represent one of the largest migrant groups in Norway that come from countries where FGC is recorded, which include Eritrea, Ethiopia, and Somalia (Ziyada, Norberg-Schulz, and Johansen 2016). Kurdish-Norwegians are a particularly important group to focus on with respect to how public discourse on FGC can affect lived experiences. Not only have they often been neglected in political interventions on FGC, but they have also undergone different types of FGC compared with the Somali population, which has been a focus in much research and work on FGC in Norway to date (Abdi 2011; Bråten and Elgvin 2014; Fangen and Thun 2007; Teigen and Langvasbråten 2009). Somalis have often undergone the most severe type of FGC, defined by WHO (2018) as Type III: involving the narrowing of the vaginal opening through the creation of a covering seal. This type requires the labial fusion to be cut open to allow for sexual intercourse and childbirth, which increases the long-term health risks (Berg and Underland 2014; WHO 2008). There is no closure in need of re-opening for the other types of FGC, which are the ones practised among Kurds (Ahmady 2016; Saleem et al. 2013). WHO (2018, cited as on website) has defined Type I, the one most common among the Kurds, as 'partial or total removal of the clitoris and/or the prepuce', Type II as 'partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora', and Type IV as 'all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization'. The reported health risks of Types I and II include short-term effects such as intense pain, bleeding, infection and problems with wound healing, and long-term effects such as cysts, scarification, psychological disturbance, pain, reduced sexual desire and pleasure, and birthing complications (Berg and Underland 2014; Berg et al. 2014; Kizilhan 2011).

Since the first international report of the occurrence of FGC in Iraqi Kurdistan in 2004, an expanding body of research has addressed the practice among Iranian and Iraqi Kurds focusing on prevalence rates, types of FGC, health consequences, and the cultural underpinnings of the practice (e.g. Ahmed et al. 2018; Daneshkhan et al. 2017; Khalesi, Beiranvand, and Ebtekar 2017). However, apart from the present study, there have been no in-depth studies of FGC among Kurds in diaspora or in Norway specifically.

### ***Migrant women at the intersection of passive and active female sexuality***

The dualism of either being for or against FGC makes it difficult to talk about the practice (Hauge 2019). In this study, we draw on this perspective to shed light on how participants described a sense of silencing of FGC both between female family members and between men and women. When FGC is not talked about, but rather shrouded in silence, this may be the consequence (at least in part) of the widespread condemnation of the practice that is embedded in current discourse, making it difficult to discuss without automatically rejecting it.

We further drew upon theorisations on sexual agency and embodiment (e.g. Jackson and Scott 2007; Ussher et al. 2017), as research participants had described the act of condemning the practice from the perspective of women's rights

and its perceived negative consequences for female sexuality as a central way in which silence on FGC is broken in close relationships. There is an ongoing negotiation of the female sense of 'self' at the intersection of passive and active sexual agency (Ussher et al. 2017). Sexual agency is increasingly recognised as a way of rewriting and resisting hegemonic female sexual scripts (McKenzie-Mohr and LaFrance 2014). Women who make explicit claims to sexual agency may, however, encounter social stigmatisation as a result of traditional expectations for women to control their sexual desires (Bishop 2012; Jackson and Scott 2007). It is commonly assumed that migrant women from non-Western countries experience an additional barrier to sexual agency compared to women from Western countries (Ussher et al. 2017). This assumption is grounded in the belief that women previously living in strong patriarchal family structures have low exposure to global discourse on female sexual agency (Ussher et al. 2017). However, this construction of non-Western migrant women's sexuality as grounded in multiple oppressions related to gender, religion and age may trigger a resistance towards the construction itself (Ussher et al. 2017). This resistance may manifest itself in a form of sexual agency that develops in a diasporic context raising questions about the view of migrant women as purely sexually oppressed individuals (Ussher et al. 2017). Against this background, this study sought to explore how the stigmatisation that circumcised women may experience owing to negative public discourse about FGC can potentially lead to the development of a more assertive kind of female sexuality.

