

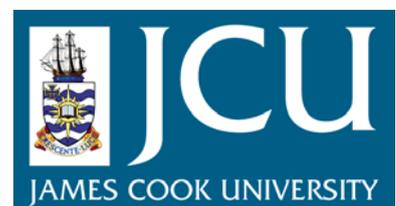
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Infibulation, Orgasm, and Sexual Satisfaction

Sexual experiences of Eritrean women, who have undergone infibulation
and of Eritrean men who are, or have been married to such women

Thesis submitted
by

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Bachelor of Social Work (Hons).
February, 2006

For the degree of Doctor of Philosophy, School of Social Work and
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Mansura Dopico

February, 2006

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ABSTRACT

This thesis examines the impact of infibulation on orgasm, sexual gratification and marital relationships. In providing a synoptic account from the perspective of infibulated women, the thesis aims to improve understanding of the subject and to challenge current logic with respect to it. The researcher conducted interviews, in Melbourne Australia and Hal Hal Eritrea, with 20 Eritrean women who have undergone infibulation, either married or divorced, and 10 Eritrean men who are or have been married to such women. The findings, underpinned by grounded theory, corroborate earlier research and suggest not only that infibulation does not eliminate female sexual sensation and that the practice has no negative impact on psychosexual life, but also that orgasm is not the principal measure of sexual satisfaction. They also reveal the additional burden placed on infibulated women by living in Australia, and the thesis recommends policy implications and practical applications for assisting such women with the resultant problems. By virtue of the population studied and the dimensions examined, this thesis provides an original contribution to the literature in this field.

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CHAPTER 1: INTRODUCTION AND RATIONALE

1.1 In Search of the Participant's Experience

Anti-female genital mutilation (FGM) advocacy literature and the global discourse on circumcision and sexual satisfaction portray women who have undergone female genital cutting (FGC) as "mutilated", "frigid", or "unsatiable" (Shweder, 2000). Thus, there is an assumption that almost all women who have undergone FGC have sexual problems or are unable to achieve pleasure from sex, because most forms of FGC involve the removal of part or the entire clitoris. Many opponents of the practice justify their views on the basis of core assumptions and beliefs about the female anatomy and the role of the clitoris in achieving sexual pleasure (Ahmadu, forthcoming). Nevertheless, many women who have undergone FGC report generally achieving orgasm and sexual satisfaction, "an unpredictable response from women who cannot, at least according to western medical discourse, enjoy the act" (Kirby, 1987: 44). Ahmadu (forthcoming) reports, "... if I had not been sexually active prior to my own initiation ... I would certainly be confused by all the negative messages and misinformation". A similar sentiment was echoed by one of my respondents who said, "I had no idea about circumcision and the clitoris, I just thought everybody was the same and that women could only orgasm if they slept with men... I also heard that the clitoris is the only sensitive place on a woman; that puzzles me" (Lula, female, Australia).

Western anti-FGM activists and other opponents who have not undergone FGC, yet who profess to 'know' the effects of circumcision on female sexuality, may explain the fact that many women who have undergone FGC, and especially infibulation, report achieving orgasm, by claiming, for example, that they are in utter denial about their experiences, that they were somehow *pretending* to enjoy sex and orgasms when in fact they were suffering in silence (Ahmadu, forthcoming) or, as reported by a Sudanese psychiatrist (cited in Lightfoot-Klein, 1989), that they have no idea what orgasms are and only think they are experiencing them as it is a physiological impossibility due to their impaired

genitals. But how do women who have undergone infibulation and who are orgasmic and experience sexual pleasure reconcile their actual experiences with what they are supposed to experience according to these activists?

The views and experiences of women who have undergone FGC are often the last to be given attention when it comes to gaining information and data on the topic, especially if these are not in line with dominant ideology, or do not reflect the ethnocentric views of anti-FGM writers (Ahmadu, forthcoming). I wondered how women who have undergone infibulation felt about such assertions. Their experiences and views were conspicuously absent from the dominant literature and yet, I suspected, they might shed considerable light on the puzzle.

This research project evolved out of my ongoing interest in female circumcision (FC) and, in particular, in the impact of infibulation (a type of female circumcision) on orgasm and sexual response, and a concern that women who have undergone infibulation may have been unjustly labelled as sexually challenged since it has been ascertained that the clitoris might be only partially removed or still intact in most cases of infibulation. This interest and concern developed because I became aware that the available literature on the clitoris, orgasm and sexual satisfaction, together with formal and informal conversations with women who have undergone infibulation, were dissonant with the dominant global discourses on female circumcision, orgasm and sexual satisfaction. Thus I determined that the focus of this research would be to explore and analyse the sexual experiences of women who have undergone infibulation with a particular emphasis on the effects of orgasm on their sexual and marital satisfaction.

Despite the women's having endured infibulation and its consequences, social obligations to provide safety and security from emotional abuse (due to negative media images) for them appear to have been conspicuously ignored by activists. Anti-FGM advocacy literature vividly portrays devastatingly negative effects on health and sexuality, which are not sufficiently supported with credible evidence or scientific investigations (Obermeyer, 1999). The people and their cultures are depicted as 'barbaric', mothers as 'cruel', and women who have

undergone circumcision are termed ‘mutilated’ and as having been rendered ‘sexually impaired’. Indeed, women who have undergone infibulation have been excluded from the discussion. Instead they have faced a media barrage about their sexual organs and their cultural practices (Ahmadu, 2000). The threat of being identified and questioned about FGM and their circumcision status remains to this day. As a protest some such women have often defended the practice and seem defiant, distrustful, angry and resentful towards those who advocate its eradication, and those who express themselves in a rather patronizing voice and in imperial tones. For example, in a previous exploratory study which I undertook in the mid-1990s among circumcised women from the Horn of Africa living in Melbourne, Australia, one of the women said:

I feel defensive and angry because they are forcing us to say it (infibulation) is bad, it is bad, so then not to give them satisfaction we say this is good this is good, so always we are on the defensive side (Nura in Dopico, 1997, 100).

In this previous study the way in which anti-FGM literature can have grave psychological consequences for women who have undergone circumcision and especially unmarried women who have undergone infibulation was also documented. For example, Kubo, another participant in my earlier study, said:

There are two kinds of danger that go with being infibulated. The more serious risk is the emotional and mental stress of other people trying to make you feel bad about yourself all the time (Kubo, in Dopico 1997, 98).

The infliction of such emotional violence, as experienced by Kubo and Nura, I considered to be unethical on the part of those who have caused it. As Lane and Rubistein (1996:41) have claimed, “If we care about the genitals of the women in those cultures, we need also to care about their feelings.” I found that I objected to what I perceived as a further level of oppression by the wider community of a minority group who were, for the first time in many cases, facing challenges to the practice of female circumcision and were ill-prepared to deal with complex bureaucracies.

Whereas research in FGC is not uncommon in many fields, it is uncommon to find studies which focus on the experiences of those involved, on how they define their sexuality, articulate their sexual responses, and sum up the state of their sexual life. Certainly the gap between the global discourse on FC and sexual gratification, and the limited availability of evidence-based research about the sexual experiences of women who have undergone infibulation, is vast. Thus, the emphasis in this research on women who have been infibulated and men who are or have been married to them has been to capture 'indigenous knowing' (discourses and sexual realities).

