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Sunat for Girls in Southern Thailand: Its Relation to Traditional Midwifery, Male Circumcision and Other Obstetrical Practices

Abstract

Among the Thai- and Malay-speaking Muslims living in southern Thailand, the traditional midwife (alternatively called mootamjae in Thai or bidan in Malay) performs a mild form of female genital cutting (FGC) on baby girls. This article is based on material collected in the Satun province, located on the Andaman coast, bordering on the Malaysian state of Perlis (once part of Kedah). People have different views of the practice: men question the cutting, considering it both un-Islamic and un-modern, whereas women generally support it. In evident contrast to this debate and to the privacy surrounding FGC ritual, a large public male circumcision ritual takes place once a year. Both practices are called sunat by the local people, distinguishing sunat perempuan for girls and sunat lelaki for boys. Both forms should be analysed with regard to the increasing medicalisation of birth, which while depriving bidan and women of their agency and authority, performs other forms of genital cutting in the delivery room, in the form of routine episiotomies, strongly opposed by local women.

The unstable periphery

The increasing attention recently devoted to southern Thailand by anthropologists, political scientists and sociologists can be traced to the historical, social and ethnic complexity of the region, partly due to the fact that the Malay Muslims are a majority in the area while they are an ethnic minority at the national level (Muslims are calculated to represent 5 to 8 per cent of the national population). The constitution of Siam first and Thailand later, in relation to international events and colonial powers, brought the inclusion of the Muslims once subjects of the Patani kingdom (including the present-day provinces of Pattani, Yala and Narathiwat) and the Kedah Sultanate (from which Satun was separated) inside the gradually shaped national borders. The difficult relation between the southern periphery and the central government has been marked (much more so in the past than nowadays) by a communication barrier, as the Malay-speaking Muslims resisted the educational system and the Thai language as carriers of Buddhist values and perceive them as vehicles of assimilation. The political turmoil which has cyclically characterised the history of the southern region has recently manifested in a dramatic re-enacting of ethno-political violence since 2004

(for recent analyses see Chaiwat 2006; Imtiyaz 2007; McCargo 2006a; 2006b; Srisompob and Panyasak 2006; Tan-Mullins 2006; Ukrist 2006; Wattana 2006). However, the violence has not touched the Satun province, site of my research, and the local Muslims are considered to be more integrated than those residing in the other three southern Muslim provinces.

The statistical data on the national and regional Muslim population provide rather contrasting counts, which are produced by different sources but are also expressions of different discourses, and are possibly subjected to manipulations (Chaiwat 1987:19; Imtiyaz 2007:323; Omar 1988:2; 2005:4). According to the statistics of the 2000 Census the population of Satun amounts to 247,900. Of these, 67.8 per cent are Muslims and 31.9 Buddhists. Approximately 10 per cent of the Muslims are bilingual in Thai and Malay (NSO 2001). The Muslims in this region are mostly Sunni of the Shafi'i school, but the recent increasing influence of Wahhabi or Salafist elements (visibly represented by the growing number of women using the complete veiling, or *niqab*) plays an important role in upholding or neglecting ritual practices once uniformly considered the expression of local Islam. Female circumcision is one of these practices, and it is at the centre of local debates concerning both male and female circumcisions as well as the obstetrical cut-

tings, strongly resented by the local women, that are performed in hospitals. These intersecting discourses open our eyes to the way Westerners sometimes apply a biased evaluation to *others'* genital practices but do not submit our own to the same kind of scrutiny. I will also briefly discuss new gender dimensions associated with a ritual of public male circumcision.

Female genital cutting (FGC) in Southeast Asia, its practitioners and performances

While there is a large debate on female genital cutting in Africa, the literature on these practices in Asia is scant (for Indonesia see Feillard and Marcoes 1998; Newland 2006; Putranti et al. 2003). Heather Strange (1981) recorded the performance of *sunat* in the Malaysian Terengganu state, but not on all girls; the cutting amounted to an incision of the clitoris or the removal of its tip, and several religious local authorities stated that the removal should be limited (ibid.:58). Since several forms of FGC are often referred to as *sunna*, sometimes even infibulation, we should investigate how people interpret the association with the Islamic tradition, even though religious texts do not support this relation (cf. Boddy 1991:15; Gordon 1991:8; Silverman 2004:428). The WHO definition of these practices under the all-encompassing term mutilations creates a specific negative perception that could be attenuated by un-naming the different forms of cutting (cf. Boddy 1998), thus avoiding any exotisation (Christoffersen-Deb 2005:405). In the contemporary scientific literature the different modes of intervention on the male body have seldom been grouped together and termed "male genital mutilations" or MGM, apart from a few cases (see for example Bhimji 2000; Harrington 1968; Korotayev and De Munck 2003), although this was the original definition in the Ethnographic Atlas of George Peter Murdock (1967:161; cf. Ciminelli 2002:39). The term mutilation was adapted to identify female practices during the 1970s and used in 1979 at the Khartoum Workshop on Traditional Practices Affecting the Health of Women and Children. But it was only in 1995 that the WHO proposed a definition of female genital mutilations (FGM) (Ciminelli 2002:39–40).