## Research design

Data for this study were collected between October 2014 and March 2016 in Norway by the first author. A qualitative, emergent design was used since little was known about FGC among Kurds in diaspora. Kurdish organisations in and around Oslo were first contacted, resulting in invitations to events held by different Kurdish organisations, to present the study and to recruit participants. Considerable time was taken getting to know individuals and groups to build trust. Time was also spent ensuring several different entry points in an attempt to avoid too close a set of social relations between participants, which might have resulted in a one-sided perspective on the topic and to protect confidentiality. Participants were also recruited through those that were interviewed, key informants, acquaintances of the first author and by organising a meeting place for Kurdish women, who were either unemployed or studying, to meet three times to discuss FGC in a group. This method led to the recruitment of participants living in several different cities, towns and villages across Norway.

Owing to the lack of public records concerning Kurdish migrants in Norway, inclusion criteria were that women came from places from where FGC is known to be practised (Iranian or Iraqi Kurdistan), and that they were born in Kurdistan and thus were first-generation migrants with some knowledge of FGC in both the home country and the diaspora. The first author's position as a white, Norwegian woman in her late 20s may have led participants to view the researcher as representative of judgemental public discourse. Some did indeed express the view that they did not want to participate in the research owing to the sensitivity of the topic; others expressed an ease in

sharing their knowledge with the first author on the understanding that she was in a position to address FGC at political, social and scientific levels without facing the challenges to her credibility that might have been raised had she been Kurdish. Sixteen of the 28 research participants who agreed to participate were recruited at different events organised by Kurdish organisations, and because of this, may have had a particular interest in political, social, and women's issues. Twelve participants were therefore also recruited outside of these events. Ultimately, the data derived from the following: (1) interviews with 19 women and 9 men who self-identified as Iraqi or Iranian Kurdish; (2) interviews with 12 key informants who were recruited based on their professional knowledge about 'FGC', 'Kurds', or 'Kurds and FGC', eight of whom worked in Norway and four in Iraqi-Kurdistan; and (3) observation by participating in events, arranging group discussions, following social media sites, and taking field notes.

Kurdish research participants were between their early 20s and late 50s in age, had come as refugees, and had lived in Norway for between six and 20 years. It is thus reasonable to assume that they had some awareness of the Norwegian public discourse on FGC. Two group interviews, one with four men and the other with two women, were initially conducted to gain a broad understanding of the practice from different perspectives. The rest of the interviews were conducted with one participant at a time, except for two interviews with two married couples. Twelve participants were interviewed multiple times to elaborate on themes addressed in their first interview. Interviews were mainly conducted in the participants' homes, in cafés or in private rooms at event venues. Most interviews were conducted in Norwegian or English by the first author. Three interviews with three of the participants (two repeat individual interviews with one man and one dyad interview with a married couple) were conducted in Kurdish Sorani with the assistance of women interpreters. The interviews with an interpreter enabled a discussion on terminology and topics that might not have been shared with an 'outsider'. In the interviews without an interpreter, some participants expressed an ease in sharing opinions they might not easily share with other community members. The interviews lasted between 30 minutes and two hours. All but two interviews with the Kurdish-Norwegian participants were audio-recorded and subsequently transcribed verbatim. For the two interviews where the participants did not want a recorder to be used, extensive notes were taken and a summary written immediately after.

The twelve key informants were interviewed in Norwegian or English, either at their workplace or via Skype if they worked in Iraqi Kurdistan. All interviews with key informants were audio-recorded and then transcribed. Observation included monitoring of public and social media and participation in various cultural and political events, including arranging three meetings to discuss FGC with Kurdish women. The findings presented in this article are mainly based on the interviews with the Kurdish men and women, but the descriptions of gender roles, female sexuality and lack of talk about FGC were observed in key informants' interviews, and participant observation informed the interpretation of findings of these interviews. A semi-structured interview guide was used in all interviews. Initially, themes such as where, why, how and by whom FGC was practised were brought up to address knowledge gaps on FGC among Kurds. The interview guide was revised after each interview to follow up on topics introduced by participants in earlier interviews. The mother-daughter

relationship was one of the topics focused upon, as several participants described silence on FGC between generations of female family members.