The sexual experiences of some women who have undergone infibulation have been documented, particularly by Lightfoot-Kline (1989), El-Dareer (1982a, 1982b), Shandall (1967) and others. All have recorded personal testimonies of Sudanese women who have undergone infibulation, with some revealing lack of sexual satisfaction and others reporting healthy and satisfying sexual experiences. By contrast, Eritrean women and men, in Eritrea as well as in Australia, have not been given an adequate voice, if indeed any voice. It was my aspiration to provide an opportunity for Eritrean women and men to discuss their sexual experiences as people who have experienced infibulation directly or indirectly. The rationale for a focus on Eritreans was also based on addressing the omission of cultural differences in research. There is no reported research in the area of sexual experiences and infibulation which incorporates Eritrean perspectives. Additionally, research into the impact of infibulation on sexual gratification is more commonly based upon an interpretation and analysis of western concepts of sexuality, or from an analysis which assumes cultural neutrality. Furthermore in the study reported in this thesis, similarities and differences between respondents are explored to determine if Western and other cultures, to which some of the participants have been exposed, have had an impact on them. This endeavour was given further credibility by the positive and supportive feedback given regarding this research from Eritrean women and men who were consulted in the early stages of the research regarding the value and appropriateness of the research aims.

In trying to understand the consequences of infibulation on sexual experiences it was essential to compare a group that had been exposed to Western ideas of sex and sexuality with a group without much Western cultural contact, and one that had not been surveyed before. The difficulty however arose in the ability to ensure that no information had been leaked to participants in the comparison group (Herzberger, 1993). Thus, I settled on Hal Hal in Eritrea both for its remoteness and because of a family connection. In Australia, Melbourne was chosen due to its large population of Eritreans, and also because of my affiliation with and easy access to the community. I built upon kinship in selecting Melbourne and Hal Hal for this study: my mother, my sisters with their families, my aunts and cousins all live in Melbourne, and my grandmother is from Hal Hal.

In this case, therefore, I determined to interview women about their sexual experiences, as women who have undergone infibulation, to provide a particular and differentiated insight into the sexual experiences of such women as a group in Australia, and of those women more generally in the world who have undergone infibulation. As a result, the specific aims of this study were firstly to elicit accounts of the sexual experiences of Eritrean women who have undergone infibulation and of Eritrean men who are, or have been married to women who have undergone infibulation. And secondly, as Shweder (2000) proposes, to develop a better understanding of the subject by constructing a synoptic account from the perspective of Eritrean women and men. As mentioned earlier, there is a considerable body of literature on FGC. This thesis does not support infibulation but offers a knowledge of specificity which can be applied to challenge current “logic” with respect to infibulation and orgasm/sexual satisfaction.

The following research aims were developed as a tool to explore the relationship between infibulation and sexual gratification, the ultimate focus of this current research:

1. To explore and examine social constructs/beliefs and attitudes towards female circumcision from Eritrean perspectives.
2. To explore the impact of infibulation on sexual gratification, and the implications of this for marital relationships.
3. To ascertain if foreign (Western) views on sexuality have an impact on the sexual attitudes of Eritreans living in Australia and Eritrea, and if so how?
4. To provide data on the impact of infibulation on relationships, and to inform the development of theory, which could have the potential to make a valuable contribution to the knowledge of relationship practice.

1.2 Clarification of Terms and Assumptions

For purposes of clarity it is important to specify some of the terms and assumptions which are made throughout the thesis.

1.2.1 It is pertinent to note from the outset that the terms female genital mutilation (FGM), female genital cutting (FGC), female circumcision (FC) and infibulation will be used throughout this thesis and applied where they are most appropriately required.

1.2.2 The Experiences of Women Who Have Undergone Infibulation

It needs to be clarified that the focus of this research on Eritrean women who have undergone infibulation does not preclude generalised comments in this thesis, arising from the analysis, about the situation for all women who have undergone infibulation currently living in the Australian community. Whilst the experiences of African women who have undergone infibulation are specific and culture bound, there are also aspects of their experiences, such as contact with the health system (gynaecology), and the global impact of anti-FGM on self-esteem, which are common to most African women who come from communities that practise FC in Australia and globally.

The first part of this chapter has outlined the rationale for the study. The next step is to provide an insight into the theoretical constructs which inform the research analysis. This chapter is further intended to reveal

the beginnings of a specific theoretical model, stemming from existing theory, which best explains the findings of the research. Also, due to the fact that the detail of the qualitative research often develops and evolves only after the findings have been analysed (Piantanida and Garman 1999), these particular theoretical constructs have been chosen to both inform analysis and to allow for discussion of findings which are contradictory or dissonant.

1.3 Underlying Theoretical Framework

During the course of this research, I became painfully aware that, by investigating the experiences of women who have undergone infibulation, I was in conflict with the rules of a global movement which regarded the views of anti-FGM advocacy groups as being superior, more valid and more correct than the views of those for whom they are advocating. In social and intellectual circles it has been “politically correct” to deplore FC (Shweder, 2000). I anticipate that I may be accused of bias by these groups because, as Becker (1966) points out, it is generally the researcher who investigates from the other’s point of view who is accused of bias. In a system of ranked groups, participants accept that the members of the highest group have the right to define the way things really are. Thus, “when we acquire sufficient sympathy with subordinates to see things from their perspective, we know that we are flying in the face of what ‘everyone knows’. The knowledge gives us pause and causes us to share, however briefly, the doubt of our colleagues” (Becker, 1966:243).

My epistemological and theoretical standpoint rests within critical theory and constructivism. Nothing in human rules, regulations and traditions is, or ought to be, eternally immutable in principle (Martin, 1995). Present attitudes reflect a perceived reality that has developed over time. In its historical context, critical theory asserts that the crystallisation of structures and deeply imbedded moral attitudes has been shaped by “social, political, cultural, economic, ethnic, and gender factors” (Guba and Lincoln 1994:110). Therefore, it is important to explore historical origins to provide a nexus with the present moment.

The prevailing attitudes of the present, and their related structures, may be referred to as social constructs. They are not 'true' in an absolute sense but merely an accumulation of constructs and their associations; thus they are alterable. Herein lies the optimistic presence of constructivism. Constructs and their related associations can be changed (Denzin and Lincoln, 1994) because the theory of being is continually challenged with the input of knowledge. This source of knowledge is literature and interaction with others. These interactions are used as a platform for comparing and interpreting constructs instead of accepting historically mediated structures as immutable, thereby acquiring a more informed consciousness (Guba and Lincoln, 1994:110).

I have never accepted the assumption that one single factor, infibulation, can be responsible for an inability to attain complete physiological sexual expression (orgasm); in other words, that the capacity for sexual enjoyment is dependent on an intact clitoris, and that orgasm is the key principal measure of healthy sexuality. By focusing exclusively on the clitoris and its function, this assumption fails to take into account the religious (spiritual) and biopsychosocial aspects of sexuality and sexual satisfaction, and the way in which individuals interpret sexuality and define sexual satisfaction. Bell (1997) notes that, "embedded in every act is an entire history of how we account for our own and others' behaviours, an ideational trail that would make sense of every moment we live" (1997:45). Likewise, insisting on a uniform expression of sexual behaviours or beliefs is erroneous, because the meaning of sexual satisfaction is not constant, but dynamic. Human sexuality is historically co-existent with humankind, and it is only natural that its meaning will not be constant, but multiform and emerging as succeeding generations reinterpret it according to their culture and history. This suggests that, although the core act remains constant, the interpretation, manifestation, and experience of the sexual act changes over time. What was once thought of as adequate may no longer be valid, but the dynamic nature of the act allows for new interpretations and experiences.