In order to avoid the term FGM, Sheldon and Wilkinson proposed instead 'feminization rites' (1998:264). In 1995 the WHO issued a classification of 'female genital mutilations' in four types, on a scale of increasing alteration of external genitalia, from the cutting of the clitoral prepuce (more similar to male circumcision) to excision and infibulation, plus a fourth type termed 'unclassified' which includes all those instances not corresponding to the abovementioned types, and described as follows: "pricking, piercing or incision of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissues; scraping (*angurya* cuts) of the vaginal orifice or cutting (*gishiri* cuts) of the vagina; introduction of corrosive substances into the vagina to cause bleeding or herbs into the vagina with the aim of tightening or narrowing the vagina" (cit. in Ciminelli 2002:40 n. 4).

As often happens in Western scientific classifications, a residual category for atypical or uncertain cases is created. This undecided type is glossed differently by various authors. Shell-Duncan calls this category 'symbolic circumcision' and recognises it as the one prevalent in the Southeast Asian region (2001). To distinguish this kind of incision from clitoridectomy, the term clitorodotomy has been proposed, as there is neither excision nor impairment of the organ's functions (Laderman 1983:206). In the Malaysian state of Kedah, the cutting has been described as a female subincision (Berlie 1983:88). For Indonesia, there are regional variations and individual differences from one practitioner to another, but usually people agree that "[t]he amount of flesh cut is described as a *mata holang*, the size a grain of rice and white" (Newland 2006:400). For both regional and cultural proximity the description above also applies to southern Thailand.

Across Southeast Asia we can identify several kinds of practitioners performing the cutting, passing from the 'traditional' to the 'modern' medical sphere. In Kedah the traditional midwives specialised in performing circumcisions were called *bidan mudin* (Berlie 1983:88), combining the Malay term for traditional midwife (*bidan*) and the term for male ritual circumcisers (*mudin*). Sometimes people in Melaka prefer to resort to the government-trained nurse instead of the traditional *bidan* as the former can provide antibiotics and anaesthetics (Roziyah 1992:60–62). Jane Richardson Hanks writes that in central Thailand the To Imam would circumcise girls, cutting "a little piece of the labia" (1963:128), but I am very sceptical concerning the real identity of this practitioner as in the Islamic discourse in general and among my informants in Thailand in particular, men are not allowed to circumcise girls, and women are not allowed to circumcise boys.

The timing of the circumcision for girls in Southeast Asia also varies, but the ritual is included in the series of practices related to the postpartum period, and therefore usually falls under the competence of traditional midwives. In Malaysia it was performed in association with the extinguishing of the postpartum fire, which the new mother lay by for forty days following birth (Laderman 1987:206). In Indonesia the cut is carried out between a few days after birth and nine years, depending on the local preferences, but it is commonly performed shortly after birth (Newland 2006:399–400). In Satun, as with the male circumcision, there is also no upper limit of age for the female. If converting in connection with a marriage to a Muslim man, a woman could be asked to circumcise, but not all women who convert to Islam are circumcised, as there are different interpretations of the *hadith*. The practice seems therefore to be affected by the extent of the pressure exercised by the immediate kin group or community, with individual variations in compliance. According to my own observations, if performed on a girl born into a Muslim family, the cutting is done at a very young age, usually between a few weeks after birth and one to two years. On one of my first visits to a *bidan*, a woman had brought her seven-month-old daughter to the aged midwife to establish if the circumcision could be performed. The *bidan* put on her glasses, examined the baby's genitalia and said that it was not the right time as the clitoris was very small.