The Norwegian Centre for Research Data approved the study which required informed consent and the de-identification of the participants. The Centre also approved procedures for handling the research material. All participants were given pseudonyms and, where necessary, personally identifiable information was altered to preserve confidentiality.

## **Analysis**

Before analysing the interview material, we had understood the knowledge the participants shared on FGC as shaped, at least to some extent, by the condemnation of the practice in policy documents and media debates. We did not know whether and how this was relevant to research participants' perceptions of and experiences with FGC. Initial interviews focused on themes such as how, why and where FGC was practised, rather than silence and condemnation. All (except one) participant stressed their condemnation of the practice, mainly based on women's rights and the effect it had on female sexuality. During interviews, the participants described how FGC was and was not talked about in close relationships, and the complex ways in which they or other family members might have been affected by FGC.

When analysing the interview materials, we used thematic analysis as described by Braun and Clarke (2014). This analytical approach involves identifying patterns of meaning within each interview and across interviews. In the initial phase of the analysis, the first author read all transcripts of the empirical material and started to code and categorise the material. Subsequently, four categories were identified as central to understanding how participants perceived and experienced FGC: mother–daughter relationships, generational change, gender roles, and female sexuality. These themes were connected to how FGC was addressed through a sense of silencing in close relationships. Theory on migrant women and sexual embodiments and agency was used to analyse these themes further.

## **Findings**

We begin by presenting how participants described the silencing of FGC between daughters, mothers and grandmothers, and how this made it difficult for younger women to understand what had happened to them. We then explore how women emphasised how FGC might affect female sexuality negatively, and how this knowledge was gained both from the public sphere and their own or others' experiences. Finally, we explore how this, together with changing perceptions of the gender roles of women, created a potential space in which to break the silence about FGC, particularly in marital relationships.

### ***Silence on FGC between daughters, mothers, and grandmothers***

Several of the Kurdish women interviewed recalled FGC from the time they lived as children or adolescents in Kurdistan. The women interviewed described lack of discussion about FGC in their families after arriving in Norway. Some described their surprise

when they first heard about circumcised family members; others expressed uncertainty about whether they themselves or family members were circumcised. Women in their 20s and early 30s often described how their mothers or grandmothers did not share their knowledge of FGC without being asked. One example was Zilan, who had arrived in Norway when she was around five years old. She first learned about FGC when she was in her early 20s, during a holiday in Kurdistan. After hearing some female neighbours talking about FGC, she asked her grandmother about the practice:

'Grandma [...] Have you heard of... circumcision?' Then grandma laughs, and she says, 'Did you not know about it?' I said, 'No. What is it? Where does it come from?' And then I discovered all the dirt in my own family.

Zilan showed her rejection of FGC by describing it as 'dirt', expressing both a lack of knowledge and astonishment that her family had not talked to her about it. Other participants said that they had not heard of FGC before meeting the first author, and some called family members in Kurdistan to gain knowledge to share. Others shared more information as the interview progressed, in subsequent interviews, or during informal conversations. There was thus a silencing of FGC among female family members, which created a lack of awareness and confusion about FGC in the Norwegian context, particularly for younger women.

Thirty-year-old Bayan was one of the women who had known about FGC since childhood. Her mother had told her about her own circumcision, as well as her plans to circumcise Bayan when they lived in Kurdistan. However, Bayan escaped circumcision because her family fled to Norway. But like many other participants, she experienced FGC being silenced in Norway:

I remember when I was little, Mum told me how she had been circumcised. But when I ask her now, she says that no, she is not circumcised. Mum hides it from me now, although I can clearly remember her telling me in my childhood. [...] So we moved here to Norway, and I thought maybe nobody is circumcised. [...] No one talks about it. But one time we were visiting my aunt's home [in Norway]. I never really wanted to say anything about [FGC] to them. I did not want to ask about it. But out of the blue my cousin said she was circumcised.