Familiarity with the literature on sexual responses, orgasm, and sexual satisfaction that demonstrates biological, sociological, psychological, and religious/spiritual dimensions, and continues to exert influence on the

interpretation of sexual satisfaction, has also led me to be critical of anti-GM literature in its treatment of sexual satisfaction and its uncritical assertion of the devastatingly negative effects of FC on health and sexuality. My theoretical approach to sexuality and sexual response emphasises its multiform and dynamic nature. This holistic approach clearly points to the complexity that underlies sexual life. It is for this reason that an approach, which allows for the integration of these various theories, was deemed most appropriate.

The application of a feminist perspective was a further pervasive aspect of this research, although a single specific feminist political or theoretical position, school or doctrine was not utilised. Rather, because a researcher's values and input have an influence on the results of the study (McCormick, 1996, 1994), a feminist approach to inquiry, as recognition that not all human beings are equally empowered in relationships, was an inextricable part of the use of the theoretical models or discourse.

Together these perspectives thus oriented and informed the research design, and their influence was evident in both in the way in which I focused respondents during the interviews and in the analysis of their responses. None of the above theories, however, provided an adequate framework for testing the research question; thus the study was approached from the perspective of grounded theory (Miles, 1979; Glaser, 1978; Glaser and Strauss, 1967). Although the content of the respondents' accounts was allowed to frame the initial form and structure of the analysis, I returned to the literature to deepen my understanding of the context of female sexual satisfaction and infibulation in order to expand the explanations given through the analysis and draw out their implications. The analysis of the evidence as a whole was very much shaped by the critical perspective and in-depth insights derived from the vast multi-disciplinary literature on the subject area.

1.4 Structural Presentation of the Research Report

This thesis contains twelve chapters. This first chapter has introduced the rationale for the study and its underlying theoretical orientation.

Chapter 2 provides a general overview of contemporary Eritrean society, its history and the social changes since the beginning of the 1961 revolution, as well as issues of population distribution and ethnic composition. This chapter also briefly examines Eritrean marriage practices, for example the esteem in which the institution is held and the relationship between law and social practice, to highlight some of the changes that have taken place in the traditional Eritrean marriage.

Chapter 3 is dedicated to providing a rich foundation for the research topic. Initially a definition of female circumcision and the classified types of the practice are provided, followed by details of the age of the women the operation is performed, who performs the operation, the instruments used, and the documented immediate and long term effects. Geographical distribution and current estimates of women who have undergone FGC are followed by an historical analysis of the origins of the practice in order to elucidate pervading social attitudes in relation to the operations. Sustaining factors or motives for the continuation of the practice are then explored to provide an understanding of the social structures that have been created to reflect prevailing social attitudes. Finally, the impact that both social attitudes and social structures have on women who have undergone circumcision is addressed.

Chapter 4 reviews historical and anthropological perspectives which rely on a feminist, social constructionist approach as a basis for interpretation of the influence of patriarchy on women's sexuality. The clinical perspectives in this chapter provide an overview of the psychological theories that have attempted to explain women's sexuality/response. The relationships between sexuality and culture, and between orgasm and sexual satisfaction and marital happiness are covered in this section. Within this chapter, I review the literature concerning sexuality, sexual response, and sexual satisfaction, arguing that human sexuality is not a universal instinct, but a carefully socialised activity, mediated by biopsychosocial as well as religious/spiritual factors. This chapter highlights cultural differences by emphasising that concepts that are clearly grounded in Western sexual values cannot be applied universally.

Chapter 5 outlines the research design and adopted methodology. Aspects of ethnography and feminism are reiterated in terms of their methodological significance. The data collection processes for this study, my position as a participant/observer and research interviewer, how participants were enlisted and how I conducted and analysed the interviews are described in detail. The demographic characteristics of the respondents are described, with attention being given to aspects of authenticity and validity, and ethical considerations. The limitations of the study are identified within this chapter. This chapter ends with reflexivity and concluding reflections.

Chapters 6, 7, 8, 9 and **10** present the results of the research. Extracts from interviews and tables are presented to illustrate emergent themes that correspond to each of the particular research aims. The impact of infibulation on sexual gratification is explored in the context of the findings, located in Chapter Nine.

Chapter 11 discusses the results of the research. The data are compared with results from previous research studies and the implications in relation to the research aims are addressed.

Chapter 12 concludes the thesis with a discussion of the implications and recommendations for further research, social work practice, social policy and service provision in Australia as well as in Eritrea and globally.

A reference list and appendices follow. Included in the appendices are a copy of the consent form that was made available to participants, and a copy of the question/theme areas that were used as a guide within the interview.

CHAPTER 2 : ERITREA

2.1 Introduction

In order to understand the current experiences of the Eritrean people it is necessary to have a comprehension of their past. The traditions of Eritrea provide the means for understanding the people and assist with developing an appreciation of why Eritreans value marriage and the family, and why they have resisted abandoning FGC.

This chapter on contemporary Eritrean society is divided into two parts. The first part provides a general overview of social changes in Eritrea since the beginning of the 1961 revolution, as well as issues of population distribution and ethnic composition. The second half looks at marriage, examining for example the esteem in which the institution is held and the relationship between law and social practice. Discussion of the control of marriage negotiations, the criteria for selecting a mate, and the qualities considered desirable in a potential spouse, and the ages at which marriage takes place will highlight some of the changes that have occurred in the traditional Eritrean marriage.

2.2 Physical and Populational Geography

The Nation (State) of Eritrea is situated in the north-eastern part of Africa and includes the Dahlak Archipelago and other islands along the Red Sea coast. It is bordered by the Sudan in the north and west, Djibouti in the south-east, the Red Sea in the north and north-east, and Ethiopia in the south. Covering an area of approximately 117,400 square kilometres (Collins New World Atlas, 2002), it is about the size of England or the state of Pennsylvania in the USA.

Eritrea has a varied physiography. The 1200-kilometre coastline in the southern region, which is only a few metres above sea level, consists of a narrow strip of barren scrub-land and desert extending to extinct volcanoes and lava fields. The Highlands, an escarpment with an average elevation of 2,100 metres, lies west of the coastline.

Rugged mountain chains connect the central plateau and the extreme north. Flat lowlands consisting of rivers and fertile plains make up the western and the south eastern part of Eritrea.

2.3 History

In ancient times, Eritrea was known as Medre Geez (the land of the free), Medre Bahari (the land of the sea) and Mareb Mellash (the land beyond the river Mareb) (Pateman, 1990). Between 1000-400 BC, Semitic peoples crossed the Red Sea and assimilated with the previous inhabitants. With the expansion of Islam in the 6th and 7th centuries, Beja tribes from Egypt and Sudan came to rule most of the area now known as Eritrea. Between 1516 and 1846, the Ottoman Turks conquered Eritrea and ruled over the coastal and some lowland areas. Catholic missions existed in the region as early as 1869 and an agricultural colony was established at Shotil soon after. Eritrea was united under Italian rule from 1885 to the beginning of the Second World War when the British defeated the Italians and established a military protectorate over the country.

In 1952 the United Nations (UN) resolved to establish Eritrea as an autonomous entity and federated it with Ethiopia as a compromise between Ethiopian claims for sovereignty and Eritrean aspirations for independence. However, ten years later the Ethiopian emperor, Haile Selassie, annexed Eritrea and banned trade unions and political parties. This led to the immediate formation of the Eritrean Liberation Front (ELF) consisting initially of only thirteen men and seven guns, to conduct an armed struggle for independence.