Reasons for performing female circumcision diverge as well, at times including aesthetic considerations, as for example to prevent the excessive growth of the clitoris (Peletz 1996:208). In central Thailand, female circumcision (which Hanks calls *akiko*, a term which in Satun refers instead to the name-giving ceremony proper) was performed on girls up to the eleventh year and was considered as marking the full entrance of the child into the human group (Hanks 1963). But the acceptance of the baby as a human being is usually associated with simple acts of recognition (cf. James 2003:199), such as the feeding with a small amount of rice (as among the Tai Yong of northern Thailand, see Trankell 1995:168), or the whispering of a few words in the newborn's ears as in the case of Muslims in Satun, whereas circumcision would be the formal/full acceptance into the Islamic community. In other Muslim provinces of southern Thailand the *bide*¹ makes the *sunat* at the end of the third day after birth, when she also formally ends the period of care for both mother and child (Lamom 1994:166). In order to perform the circumcision the *bide* must bring 1 *setang*, a special version of the coin no longer in circulation, produced with a hole in the centre. The coin is positioned with the hole over the clitoris and a needle is used to pinch the clitoris and obtain a little drop of blood (Lamom 1994:167).

Changes in circumcision practices in Satun

In Satun, male and female circumcisions are denoted by the same term, *sunat*, adding the specification *lelaki* for the male version, and *perempuan* for the female one. Male circumcision has always been a more openly celebrated event in Satun, followed by quite a large meal and feast with several guests. It could be arranged as an individual or group ritual (the latter referred to as *sunat muu*, literally group *sunat*), involving boys of the same family or village. In the past the circumcision was performed by the *mudin* (always a man) and with the passage of time also by medical personnel. Since 2001, once a year a large group circumcision for boys aged six to twelve, and involving medical and public health personnel, has been organised in the central provincial mosque, under its arcades, with a large audience watching the one hundred boys (on average) who are circumcised in one morning. Other group circumcisions at smaller mosques in the province are arranged but are neither subject to the same kind of spectacularisation nor performed on an open stage. The medical discourse presenting the cutting of the foreskin as a hygienic measure has been promptly assimilated by local Muslim men, who consider this statement a sort of modern scientific corroboration of their religious tenets. The public event brings the boys under the visual scrutiny not only of medical and religious authorities but also of the large audience of both male and female spectators, transforming a usually private event into an unusual display of bureaucratic and medical dexterity, an expression of the increasing government control over this religious practice. The public ritual involves female medical personnel as well, the majority wearing a veil, who assist the male physician or paramedic who is the one materi-

ally performing the cutting. Female personnel are allowed to suture and to perform the application of medication to complete the operation (see Merli 2008).

By contrast, only *bidan* perform female circumcision and the ceremony has not undergone the same changes that have occurred in the practice of male circumcision. To my knowledge no group circumcisions are organised for girls, and the only meaning of 'group' in this case would be that several girls belonging to the same family are circumcised on the same occasion in a house, as it was arranged in the past. Therefore, unlike the present public display of the male circumcision, it is extremely difficult to attend and observe a female circumcision.

Comparing the two practices in Satun, one may speculate about their possible development, as both *bidan* and male traditional circumcisers (*mudin*) are disappearing. The *bidan* is being progressively excluded from the birth scene as the increasing use of medical facilities restricts and limits her practice to traditional antenatal care, postpartum massage and ritual expertise. The new generation of *bidan* is also excluded from the formal training sessions organised by the public health authorities, which in the past led to obtaining a license, as the long-term policy is to eliminate the *bidan* altogether. These women will then be left with the choice of either abandoning their family tradition, which is often perceived as a mission, or pursuing a practice that verges on illegality. The elder *bidan* are periodically summoned to refresher courses and receive visits by officers who have the duty to supervise their activity. The traditional *mudin* is also being progressively marginalised as male circumcision is increasingly performed by paramedical personnel. In sharp contrast to what has happened with male circumcision, according to the local interpretation female circumcision cannot pass under the control of public health and medical personnel. As one informant said, "Nurses cannot perform female circumcision, because it must be done by a traditional midwife. In the new generation there are fewer *bidan* but there are still some." A *bidan* told me that in general terms it is not appropriate to witness a female circumcision, and that the only man who could be allowed in the room is the girl's father, while usually the only people present are the *bidan* and the girl's mother. The female ritual is therefore markedly gender segregated. Despite the fact that I broached the topic with several *bidan* very early in my research, I was able to be present at a *sunat perempuan* only once, in 2006. Not all *bidan* in Satun perform female circumcision, and information about those who did was uncertain. One *bidan*, Mak Mariah, talked about the practice with a sort of shyness and discretion, indicating another person living close to the local *pondok* (traditional boarding Islamic school) who performed it, while she herself did not. It proved impossible for me to locate this practitioner. Another *bidan* in the same area, who performed circumcisions on girls in the past, had moved to Malaysia some time ago and was said to have stopped practicing due to old age. One of the oldest *bidan* I met, considered one of the most knowledgeable, also performs the *sunat*, and she let me observe and film (with the girl's mother's consent) the event.