Bayan's cousin was several years younger than her, and the way she talked openly about FGC suggests that this generation does not necessarily shy away from the topic in the same way as Bayan's mother's generation. Bayan was, however, uncertain about whether FGC really existed and how to talk about it. Besides women's own memories and experiences of FGC, this growing awareness was perhaps related to increasing media focus, political action and research on FGC both in Norway and in Kurdistan. As 20-year-old Cimen described it,

I was about 13 years old when we actually learned about [FGC] during religious education at school [in Norway]. We talked about it being the majority of Muslim girls and Asians in the Middle East who were circumcised. [...] I was around 16 when I talked to Mum about it. I felt that now I have to get an answer from her. I asked, 'Am I circumcised, Mum?' And then she began with, 'I am, and I did not want you to be because it is not something you should do with your daughter'.

The knowledge Cimen gained about FGC in the Norwegian public sphere, together with the notion that her mother had knowledge of FGC, contributed to breaking the



intergenerational silence. The way her mother broke the silence on FGC showed how for her anyway the intergenerational silence was closely associated with a rejection of the practice.

### ***Perceptions of the effects of FGC on female sexuality***

Although most of the key informants, and the Kurdish women and men that were interviewed were unsure about the consequences of FGC, participants emphasised 'bad sex' (Zilan, Iraqi-Kurdish woman in her 30s) and 'sexual problems' (discussion of FGC with a group of women from Iraqi and Iranian Kurdistan) as central concerns to how FGC might affect circumcised women. Their knowledge however was unclear and often based on personal experience or perceptions of other circumcised women's experiences as well as available knowledge on FGC in the public sphere. Hanan, who was in her late 20s, described how she had been circumcised when she lived in Kurdistan. After moving to Norway, and as a teenager, she became concerned about the consequences of her circumcision. When she asked her mother about FGC, her mother said that she had done it because she believed that girls should be circumcised. As her mother did not fully reject FGC, Hanan decided to seek medical advice because she 'wanted to know how many complications it had for my sex life, and for giving birth to children'. Based on a gynaecological examination, she found that she did not have any problems:

A gynaecologist has looked at me, a very competent one with long experience with girls from Somalia. And he said that there is nothing. He couldn't even see that I was circumcised. And when he told me this, I was relieved. I do not want to blame my mum for doing such a thing. I do not want her to have a difficult time with this.

The confirmation that she did not have problems implied that Hanan was able to accept that her mother had let her be circumcised. She also concluded that FGC had not affected her sexual pleasure and desire, and that she was enjoying her sex life with her husband. This was probably because only the prepuce of her clitoral hood had been cut, she explained.

In contrast, Amira, who was in her late 30s, insisted that her circumcision had destroyed her sex life and was a major reason for her divorce from her husband. Amira reflected on whether her lack of sexual desire could be explained by other factors, including the possibility of disease, but she came to believe that FGC was the major reason for their sexual problems. She did not experience the sexual pleasure she thought other women in Norway could feel:

I feel different in a way. When you see and hear about all the sexual pleasure that women can have and I feel nothing, [you would feel different].

Some of the uncircumcised women believed that sexual desire and pleasure were often challenging even for women who were not circumcised. Bayan, who was uncircumcised, illustrated this in her claim that her circumcised cousin seemed to have more sexual desire than she herself. However, the silencing of female sexuality and the silencing of FGC at times made it unclear whether sexual problems in marriage were due to lack of knowledge of female sexuality or FGC, or both, as Leyle in her early 40s demonstrated:

Until I met my husband, I had never been with a man and I had never talked about sexuality [...] To have sex ... it was a taboo. [...] We fell in love with each other, we liked each other, but having sex was very difficult. The first time I had sex, it was cruel. [...] Although I had married friends who had been together and they had talked about it. But still, that's not enough. [...] To enjoy it? To enjoy it has been a problem for me. But I do not know if it was because of the circumcision, or whether it was because I did not have any knowledge about sexuality.

Here, Leyle states that she might have been led to reflect upon what her sexuality should be because of the perception that FGC affects female sexuality negatively. Sexual relations, particularly heterosexual marital relations, were thus a potential space in which to break the silence on FGC through the negotiation of what female sexuality should be like.