Since 1890, when the Italians drew the borders of a colony in the Horn of Africa and named it Eritrea, from the Greek cartographic designation, Mare Erythrean ("Red Sea"), the people have struggled for freedom and political independence. In May 1991 the Eritrean People's Liberation Front (EPLF) and their Ethiopian opposition colleagues in the Ethiopian People's Revolutionary Democratic Front (EPRDF) defeated the Mengistu government in Ethiopia. Though Eritrea achieved political independence after this defeat, it was not formal and the Provisional Government of Eritrea held a referendum in April 1993 among Eritreans regarding the future of their country.

Almost all of the electorate (98%) participated in the referendum, and 99.8% voted for formal independence. Thus, on the 24th of May 1993, Eritrea declared itself an independent and sovereign state, marking the end of the intensive military struggle of the previous 30 years which had resulted in over one million Eritreans refugees being scattered all over the world.

Topographically, the country consists of three regions:

1. Lowland – East (Sahel, Semhar, Dankalia), Lowland West (Barka, Gash Setit)
2. Middle Plateau (Senhit)
3. Highlands (Hamasien, Seraye, Akule Guzai)

2.4 The Eritrean People

A recent estimate by the United Nations put Eritrea's population at about 4.4 million (UN, 2005). The life expectancy is 51 years for men and 54 years for women. During the civil war, which intensified around the 1970s, many were forced to migrate to the towns leaving the rural areas almost empty; thus about 40% of the people live in the larger cities. About 40% of men are literate compared to 10% of women (Stefanos, 1997).

2.4.1 The Diaspora

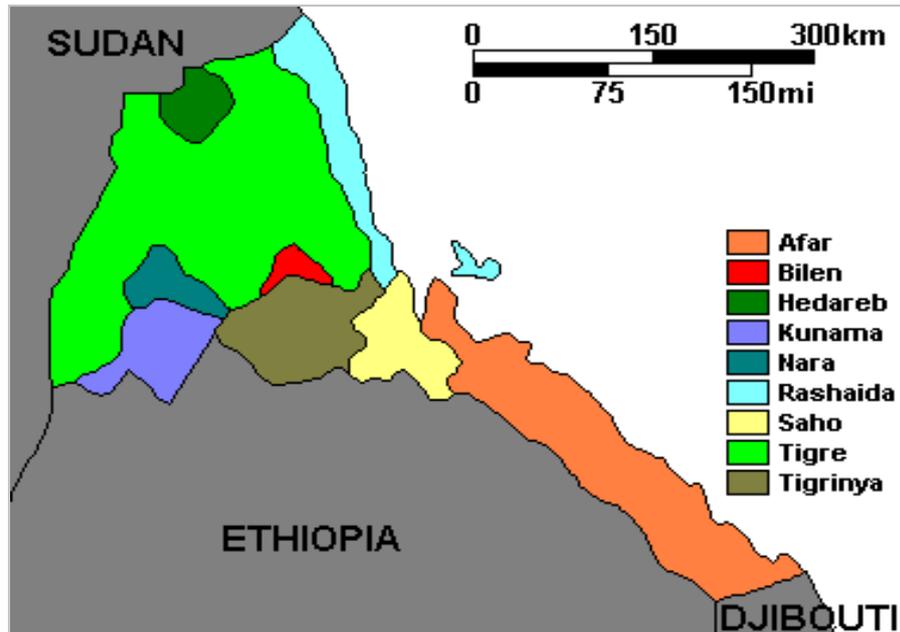
There are over one million Eritreans in exile as the result of the war with Ethiopia. Kibreab (1995) estimates that half a million remain as refugees in the Sudan, another 250,000 are scattered across the globe in Europe, Canada, the United States, Australia and New Zealand. 100,000 live in Saudi Arabia and another 100,000 in the Middle East, Kenya and Ethiopia (100,000).

2.4.2 Population Distribution and Ethnic Composition

Eritrea is a multi-ethnic nation and has a mixed Afro-Asiatic population that is divided by religion, language and, to some extent, cultural practices.

The native tribes and communities could be classified as follows: The Kushitic linguistic groups: Afar, Bilen, Hedareb, and Saho; the Nilotic linguistic groups: Kunama (Baza) and Nara (Baria); the Semitic linguistic groups: Tigre and Tigrinya and groups of recent Arab origin: Rashaida.

Map 1 : Eritrea's Tribal Groups



Source: (www.Asmarino.com).

2.5 Languages in Eritrea

Although there is no official language, Tigrinya, Arabic and English predominate in commerce and national business. The other languages are Tigre, Afar, Saho, Bega (Beja), Bilen, Nara and Kunama. English and Italian are also widely understood. The use and development of all nine of Eritrea's languages are encouraged at the local level, and children attend primary school through to the fifth grade in their mother tongue. English is the language of instruction in secondary schools and tertiary education and is fast becoming the foreign language of choice.

2.6 Major Cities and Towns

Asmara, the capital and largest city of Eritrea, is a centre of communication and trade. Other major cities and towns are Keren, Massawa (the country's chief port), Assab, Agordat, Adi Ugri, Dekemhare, Teseney, Barentu and Nak'fa.

2.7 Contemporary Eritrean Economy

According to the World Bank and UNDP's classification, Eritrea is one of the poorest countries in the world (GNI per capita: US \$190 World Bank, 2003). To a large extent this is due to political unrest and the resulting economic mismanagement. Main exports are livestock, hides, sorghum, textiles, salt and light manufactured goods (http://news.bbc.co.uk/1/hi/africa/country_profiles/1070813.stm).

2.8 Contemporary Eritrean Society

The variety and wealth of languages and cultures in the region, which would require specialist linguistic skills and other knowledge to fully explore, is beyond the scope of this research project. Colonialism played an integral role in shaping Eritrean society. Due to Eritrea's history of consecutive invaders and continuous cycles of migration and intermixture, it is evident that many different ethnic and religious groups have shaped Eritrea and its cultural traditions. Social groups with preserved pure and authentic traditions and customs are difficult to locate, except for the Rashida and the Kunama (Baza). Thus, no single cultural tradition is dominant and, despite ethnic diversity, in fact great homogeneity exists in the social structure. Eritrean society is not composed of autonomous individuals; it is a society where the individual is subordinated to a group of some kind, whether the family, village, religious congregation or estate.

Eritrean society can be characterized as being hierarchical, resistant to change, and conservative. Historically, a council of elders administered the village, which was the central unit of Eritrean society.

However, increased urbanisation over the past century has resulted in the family becoming the basic unit of society within the urban environment. In the past, it was not unusual to find three generations of a family living together in one dwelling. This is becoming rare due to migration and changing family and societal values.

2.8.1 Households

The basic unit in Eritrean social life is the household, which usually focuses upon a central family of parents and their children; there may also be any number of additional relatives. The households can be described as open, in particular to friends, neighbours, family and friendship groups, as well as to itinerants. The events of the revolution in the early 1960s changed the Eritrean Society profoundly. The war with Ethiopia not only resulted in the flight of more than a million refugees, but also in the internment of hundreds of thousands of people, predominantly males (Kibreab, 1996). This created both temporary and permanent fragmentation of a large proportion of families, principally those in urban environments. Further, the traditional family structure changed to one predominated by unmarried women, single female parents, women whose husbands had been killed, imprisoned, disappeared, or had emigrated to the Gulf states in search of employment opportunities (Kibreab, 1996).