A sunat perempuan

When I attended the female *sunat* in April 2006, the ritual began very early in the morning, when the family started preparing the food for the small *kenduri* (ceremonial feast) which was served afterwards. The sitting room was cleaned, the furniture removed and large carpets covered the floor, to accommodate the men who came to chant parts of the Prophet Muhammad's life. These men, all from a Malay-speaking area and very renowned for their performances, are considered very religious and pious. Before the *bidan* arrived the women of the house arranged a ceremonial tray with offerings, with half a roast chicken, betel leaves and areca nuts, and a plate of glutinous rice. A chiselled metal bottle with a perforated lid containing perfumed water was set beside the tray. These offerings were placed on a small table outside the room where the circumcision was to be performed, on the upper floor of the large wooden house.

The *bidan* arrived at around 10 a.m. and was accompanied upstairs, where only women were allowed. Sitting in the shade on the large balcony, the *bidan* recited *doa*, prayers, to prepare a glass of sacralised water which was added to the other offerings on the tray. After that, the *bidan* took a skein of partially spun cotton out of her bag and separated and broke off some threads from the hank. She passed this long bundle of thread around her big toe, stretched it by holding one end in each hand, and began spinning it by twisting each end between her forefinger and thumb. Then she uncoiled the thread, folded it to half its length and rolled it over her thigh using the palm of her right hand. The cotton thus prepared was used to form protective bracelets and a loose waistband for the baby girl. Small pieces of *kunyit terus*, a variety of turmeric with a woody consistency specifically used as magic protection, can be threaded on the cotton through a hole bored in the middle of each piece.

During this operation, the one-year-old baby girl was being given a cold bath, meant also to desensitise her genitals. The *bidan* extracted from her bag a disposable razor blade and a small bottle of iodine with cotton swabs. When the girl was ready we entered the room, followed by other women and young girls of the family, and the tray with the offerings was set down on a low stool. The girl sat on her mother's lap on another stool and the *bidan* started preparing for a brief series of actions meant to protect both the baby and herself, as the view of the female genitalia could make the *bidan* blind. A similar but simplified ritual is performed by this *bidan* also on the occasion of childbirth. The Malay term she used for this ritual is *buang cangerai*, the same term other informants used with reference to the shaving of the newborn's hair, meaning literally "to get rid of bad luck."² A paste is formed by mixing talcum powder and water, which the *bidan* smears on twelve different points of the girl's body, making circular marks in all cases but one, and in the following order: 1) forehead, 2–3) on the shoulders (though she had previously told me the mark would be on each side of the breast), 4–5) the inside of the elbows, 6–7) on the back of the hands in the

proximity of the thumbs, 8) a long horizontal line just above the pubis, 9–10) knees, 11–12) feet. Finally, the *bidan* puts the paste also on her own forehead. The paste has been sacralised with the recitation of a prayer, for which the *bidan* used neither the word *doa* nor *khaathaa*³ but *mujab*, saying that this is a prayer with the names of the prophets. In the past the *bidan* used rice flour mixed with *kunyit* and water; this paste was called *tepung tawar*, the neutralising rice paste widely used in Malay spiritual healing, and also in midwifery, for example during the seventh-month ritual *melenggang perut* (swaying of the abdomen) in Malaysia (cf. Laderman 1987:360). *Tepung* means flour, and *tawar* is an adjective that translates as tasteless, flat, or figuratively as cool, but turns into verbs as *menawar* and *menawari* which mean, respectively, "to counteract poison with a spell," and "to treat diseases with a spell" (KM 2000:582). Its efficacy is attributed to the qualities of earth and water as neutralising and thwarting the negative fire and air elements, of which all the spirits are constituted (Laderman 1987:361); therefore the general meaning would be 'cooling paste.' The *bidan* states that what is used to make the paste is not very important as it is the recitation, *mujab*, which is effective. As *bidan* 'make water' they can also make other substances, empowering them with words.

The *bidan* took the razor blade and disinfected it with iodine. She spent several minutes trying to adjust her position in front of the baby, whose legs were kept wide open by her mother. As the *bidan* and the baby's mother told me before the ritual, the cut must be slight, in order just to draw some blood and to "clean" the area. From the movement of the *bidan*'s hands it seemed to me more a scratching on the tip of the clitoris, and I could not detect any tissue or blood on the razor blade. When the baby started crying the *bidan* applied a cotton swab soaked in iodine to the genitals and started soothing the baby. The razor's edge was rubbed with a betel leaf which was immediately wrapped and thrown away. The mother gave the baby to the *bidan*, who held her briefly in her arms, but the baby refused the embrace and wanted to return to her mother, who shortly afterwards calmed her down by offering her the breast. We descended the stairs to the ground floor where the men were assembled in the sitting room and were offered the *kenduri* of *nasi minyak* (rice with oil) with turmeric and curry dishes, served by other men of the house. All the women remained confined in the kitchen area or nearby, arranging for the trays to be served. As I was allowed to film the event, I was invited to enter the room with the men, who immediately after the meal started singing, passing among themselves the book in Arabic, which rested on a large pillow, from which the most gifted made solo recitations to which the others responded in chorus. This blessing lasted for about forty minutes. Towards the end the men rose and stood along the walls of the room while two men of the family distributed small memory gifts and poured perfumed water from the chiselled bottle onto the guests' hands.