### ***Silence about FGC between men and women***

Participants explained that traditional perceptions of gender roles tended to silence discussion about FGC between men and women. Amira illustrated how this was apparent between men and women in a group setting:

The culture that we have stops women from talking about [FGC]; they are very shy. It is shameful to talk about it. If you, for example, gather Kurdish women and men in a workshop [in Norway], I would say that most of the women there would be circumcised, and if you ask them whether they are circumcised, no one will say anything.

First author: How come?

Because of the culture we have been brought up in. Women are not worth anything in the culture that we have had. And they are worth much less than the men; they should not talk about this and that. It is shameful.

Amira associated women's status with several aspects of being female that should not be discussed in the presence of men. It was strongly believed that women should silence anything to do with the female body, including FGC, in the presence of men. However, this did not mean that female sexuality was never discussed by men and women; FGC seemed to be most commonly discussed within the frame of sexual relations between married couples. One example was Zilan's story of how she realised that her male cousins knew about their mother's circumcision:

I asked [my male cousins] about FGC. They answered, 'No, we will not talk about it'. I said, 'Yes, but do you know about [FGC]?' Yes, they knew. 'But did you know that your mother has been circumcised?' 'Yes ... we had assumed so'. So in a way, it's not totally hidden either. [...] But you're not talking directly about [FGC]. But you're talking about ... bad sex. And everybody knows that aunty hates uncle.

Participants stressed how an increasing awareness of women's rights was helping change the dynamics of marital relationships in Norway, with knock-on effects for conversation about FGC. Meryem, in her early 40s, explained how current claims to female sexual desire and pleasure in marriage now made it possible to address sexual problems:

We couldn't talk openly about [FGC] between a woman and man in a marriage, but it's changed a little nowadays. It took many years before my husband and I could talk about

it, and he was relieved when I talked about it and explained my problems. [...] Can a woman show that she wants and enjoys sex? In our culture, or in our religion, the woman must be ready when the man wants sex; she can never say no. It is both religion and culture. But it's different now; I was like that before. I never said no to my husband for 10–15 years. But now I can say no, and that's not because we've been married so long. [...] Society has changed; life is better now.

Changing perceptions of what it means to be a woman thus helped break the silence about female sexual desire and pleasure in marital relations. However, not everyone talked about FGC in marriage relationships. Zara illustrated how FGC could also silence conversation between husband and wife:

I even heard just yesterday about a woman who has been married for two years now and she has just pretended for her husband. Her husband does not know that she is circumcised.

The consequences of breaking the silence surrounding FGC thus demonstrate the difficulty in reconciling the negative effects that FGC might have for female sexuality with the 'new' understanding and ideals of women as active sexual individuals. Arman, a man in his 40s, exemplified how the increasing focus on women's right to, and expression of, sexual pleasure was difficult for men who had relations with circumcised women:

In a culture where men dominate, the men do not care what the lady feels or not. The ladies just have sex to be finished; they will not enjoy it at all. [...] The person I have been with, it is because of the circumcision that we split. She had no sexual feelings, no sexual pleasure. [...] We are raised in a culture where men do not allow the ladies to have their rights. If you give her rights, then the lady is raised so that she is not entitled to that right. She will not use it because she will be too shy to use it.

While Arman insisted that women could not use their rights to seek sexual pleasure because of the understanding that women should be sexually passive, he also stressed how perceptions of women's rights have led to an increasing awareness of women as sexual individuals. He also highlighted how both men and women identified FGC as a problem that was destructive to sexual relations between men and women. It thus seemed that the understanding that FGC might negatively affect female sexuality opened up space to reflect on what women's sexuality should and could be like.

## Discussion

In this paper, we have analysed how participants' silencing of FGC in close relationships reflects how the principal means of talking about the practice is dependent upon a rejection of FGC (Hauge 2019). As a result, it may be that participants silenced positive views concerning the continuation of FGC or on circumcised women as being sexually fulfilled during interviews or in informal conversations with the first author. Importantly, when participants described how they broke the silence of FGC in close relationships, it was through a rejection of the practice.