2.8.2 Family

Between 1000-400 BC the family existed as a matriarchate. This ended before the Semite conquerors' conception of family and the strength of the family was reinforced in the fourth century with the dawn of Christianity (Forbes, 1925). Forbes adds that the family and the family-based community were among the many institutions inherited and continued by Islam. Christianity and Islam instituted a religion and a type of family conforming to those already established in adjoining regions, and displaced the different marriage customs of the time.

That is to say, Christianity and Islam effected a transformation that brought about the region's socio-religious vision and organization of gender into line with the rest of the Byzantine, Middle East and Mediterranean regions.

Thereafter, the patriarchal family was institutionalised, codified, and upheld by the state. Power and authority resided exclusively with the husband and father to whom wife and children owed absolute obedience. The concepts underlying many of the customary laws also suggested that the husband's control and power over wife and children were absolute. However, it is believed that the struggles for liberation and the ending of the war with Ethiopia in 1991, as well as the introduction of the new Marriage Act of 1977 by the then Eritrean People's Liberation Front (EPLF), started to shift the power base towards women and children (Silken, 1989).

The family in Eritrea often forms part of a wider group of persons who live in the same homestead or village and work together. Descent and group membership is traced through the father, except for the Kunama whose kinship lines are matrilineal. Legitimate children are secured by marriage in due form, and the importance of securing legitimate descendants accounts for the most characteristic features of Eritrean customary (marriage) laws (Silken, 1989).

2.8.3 Socialisation of Children

Eritrean children start life with a secure base. They are held in high regard, especially the males, as they are considered to be the future of the family. Most Eritrean communities are traditional and have rigid and clear role divisions and codes of behaviour. Socialization of children is the responsibility of parents, extended families and the community. Traditionally, children's own parents are responsible for their maintenance, however they do not take as exclusive a share in their upbringing as the Western parent is expected to do. A child grows up in a household where there are a number of adults and many older children.

When the children are small any of the women may take temporary charge of them and, as they get older, any of the adults may admonish them. The older children look after the younger ones, and it is not uncommon to see a three-or four- year-old child looking after younger siblings. The child grows up within a strongly cohesive extended family, resulting in a mentally and emotionally secure childhood.

2.8.4 Gender Discourse

Unearthing and piecing together a comprehensive history of Eritrean women and the articulation of gender in Eritrean societies are beyond the scope of this project. However, it was in certain societies most particularly, and in certain moments in history, that the dominant, perspective terms of the core religious discourses were founded and institutionally and legally elaborated (Ahmed, 1982). The societies and moments crucial in this respect were Syrian (Christianity) and Arabian, at the time of the rise of Islam, and Egyptian in the immediately ensuing period (Trevaskis, 1960). Therefore, the constructs, institutions, and modes of thought adopted by early Christian and Muslim societies have played a central role in defining women's place in present Eritrean communities.

Moral law dictates the conditions that must be satisfied to obtain the right course of action (Turner, 1982). The traditions that permeate Eritrean society are those of the Christian church and Islam, and the society draws many of its metaphors and definitions of gender and morality (moral law) from the religious books, the Bible and the Koran.

Eritrean gender discourse commences at birth. The birth of a male child is greeted with higher cries of joy than those accorded the birth of a female child. Women present at the birthing ululate seven times to receive a male child compared with three for a female child, and the resting period from all duties for a woman delivering a boy is 40 days, with 30 days for a girl.

The organization of Eritrean society is based on a public/private split and around the sexual axis. The private sphere is associated with women, their roles, attributes, practices and capacities, whilst the public sphere is associated with men, their roles, attributes, practices and capacities. Women are not supposed to be seen in public for leisure purposes, although women and young girls might be allowed to leave the house to attend marriages, births, deaths or religious events. Women make daily visits to the markets, visit neighbouring compounds and further a field, and participate in the activities and responsibilities of the extended family. Women are now permitted to work for economic gain in the private sphere. The only occupations regarded as 'proper' for women before the revolution, and to some extent now, were those undertaken in the home: spinning, weaving, and other activities deemed appropriate. In home life as well as at work, the sexes are separated by tradition. For example, at gatherings and other ceremonies the master of the house entertains the male guests in one area while the wife presides over a separate feast for the women.

The virtuous women live as dependents of their husbands; the bad women who chose personal freedom acquire an associated deviant stigma. There were/are certain jobs that good women could do, that is to work in factories, as maids, or as washerwomen; the taboos are on working in public bars, prostitution, waiting on tables; in short anything that will put them in a public place.

However, women's access to education has resulted in a radical change in the number of employed women and their pattern of employment, especially in urban areas. Nowadays, Eritrean women both in Eritrea and overseas can be found in occupations formerly classified as male.

2.8.5 Position of Women

Although Freud's remark that “anatomy is destiny” rings true in the Eritrean context, the shift from a productivist-oriented to a consumer-oriented economy, and the influx of women into employment, have contradicted in practice the Eritrean ideal of feminine domesticity. Eritreans regard the sexes as falling into distinctive but natural groups: male as provider, female as nurse. The ideal Eritrean woman possesses nurturance, intuitive morality, domesticity and passivity; it is natural that motherhood, marriage and domesticity will absorb her energy and satisfy all her instincts. The patriarchal social structure systematically disadvantages Eritrean women, and the existing social relations place them in a subordinated position to men who, in turn, are given clear messages as to how they should relate in terms of masculinity. Yet, although rural women accept male power over them as a natural fact, they regard themselves as special category of humans, different and in many ways superior to men in being more nurturant, reasonable, democratic and peace-loving.

Economically women and especially those in Hal Hal are in a vulnerable position. While rhetoric says that women's maternal role is valuable, it is not, however, economically rewarding. Yet if some rural women envy the freedom that self-supporting women apparently have, the reality of wage work for most Eritrean women is a life of grinding drudgery. It is occasionally possible for a reversal of the situation to occur. If a woman has been lucky enough to have children, who in turn, support her, she gains in economic power and her husband's position is diminished, causing some interesting and ironic changes to occur in the marital relationship.

Women are generally viewed as the traditional guardians of religion and morality in the family and community. It is primarily through women's initiative and their respect for the cultural demand placed upon them that events of the life cycle are observed as rituals. Despite the patriarchal nature of Eritrean society and the social, political, and economic

structures that keep women in subordinate positions, Eritrean women do not legally lack any form of civil, economic, political, social or cultural rights (Kibreab, 1996). Far from feeling oppressed and burdened and from perceiving men as the enemy, most Eritrean women feel powerful and fulfilled. They identify with the Virgin Mary (as mother) and, although they may face difficulties initially as young wives in joint family households, they gain, through age and experience, both power and respect. The mutuality, love, and affection that exist between husbands and wives, fathers and daughters are easily attested.

2.8.6 Social Support

Social support comes in many forms and from many different places. It comes from within the marriage, from the physical, emotional, economic, and spiritual giving of one partner to the other. It also comes from friends, family members and colleagues who form the couple's extended community. Even with a spouse who is a supportive best friend, Eritreans believe that people need friends outside the marriage in order for the marriage to hold.

Women have each other's company and affection. The warmth which sisters, cousins, sister-in-laws and friends show one another acts as a buffer against gender inequalities. Activities such as drinking coffee, shopping, and visiting other females is never done alone. Women of the same neighborhood alert each other to the happenings in the community to make it inclusive. The matter of pregnancy is one of celebrations, where special foods are cooked for the mother to be, and she is accorded special status and looked after by family and friends. The support women give each other formally or informally is never sterile or mechanical. Physical demonstrations are acknowledged during ceremonies and rituals. These relationships and the position of the woman as a symbol of her culture are mutually reinforcing.