Local discourses

On the occasion of the female *sunat* only a small *kenduri* is served, whereas for a boy's circumcision a larger celebration takes place. My informants explain this difference by the fact that from a religious point of view the female *sunat* should be done, while the male *sunat* must be done. I asked why female circumcision is performed if it is not compulsory, and some answered that if a girl is not circumcised she becomes *ketegar*, stubborn or obstinate. Other midwives claim that the female circumcision *must* be performed or the girl would not properly be a Muslim. One of the oldest *bidan* agreed that to be circumcised is not a choice, that the women who convert to Islam also "must" be circumcised.⁴ My informants did not explicitly associate the cutting with either becoming a woman or differentiating the genders, but the reference to a "softening" of the girl's character and personality may be read in this sense. The most explicit reference is instead to a fulfilled or acquired religious and ethnic identity, expressed as "to be a Muslim" or "to become a Muslim." In southern Thailand 'to become a Muslim' is formulated in local Malay as *masuk Jawi*. *Masuk* literally means "to enter" and "to become a member." *Jawi* is the simplified Arabic script used to write Malay in southern Thailand, extensively identified with the Malay language and ethnicity, and therefore also with Islam. In the Pattani province *masuk Jawi* is used to indicate the male circumcision (Fraser 1966:71). However, whereas the obligation to perform male circumcision is undisputed and diverse opinions concern the modalities of organising and carrying out the ritual, no uniform consensus exists on the necessity to perform female circumcision.

In most of the literature I have examined there is a general reference to the fact that Islamic jurisprudence does not consider female circumcision obligatory, and that the practice is not mentioned in the Koran. The contemporary international debate relates to some extent also to male circumcision (see Aldeeb Abu-Sahlieh 2006:55–60). The argument is often used to support anti-circumcision movements in Islamic countries. Positions differ depending on the school of law, or *madhab*. The majority of Muslims in Southeast Asia follow the Shafi'i *madhab*, even if other Sunni schools are represented (Hanafi, Maliki, and Hanbali) as well as Shia. The pre-eminence of the Shafi'i would explain the existence of the practice in Southeast Asia and its interpretation (Ali 2006:100). The Shafi'i position concerning circumcision is stated in a work by one of its major exponents, al-Nawawī (631–676 A.H./1233–1277 C.E.), *Tahāra* ('purification,' a term used to refer to both male and female circumcision, see Ali 2006:103).

Circumcision is obligatory (wādʿijib) according to al-Shāfiʿī and many of the doctors, sunna according to Mālik and the majority of them. It is further, according to al-Shāfiʿī, equally obligatory for males and females. As regards males it is obligatory to cut off the whole skin which covers the glans, so that this latter is fully denudated. As regards females, it is obligatory to cut off a small part of the skin in the highest part of the genitals (Wensinck 1986:20).

Obligatory, not just *sunat* ('duty' or recommended), and for both men and women (cf. Rizvi et al. 1999; Ali 2006:100). However, while for the boys it is specified to which length the circumcision should go, that "small part" for the girls is left to the discretion of the midwife or circumciser.

This plurality of views characterises Islamic discourses both internationally and locally. Contrary to a simplifying popular view that sees a worldwide Islamic trend towards extremist positions and the polarizations of macro-ethnic or religious conflicts as a process of progressive Islamisation, we can recognise as a widespread phenomenon the existence of a multiplicity of views and debates internal to Islam. As Michael Peletz illustrates for Malaysia, "The key debates – and certainly the ones that are most intensely felt – in other words, bear on intra-civilizational clashes, not those of an inter-civilizational variety" (2005:243). In other words, the opposition between 'good Muslims' and 'bad Muslims' is more important than the one between Muslims and non-Muslims (ibid.). The focus of moderate reformism is on individual morality, which in its turn leads to good governance (Mandaville 2005:316).