Participants also showed ambiguity surrounding their own experiences or knowledge of others' experiences with FGC. Their ambiguity and the main reason for rejecting FGC focused on women's rights and how FGC might affect female sexuality negatively. This ambiguity and rejection of FGC was also a major way in which to

break the silence about FGC in close relationships. Key actors in the international health and development community working to end the practice, such as WHO, have put emphasis on how FGC is a breach of women's rights and can lead to increased risk of experiencing sexual pain and reduced sexual pleasure (WHO 2018).

Empirical studies have found that circumcised women may be stigmatised, experience problems with FGC, and experience additional problems, particularly psychosexual, from judgemental public discourse itself (Hauge 2019; Nyarango and Griffin 2019; Parikh, Saruchera, and Liao 2018). The anthropologist Maria Malmström (2013, 317) has argued that an emphasis on FGC as affecting female sexuality negatively is a central part of hegemonic public discourse and this may drive circumcised women to question their own sexuality because an 'interventionist discourse on [FGC] engenders this kind of uncertainty in many young women'.

There is an ongoing historic shift in female sexuality which implies that women who do not experience sexual pleasure and desire may be perceived as, or may feel themselves to be, incomplete (Bishop 2012; Jackson and Scott 2007; McKenzie-Mohr and LaFrance 2014; Ussher et al. 2017). Paradoxically, however, we find reason to suggest that stigmatising public discourse on FGC holds the potential to create space in which to recognise women as active rather than passive sexual agents.

Female sexuality and gender roles in and around Kurdistan are often understood as shaped by patriarchal oppression that limits female sexuality to marriage, male sexual pleasure and reproduction (Hague, Gill, and Begikhani 2013). In her study of perceptions of sexuality among Iranian women in Sweden, the ethnologist Fataneh Farahani (2007) expanded on this view in a diasporic context. Rather than being torn between two cultures, she argued that women from these areas have hybrid experiences of issues associated with sexuality, such as virginity, veiling, marriage and divorce. Women negotiate their experiences at the intersections of oft-contradictory discourses related to 'Swedishness' and 'Iranianness' (Farahani 2007). Kurdish-Norwegians in the current study also needed to understand their sense of 'self' at intersections of socio-cultural understandings of the woman in Norway and Kurdistan, implying that a transnational identity complicates understandings of what a complete woman is, or should be.

Other researchers have shown how in a diasporic context, some circumcised women may be motivated to seek sexual counselling or undergo clitoral reconstruction surgery to reclaim a feminine body part, reduce stigma and adhere to changing understandings of women as active sexual agents (Leye 2018). However, there may be some reluctance to adhere to 'new' perceptions of what it means to be an active sexual agent. Some circumcised women continue to experience judgement from within their communities if they pursue their claims to sexual pleasure (Villani 2019). Johansen (2017), for example, found that although Somali and Sudanese migrants in Norway reject FGC, they did not want to undergo surgery to undo their infibulation owing to the belief that such a surgery might undermine male sexual pleasure and virility.

Circumcised participants in our study did not all blame their reduced sexual pleasure and desire on FGC, but because they perceived that FGC affected female sexuality negatively, they had at some point in their lives reflected on whether and how they could improve their sexual lives. Owing to knowledge that FGC is practised among

Kurds and that condemnatory public discourse may lead circumcised women to believe that they are 'sexually destroyed' (Malmström 2013, 317), FGC may become an issue that needs to be addressed in sexual and close relationships. We find reasons to suggest that diverging from views of what a 'complete woman' should be, by having to live with the stigmatised implication of being circumcised, may actually create a space in which to negotiate an assertive female sexuality.

## Concluding remarks

By way of limitations, our analysis is limited to a number of stories that were shared with a native Norwegian researcher in a highly politicised context. In this setting, changing perceptions on women's gender roles and the ambiguous assertion that FGC affects women's sexuality negatively helped some women to address FGC, particularly in marital relationships. Not all circumcised women were able to break the silence, however, and some women may experience problems with FGC. Recent research has shown that circumcised women may experience particularly psychosexual problems, arising from the stigmatising public discourse itself. The findings in this paper suggest that stigmatising public discourse on FGC can create a space in which to deal with the historic shift of viewing women as active rather than passive sexual agents.

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