2.9 Eritrean Women

2.9.1 Women in Rural Eritrea

In many parts of Eritrea, up to the revolution and refugee flight, rural women had a central role in the survival of their own families and of society at large. Most social, cultural, economic and political activities revolved around the family and its means of survival and consequently the male/female divide was more imagined than real (Kibreab, 1996). Nevertheless, among the other Eritrean ethnic groups, especially among the Muslims in the lowlands (the Tigre), the majority of women, except those in handicraft, were excluded from participation in productive work. The only time women actively participated in production was when their families were female-headed or when the subsistence security of their families was under imminent threat due to seasonal crop failures or lack of access to an adequate resource base: livestock and/or arable land.

2.9.2 Women in Urban Areas

Economic downturns in the rural areas forced many people to migrate to the towns. Also, social conditions, such as passing what was culturally considered marriageable age, escaping arranged marriages, alleged loss of virginity before marriage, having an illegitimate child, disability, and domestic violence have forced many women to migrate to towns. Some women also migrate to the towns to join their husbands. These women lose what little power, status and importance they have held in the rural areas as active participants in life-sustaining productivity. They are transformed into housewives, which means complete dependence on the cash incomes of men and employment opportunities limited to domestic service in other households (Kibreab, 1996). Nevertheless, most women in urban areas are generally comfortable as wives and mothers.

2.9.3 Eritrean Women in Australia

As the war with Ethiopia escalated in the 1970s, repression by security forces became increasingly indiscriminate, resulting in a high proportion of Eritrean women and children among those who fled to the Sudan and Egypt in search of safety. From the 1980s, some of the refugees began to settle in Australia. One of the consequences of displacement has been the breakdown of household units, as reconstruction of familiar family and community structures in unfamiliar physical and social environments presented a major challenge to the refugees.

However, rural and older women refugees have been an important source of cultural preservation, self-identity, and feelings of continuity by transmitting certain traditional values and cultural norms.

Although extremely sensitive to internal change and outside influences, the Eritrean community is not impenetrable or unchanging. For some refugees, rather than being a disenfranchising experience, displacement has represented liberation from patriarchal control and family domination. Daley (1991) has reported similar trends among Burundi refugees in Tanzania. Some Eritreans have found the space for manoeuvre to be greater in Australia than in Eritrea, and have begun to enjoy their first taste of freedom, engaging in social activities that their parents might have considered unacceptable.

The changing roles of Eritrean women both in Eritrea and their adoptive countries can be partly attributed to the refugee experiences. As Daley (1991), Forbes (1992) and McSpadden and Mousa (1993) argue, refugee women tend to be resilient and to display a remarkable ability to cope in adversity, an opinion supported by Kibreab's (1995:1) report on Eritrean refugee women in the Sudan.

Eritrean women in Australia seem to exhibit remarkable openness to change and the ability to assume new and unfamiliar roles, such as assuming sole responsibility of their offspring and extended family. While many are active in productive and wage labour as well as in

community work and family nurturance, they have found, however, that wage employment has not reduced their responsibilities but is forcing them to work a double day, and to take constant responsibility for their children, which is alien to them. Inside their families, their roles are in a state of flux, with the past and its prescription for the woman's role, constantly intruding into the present.

2.10 Eritrean Marriages

A social history of marriage in Eritrea is beyond the remit of this project; however this section, which is based on available literature augmented by my own recollection of customary marriage laws, personal observation of the changes to these laws, and conversations with other Eritreans, will briefly examine the path of change in the different features of marriage.

Marriage in Eritrea was and to some extent still is, known as a customary union, as it joins two families or kinship groups through the union or marriage of their children. Thus, any marriage is a matter of interest not only to the parents of both parties, but also to the wider circle of relatives, particularly the members of the lineage of each, and is conducted under customary laws.

Marriage is still seen as not only highly desirable, but almost inevitable, and divorce does not seem to deter Eritrean people from trying again. This is evident from the number of second and third marriages within the migrant group. No matter how independent, career-oriented or feminist they are, Eritrean girls still face parental, societal, and religious pressures to marry, and have to endure the old stigma of spinsterhood if they reject marriage. The view that unmarried children should live with their parents still prevails and, for some women in both Eritrea and Australia, marriage is seen as a road to independence from parental control.

In rural Eritrea, the primary function of marriage was to produce labour for the rural household (Silkin, 1989). The Eritrean People's Liberation Front (EPLF), however, regarded marriage as a means of enabling male elders to dominate patrilineal descent groups and, in 1977, a new marriage law was proclaimed.

This new, democratic marriage law, based on free choice for both parties, monogamy, the equal rights of both sexes, and legal guarantees of the rights of women and children, was intended to replace customary codes.

In practice, however, it appears to have had a limited effect on marriage, which continues to be celebrated according to custom, even in urban areas; yet combined with wider education, increased information flow and economic development and cultural contact, it has affected attitudes to family life. Although the form and cultural context of marriage rituals continue to draw elements from classical and regional traditions, some changes are evident. Occupational mobility is encouraging the growth of individualism, and the legal, social, and religious climate allows greater freedom, opportunity, and choice as to whom an individual should marry. Religion and kin-orientation, however, continue to perform important regulatory functions; on the one hand, tradition is being modified, yet on the other it is reinforcing itself

Despite the various customary laws regulating marriage and divorce among Eritrea's different ethnic and religious groups there is broad uniformity of basic principles in the customary marriages. According to Silkin (1989:25) these are:

1. Marriages are arranged by the male elders of the patrilineal descent group,
2. Girls are normally married before puberty,
3. Betrothal rather than courtship is the normal pre-marital ritual form,
4. Betrothal and marriage are marked by the exchange of prestations and by an elaborate ceremonial,
5. Class, ethnic and/or religious endogamy is the norm.

2.10.1 Marriage Procedures and Negotiations

The greatest achievement for Eritrean parents is the negotiation and arrangement of their children's marriages; failure to do so is seen as failure of parental duty. As cultures vary so does the way marriage is arranged. Young people may be promised in marriage before they are born or before reaching marriageable age and, in other cases, the expectation that someone will marry within the same ethnic or religious group is so strong that no other course is contemplated.

Urbanisation, however, has introduced some new criteria for the choice of marriage partner, based on education levels or on a rural/urban distinction.

Those arranging marriages take into account the general reputation of the family, and parents seek to find partners for their children who are industrious, modest, and healthy. The couple's mutual attraction is given scant regard. Since temperamental congeniality is as little considered as sexual compatibility, a relationship of mutual tolerance might be the best that could be hoped for; cooperation not companionship is the ideal.

2.10.2 Consent

Traditional attitudes still persist and affect mate selection even among some Eritreans living abroad. Reforms to the customary laws, while giving parents the right to arrange marriages, are also intended to prevent them from coercing their children to marry against their will. Because children are under parental control until they are married, however, most parents believe their children will not go against their wishes, and this expectation is most strongly enjoined on daughters. Sons may be able to refuse the arrangements made for them, but daughters refusing to comply may be forced to leave home, and their mothers may come under pressured and even be divorced as a consequence. For a girl, freedom of choice largely depends largely on her age and economic independence. Parental authority in this regard has, however, been somewhat eroded by the requirement to register marriages and legal embargo on forced unions, so that parents today rarely prevent a marriage of which they do not approve.