An internally fragmented Islamic reality is what characterises also the regional focus of my analysis. The Malay speakers in southern Thailand consider the relation between a Muslim and the scriptures in accordance with two main interpretations that follow different teaching traditions. On the one hand there are Tok Guru Kaum Tua or orthodox religious teachers (*kaum tua* means "the old group"), who refer exclusively to the Shafi'i School of law and its traditional scripts. On the other hand, there are those intellectuals who try to extract the Islamic precepts directly from the Koran and the *hadith* and are called Kaum Muda or "young group" (Hasan 1999:17–18).⁵ The arguments between the two groups are purely religious (ibid.:18). According to Angela Burr, among Thai-speaking Muslims the difference between the two groups, which she calls Phuak Kau (The Old Group) and Phuak Mai (The New Group), is that people belonging to the latter "emphasize doctrine and underplay ritual," disagreeing with the merit-making customs and prayer-group feasts which were followed by the old group (Burr 1988b:127). Raymond Scupin (1980) described the same division into Khana Kau (old group) and Khana Mai (new group), but according to his interpretation the Khana Mai are also concerned about socio-political issues (Hasan 1999:19). The focus on purely religious matters or also on political issues might be seen as steps in a development of the basic characteristics of these movements as recognised by Robert Hefner, passing from a mobilization of civil society on a pietistic basis towards political ends (2005:20–21).

When talking about *sunat perempuan* in Satun, the Muslims opposing the practice were usually identified as *Islam muda*, or "young Muslims." Among the men I talked to who opposed the practice are two religious teachers who have studied abroad, one in Egypt and the other in the Middle East. The first referred to the debate on human rights, while the second stated that there are no mentions of female circumcision either in the Koran or the *hadith*, respectively advancing two ver-

sions of the modern discourses representing the plurality of contemporary Islamic attitude towards the topic.

During a conversation, a very devout woman whom I will call Hajja said that even if the “modern group” opposes or ignores the practice, Shafi‘i Muslims must perform it, adding resolutely “and we are Shafi‘i.” While Hajja and I sat talking about the subject in a local coffee shop that served *roti*, two of my male acquaintances and breakfast companions came and joined us. They were both around sixty years old and among the most open and knowledgeable conversationalists I met. We often talked about Satun history and society, traditional medicine and religion. Upon listening to our conversation about female circumcision, they started talking very animatedly with Hajja in Thai (whereas I was talking to Hajja mainly in Malay with the support of my assistant whenever the conversation switched to Thai). My assistant did not translate their exchange and looked embarrassed. The conversation turned into something more serious as I saw one of the men addressing Hajja in a raised voice, shaking his head. The other man tried to mediate this unexpected, and rarely seen, open conflict. Hajja continued smiling at me. Only when the two men left did my assistant tell me that they were reproaching Hajja for talking to me of these “backward” practices, something which could “scare me and make me think that they do *these sorts of things to women*.” The man who was most upset had said “This is not Islam, this is not in the religion,” and the sequel was a series of “You are stupid! Stupid!” Hajja told me that they did not know much about the matter, but that a woman knows better and “must do it.”

The man who mediated the squabble was the person who first accompanied me to see the public male circumcision in Satun in April 2004 and introduced me to the event, explaining how it had been organised and carried out on previous occasions as well. He never showed a comparably judgemental attitude towards the male ritual. What was interesting in the whole episode was that the two men located me very specifically as a Western, educated woman, who would probably be against these practices (apart from the fact that they probably would be as well). That to talk about this would have given me, after several stays in the course of three years, the impression of being among un-modern people. Moreover, but this is just my personal impression, to hear that upon conversion a woman should be circumcised would scare me off actually converting to Islam, which several people had invited me to do. After witnessing a private male circumcision, I interviewed the religious teacher who had studied in Egypt, whom I have mentioned above. While talking about the practice of female and male circumcision in Satun, he referred to the ban on clitoridectomy issued by the Egyptian government following the United Nations and other international debates. In his opinion the ban matches what is written in the Koran, that “The person performing female circumcision should not cut too much.” Actually, this reference is not found in the Koran but in one *hadith*. The fact that he referred to the source of the highest religious authority conveys the conviction that the highest religious leadership does not consider the practice

necessary. Contrasting this textual source with contemporary practices, he told me that some *dakwah* people from India who had recently arrived in Thailand are trying to introduce a form of female genital cutting with a deeper excision. The same people would also advocate a change for the male circumcision, eliminating “all the skin” in support of hygiene.

The contrasting discourses were well known also at the village level, as the following example shows. In fulfilling the postpartum rituals for her daughter, Wati arranged for the hair-cutting ceremony nine days after birth, while *sunat* was performed after nineteen days. She had discussed the topic of *sunat* with a man well versed in Islamic law who had not let his own daughter be circumcised, claiming that the practice is neither necessary nor compulsory because it is not mentioned in the Koran. Despite this conversation, Wati and her husband decided to follow the local tradition, with a sense of pressure coming from other villagers, whose disapproval they wanted to avoid. The local *bidan* was not taken on as she was ill-famed for cutting away “too much,” some even said the whole clitoris. Another *bidan* was summoned from another location. However, Wati could not bear to watch while the midwife was doing the incision, and shied away. She supported the choice to perform the cutting, saying that it was better to do it when the baby was only nineteen days old, because later on it would be more painful.

Janice Boddy cleared a new path in the study of female genital practices by reconstructing the web of complex symbolism and accepted gender roles in the light of which these rituals should always be considered (Boddy 1982, 1991). She also examines the contrasting discourses of Sudanese men and women with respect to the acceptance of a less invasive form of cutting (Boddy 1982:685). Ellen Gruenbaum echoes this position and suggests that future research on FGC should investigate and gain insights about culture, and “from hearing about the differing points of view of individuals, families, health practitioners, and students of religion; hearing how people debate about what is the right thing to do; and listening to the rationales for their choices” (2005:431). In my opinion, this should apply to male and female genital cutting alike, certainly since the first is advocated by the most authoritative medical international organisations as a public health measure (see WHO et al. 2006; WHO and UNAIDS 2007), whereas even the less invasive forms of cutting on female genitalia are branded as mutilations.

The medicalisation of female genital cutting in Africa has passed from the phase of training traditional midwives in hygienic procedures to the total referral to the hospital and modern obstetrical services (cf. Christoffersen-Deb 2005; Shell-Duncan 2001). While these services certainly improve the hygienic conditions and the medical measures limiting complications in the case of more invasive interventions, the use of anaesthesia has received contrasting interpretations. On the one hand the anaesthesia is considered to facilitate a lesser degree of cutting because by desensitising the girl’s genitalia it prevents sudden movements caused by pain; alternatively, others think that it would enable the operator to cut

more deeply because the girl would not struggle (Shell-Duncan 2001:1022). With regard to Southeast Asia, the effects of medicalisation of female circumcision have been recorded as deleterious. In Indonesia, the procedure as performed in hospital settings has led to some unexpected outcomes.

[T]he medical practice involved the use of scissors to cut away more of the genital tissue than the village midwives ever removed using needles and penknives . . . Thus, in 2004 female circumcision was being offered as part of a package of surgical procedures performed in hospitals for just-born girls . . . The Indonesian health authorities announced a ban on medics (presumably meaning the clinic midwives) performing female circumcisions by mid-2005 in an effort to prevent hospitals from continuing the practice (Newland 2006:402).

In the Satun province, the *bidan* hold the exclusive authority to perform female circumcision and reject the idea of this operation ever passing into the hands of medical personnel. In my view this is associated with two reasons, one physical and one ritual and religious. The first is that medical obstetrics is already largely considered to be characterised by unnecessary invasive cutting of female bodies and genitalia in the increasing rate of Caesarean sections and the routine performance of episiotomies on women at their first childbirth in Satun hospitals. A gynaecologist who is present at the birth would perform a midline episiotomy (with an incision at less than 45 degrees in relation to the sagittal plane) whereas a nurse would perform a mediolateral (more than 45 degrees). Medical personnel stated that episiotomies are not performed on women who have already had three children, as the tissue of the perineum has loosened and softened enough to permit the passage of the baby without either tearing or having the episiotomy performed. As a gynaecologist in Satun General Hospital told me, the routine performance of episiotomies during the first childbirth is a recent introduction, whereas in the past the usual procedure was to wait and see if the childbirth proceeded without tearing. He also acknowledged that this recent trend is identifiable nationwide. Nurses in the local hospitals contend that a spontaneous tear takes a longer time to suture because of its irregular edges and justified the episiotomy performed with the scalpel or scissors from both a medical and a practical point of view, as the incision allegedly facilitates birth. The gynaecologist identified the immediate complications involved with the scar, but according to him no future consequences ensue, not even at the sensory level. Moreover, he stated that the mediolateral episiotomy does not affect the rectal muscles as these are located along the midline.