2.10.3 Types of Marriage

In the past, when there was no mingling of the sexes, arranged marriages were practical and even necessary, but nowadays in Australia, Eritrean young people can generally choose whom they will marry. If a boy is interested in a girl, he may ask a (non-official) proxy to help them meet.

If the girl is interested, they will have “arranged dates”, which might lead to marriage and then love. I will call this “arranged love marriage”. This is regarded as an efficient method of meeting someone of similar background, values, aspirations, expectations and views. Similarities will make the marriage partners more compatible, and respect, appreciation and love are bound to grow so that, in difficult times, the couple will have a good foundation to keep them together.

Social and paid work contact also permit girls in urban Eritrea and Australia to assess potential partners discreetly, without having to declare an interest openly. This enables them to eventually enter into a relationship with confidence that sufficient mutual interest exists to preclude mere infatuation. This is important for Eritrean women because, despite the modification of betrothal customs and the acceptance of marriage as a companionship, pre-marital love is still perceived as threatening and socially destabilising (Silkin, 1989).

Although a girl may propose to the man herself, this is regarded as undesirable, an option only for girls of low morals, and a girl married in such manner will be regarded socially as lower than one married by formal customary arrangements. There have been cases of a girl being abducted by a boy and his friends, usually as a means of forcing reluctant parental approval, or sometimes as a way of coercing the girl. Elopements also take place sometimes and, although it is not regarded with approval, are usually accepted by the families

2.10.4 Age at Marriage

The old customary laws do not stipulate minimum ages for marriage but, traditionally, a girl who had reached the age of fifteen was considered too old to marry. In rural areas marriages are still commonly arranged for girls from the ages of nine upwards, but weddings might be postponed until they are fourteen or fifteen if the girls concerned are attending elementary school. Female education, the possibility of female employment, resistance to parental dictation about marriage, and the

reformed marriage law have created a tendency to delay marriage regardless of whether the marriage was controlled by parents or the couple (Silken, 1989), but this is primarily in urban areas. It is quite acceptable for middle-class brides to be in their late teens or early twenties. In Australia, the average marriage age for females seems to be 25 upwards, especially among those pursuing tertiary education.

The 1977 Marriage Law sets down the minimum age as twenty or above for males and eighteen or above for females (1977 Marriage Law, Article Four cited in Silkin, 1989). Cultural norms and customary laws dictate that husbands should be older than their wives. In the past, an age difference of 19-22 years was the norm, but now this figure seems to have dropped. The 1977 Marriage Law sets the ideal age difference at approximately two years, however an age gap of up to ten years is acceptable. Eritrean marriages in Australia show similar trends, and an age difference of five to eight years between spouses is normal, although some girls are marrying boys of a similar age or younger.

2.10.5 Marriage Ceremony

Eritrean customary rituals of marriage differ in their specific details from one ethnic or religious group to another. The major distinction is found in the customary rather than religious marriage payments, with bride-wealth (property or money given to a bride by her husband) being paid among Muslim communities, and dowry (property or money brought by a bride to her husband) among Christians. Since dowry invokes a valid union, custom prevents the church from giving its sanction to a union that lacks the secular sanction of a dowry and all the long-drawn-out ceremony that goes with it (Duncanson cited in Silken, 1989). Eritrea is a religious community and to marry without a religious ceremony is regarded as little better than not marrying at all. Consequently, a marriage without religious ceremony has a status much inferior to that which it has elsewhere, and couples who are not legally married meet with social disapproval, and sometimes try to pretend that they are.

2.11 Marital and Sexual Relations

A husband and wife have recognized reciprocal duties. It is his duty to protect her and to treat her kindly and considerately, to cohabit with her regularly, to provide her with shelter, food, clothing, and general maintenance. It is her duty in return to work for him and be faithful to him, to bear and nourish children for him, to cultivate her fields (in some areas or ethnic groups), to prepare the food, and generally to be occupied with all domestic duties.

In some tribes, marriage affords both husband and wife personal companionship and permits comprehensive daily intimacy; with others there seems to be less of such intimacy. No affection is shown in public between husband and wife. It would be scandalous for one to kiss the other or even lay an affectionate hand on a shoulder or arm, yet kisses are the most common form of greeting in Eritrea. But affection often grows between married people, and it is common to find middle-aged and older couples who seem devoted to one another. The companionship between them naturally becomes closer as their children leave home and the size of their family decreases.

The entry into married life among Eritreans is frequently surrounded by ritual. Marriage is regarded primarily as an institution for procreation, thus there are religious values associated with sexual relations. There are cases, for example, among the Muslims where the performance of the sexual act must always be followed by ablution (tahara). Among the Christian Orthodox, a second confirmatory rite is held when the couple have been married for a few years, after which it is very difficult to dissolve the marriage

Women's subordinate position in Eritrea, as in many other cultures around the world, means that they often lack the authority to negotiate the terms of their relationships especially the sexual. Once married, women may indulge in sexual practices solely for the pleasure of their partners, even though this may cause them pain and serious illness (wedding night pain). Girls are socially conditioned into attitudes and practices that put men's pleasure first. The notion

that, once married, they are sexually available to their husbands is endorsed by social norms and legal and religious frameworks. The pervasive view is that women who marry must be sexually available to their husbands, and that upon marriage a woman is considered to have consented to sexual relations with her husband for the rest of her married life. In Eritrea, if a woman says no to sexual intercourse, she will be asked then why did she marry? Marriage gives social, cultural and legal permission to men to have sex at will with the women they marry.

The limits placed on sexual activity by the rules of most African societies are less strict than those which most Eritreans profess to accept. Traditionally, sexual love is viewed as a disruptive factor in marriage. Restrictions on sexual indulgence, sexual abstinence, and observance of accepted sexual restraints are Eritrean ideals. These restrictions are regarded as virtues and insisted upon and demanded of unmarried women, widows, and women whose husbands are absent, because in customary understanding female chastity connotes family honour. Adultery by a woman is regarded as an infringement of her husband's rights. A husband's infidelity is not treated as a breach of his obligations towards his wife, but there are times when adultery incurs a fine.

The promiscuous woman does not fit within the socially accepted confines of the good woman, therefore she has stepped over the invisible boundary into the realm of the bad women. The social structures and beliefs that emerge from this major theme construct the notion of the family, where the good, respectable, sexless woman resides and the need for the good woman's alter ego, the bad woman, to exist for her protection. This code of morality, where the sanctity of the family is upheld, still infiltrates the society.

2.12 Changes in Expectations about Marriage

Most Eritrean people first learn about marriage by watching parents, relatives and friends. Television and magazines also provide other views of marriage, although not always realistic ones. Thus, values which a traditional marriage offers a woman (a secure economic base, and a man to take care of her

materially and emotionally while she takes care of the children) are now constantly challenged. Increased education and economic independence are starting to change the way in which some Eritrean women in Australia and Eritrea view what is desirable in marital relationships and they are beginning to assert a claim to greater equality. There has been a shift toward consensual love being the primary criterion for marital commitment.

In urban areas and among Eritreans in Australia, marriage is now seen as a choice to be made when one is ready, and both sexes are looking for companionship, intimacy, communication, sharing and, to a lesser extent, security. The modern partner is expected to be the ideal companion for every occasion: a wise and understanding person to confide in, an all-coping parent, an exciting sex partner, a comforter in trouble, an adviser in difficulties, a resource in a crisis, and a loyal sympathiser and supporter. If their expectations for personal autonomy, equality and fulfilment are dashed, some do not hesitate to resort to the divorce courts.