In Satun, *bidan* express their pride in saying that generally when they attend births the tissue around the vagina neither tears nor breaks. They consider episiotomy as the specific mark of hospital childbirth, whereas the spontaneous lacerations which occasionally occur during home births were in their opinion never serious and could heal in a few days without suturing. Traditional midwives explain why the perineum remained uninjured when they attended births. Mak Hitam, a Muslim

midwife, says that the vagina does not break because the position the woman assumes (lying down and keeping her heels very close to her buttocks while the midwife touches on the stomach and presses slightly) facilitates the labour and birthing process. The *bidan* also smears the genital area and vagina with warm coconut oil, and stresses the desirability that the woman's vagina remains beautiful, without scars. Another traditional midwife treats small tears with salty water, and referred also to the application to the vaginal area of the heated tool (called *koon saw* in Thai and *tungku* in Malay) used for massage during the traditional postpartum period of lying by the fire. Specific foods are considered helpful in healing the episiotomy: milk, fish with scales, pineapple and oranges. Traditional midwives in Satun consider cutting the vaginal tissue an unnecessary and awful practice, as a woman's elastic skin can stretch with no major injuries if it is just "allowed," I would stress, to do so. From several testimonies collected, it seems that when women gave birth with *bidan*, their perineum did not tear.

The second reason offered for why female cutting should remain in the hands of *bidan* is that only they possess the ritual expertise and religious appropriateness to perform it. In this way Muslim women claim the right to cut the genital area in a way which opposes and contests the medical cutting. Moreover, the same people who reiterate the necessity of performing female circumcision to be (or become) a Muslim also strongly criticise the recent appeal of arranging public male circumcisions, especially for the presence of women in the audience and female medical personnel who assist in the cutting and perform the suturing. The participation of women was perceived by these Muslims as offensive and inappropriate, whereas the female circumcision is still an area off limits to men, maintaining the gender segregation that is followed to some extent on other ritual and festive occasions.

Concluding remarks

In order to understand the local practice of female genital cutting, it is necessary to contextualise the ritual in the broader discourse on obstetric modus operandi, and discourses on both female and male circumcisions. The latter is increasingly medicalised and internationally gains the status of a preventive measure against sexually transmitted diseases and infections, including HIV (cf. WHO and UNAIDS 2007; WHO et al. 2006), following encouraging results of studies claiming for the operation a certain, although incomplete, protection against contagion by the HIV virus in some African countries. The possible outcomes of this policy have been analysed with regard to both male sexual behaviours and the extent of the reduction of transmission to female partners (Aldeeb Abu-Sahlieh 2006:69–71; Bonner 2001; Williams et al. 2006).

To consider a practice abstracted from its social and historical context reifies existing categories without explaining how the people upholding or contesting it perceive the relations between the practice itself and other practices belonging to the same realm. *Sunat* for girls in Satun occupies a specific place

in relation to male circumcision, the past and present conditions of activity of the traditional practitioners performing them, and ethnic and religious identities. Paradoxically, other modern obstetrical practices which, despite being intensively debated inside the contemporary medical profession, could be considered by many as either neutral or justified by a superior medical reason are deeply opposed by local women, who consider them disfiguring and unnecessarily mutilating.

One of the best ways for anthropology to grasp local understandings is to approach the topic holistically, comparing the discourses and perceptions belonging to a cosmological and social landscape that is always far from monolithic. As I have showed, coexisting modernist Islamic discourses can produce opposite outcomes, on the one hand proposing the total dismissal of the practice because it is not supported by the written sources, and on the other hand asking for an intensification of the practice as fervent missionaries seek to introduce a deeper form of excision for reasons of religious zeal, with the implicit aim of thwarting female sexuality. In the latter respect, the modernist Islamic discourse finds support paradoxically in medical modern practice, and this match can produce unexpected outcomes, as in the case of Indonesia, where an increase in the amount of genital tissue removed in medical settings is reported by several scholars. One of the reasons women in Satun do not consider the medicalisation of the female *sunat* possible is the experience they have of the routine medical interventions on female genitalia during childbirth, which they find inexplicable and harmful. Where medical authorities have monopolised women's bodies in the context of human reproduction, the *bidan* and other Muslim women guard their authority and autonomy to perform a slight cut which perpetuates their ethnic and religious identities. This they do in opposition to certain discourses and practices which are instead dominated and mastered by men, in the contexts of medicine and religion.

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Notes

¹*Bide* in the local Malay dialect of the three Muslim provinces located on the eastern coast of southern Thailand (Yala, Pattani and Narathiwat) corresponds to the standard Malay *bidan*.

²The shaving of the hair is performed on both boys and girls, along with other rituals formally introducing the child to the community (Merli 2008:230–234).

³*Khaathaa* is the Thai term for incantation.

⁴As I was learning the traditional massage with this old *bidan*, she regretted the fact that I was not Muslim; otherwise she would also have taught me how to perform female circumcision, i.e. with the corollary of undergoing one in order to perform one.

⁵The Islamic resurgent movement in Malaysia has its roots in reformist movements of the 1920s and 1930s, associated with the Kaum Muda or Young Group (see Peletz 2005:245).