Many young Eritrean girls in Australia enter marriage expecting that somehow a marriage licence will guarantee one a great love or partner in marriage. Modern relationships bear the weight of greater expectations without the benefit of the social supports that formerly sustained them. For example, the absence of extended family support, the easy accessibility of divorce or separation, and the declining influence of the social and religious sanctions against divorce are having a great impact on marital relationships.

2.13 Factors Affecting Marriage Stability

Modern economic conditions are cited as having the most effect (Silkin, 1989). Some husbands are often away working overseas or interstate most of their lives with occasional short visits home; a situation which impacts on the family life. For example, family discipline suffers from the father's absence especially where male children are concerned. Another cause of family dissension may be resentment if the husband fails to send home money and goods and leaves his wife with the sole responsibility for the family.

The long absences of their husbands and the responsibilities forced on women by such absences are often causes of disharmony, making personal adjustment or intimacy of companionship difficult to achieve. However, although men in employment often live apart from their wives for years except for occasional visits, this does not appear to have led to an increase in divorce

Since their flight from war-torn Eritrea, some 25 years ago, Eritrean women have experienced considerable role disruption, particularly with regard to roles based on sex. In general there has been a movement away from relatively rigid role prescriptions toward more flexible ones. This role dislocation and the corresponding role overload could be blamed for breakdowns in the family and deteriorations in marital relationships.

The social status of the modern Eritrean wife in Australia has not changed except in a small minority of families. Women are still expected to observe the traditional forms of submission. In Eritrea, arranged marriages worked well because people were socialised to make them work and were supported by their community, but problems occur when the couple live outside their country. Both are exposed to ways of life and cultural practices that are very different from those in their country of origin. This is often particularly hard on the women because they are expected to behave in traditional ways, while all around them they see other forms of behaviour, which are more appropriate to this culture.

2.14 Divorce

It is the Eritrean ideal that marriage should be a lasting union, and there are various means of bringing social pressure to bear on a couple to resolve their differences. However, the idea that it should be dissolved only by death is rarely found, except among Catholics. In many tribes, a marriage can be dissolved by inter-family arrangements without the necessity for any judicial pronouncements. However, it does not follow that a divorce can be easily obtained at the mere wish of husband or wife in the absence of established grounds. For example, the fact that one person no longer loves the spouse is not

accepted as sufficient. Conflict resolution procedures are strictly adhered to, and there are mandatory customary steps to be followed in order to resolve the breakdown of a union.

A man does not need many reasons for divorcing his wife, but a woman must have good grounds. A single act of adultery by the wife, childlessness, incompatibility, disobedience or bad housekeeping are some factors that may lead the husband to seek divorce. Now women can earn money, they have great knowledge of their religious rights as a result of the current increased religious education, and have the support of the religious leaders to seek equality. The increasingly independent attitude is making some Eritrean women reluctant to submit in all things to their husbands. The growing independence also extends to bringing cases against their husbands for adultery and physical and sexual neglect. Such women do not view divorce as a rejection of marriage but rather an affirmation that marriage must meet their needs and an indication that many Eritrean women are not willing to settle for less. The situation is the opposite for the wife who is wholly dependent on her husband.

Women who speak of women's rights are accused of being Westernised. They are seen as a threat to the family, an institution that should be preserved regardless of women's sufferings. In this rationale women are perceived as the prime threat to the social order. Many Eritreans, especially males and the traditionalists, argue that education and financial independence for women have produced a divorce-and separation-minded community.

2.15 Female Sexuality

Eritrean culture does not celebrate the existence of female sexual satisfaction. Eritrea can be cited as a prototype of a sexually repressive culture yet, like the rest of the world, Eritrean communities have not remained static. The material comforts and quality of life that the West offers are greatly appreciated; on the other hand, the West is demonised when it comes to the effects Western lifestyles may have on young unmarried girls and on the family. The West represents certain values that are abhorred; in particular the notion of women's

autonomy and the implications this has for female sexuality. The fear stems from what she may do with her body, that is, her sexual choices. It is female sexuality that causes concern; men's sexuality is not an issue - it is there to be satisfied, and is done so at will.

However, as yet, sexuality has not moved from the realm of theology to that of science in the Eritrean community, and discourse on sexual behaviour and sexuality is still the province of religious leaders and elderly women. The assumption is that the best mothers, wives, and managers of households know little or nothing of sexual indulgence. It is argued that it is indecent for a woman to understand the structure and functions of her own body. Even basic education about reproductive and sexual health can cause fierce controversy. The confusion, embarrassment and ignorance that surround sex for many Eritreans may continue into adulthood.

According to the Bible, woman is created from a man's rib (Gen.2:21) and Eve is the temptress who caused the fall of humankind from grace (Gen. 3:4). Lerner (1986) argues that for thousands of years this has been interpreted in its literal sense, and I would argue it still is in Eritrea as in many other societies. Lerner (1986), and Roberts (1994) believe that religious doctrine, particularly that of Christianity, created a code of morality that defined females as essentially different from males. Their sexuality was redefined as beneficial and redemptive only within the confines of patriarchal dominance. For women, sex before marriage or infidelity after marriage were/are classified as immoral. Eritrean moral codes dictate that respectable women do not engage in premarital sex. A double standard of sexual morality insists on women's chastity before marriage and faithfulness afterwards.

The 'god's police' stereotype encourages the notion that women should police other women. Therefore women who do not conform to the stereotype of 'good' are ostracised not only by men but also by other women.

A universal preoccupation with chastity exists in all Eritrean social ranks and in all ethnic groups except that of the Kunama. Control of female sexuality in Eritrea, as well as among Eritreans in Australia is achieved through a variety of interconnected means. Segregation of girls from boys is initiated through a gender-marked upbringing, boys being apprenticed to their fathers at work and in public affairs while girls stay at home with their mothers learning domestic duties. Girls learn the accepted codes of behaviour for their gender: physical modesty, timid manner, self-control, and internalised ideas. Appropriate behaviour is also enforced through vigorously exerted discipline. This code of behaviour applies to both urban and rural dwellers as well as to Eritrean girls in Australia.

Urban girls and girls living overseas conform to the standards of behaviour expected of them because failure of virtue on their part has implications for the whole family, spoiling their sisters' marriage prospects as well as their own. Even in Australia they believe it to be their responsibility to uphold the family honour, wherever they are, because there is so much at stake.

2.16 Pre-Marital Sexual Relations

The religious society in most parts of Eritrea is repressive; it imposes an absolute suppression of sexuality. Sexuality is given meaning within the framework of a stable and faithful couple. Among some tribes, girls were/are examined periodically by their mothers or other older women to ascertain virginity. If a girl is found to have lost her virginity, a fine, in some cases a heavy one, is inflicted on the boy responsible. The girl is held to have disgraced the whole community and this could be avoided by a hurried marriage of the girl to the boy or to an older man. The marriage of a girl found not to be a virgin might be cancelled; therefore the virginity of a bride was/is a matter of great anxiety.

Migration and the introduction of the Marriage Law of 1977 have heralded a transition from the old to the new morality in which people are modifying customary codes of sexual behaviour. Pre-marital avoidance of one's marriage

partner is being replaced with a new marriage path that encourages pre-marital familiarity and intimacy. However, due to persistent customary sexual inhibitions, mate selection is implicit and courtship is used primarily as the dress rehearsal and the building block of the relationship for marriage (Silkin,1989).

As a consequence of the ideology that approves female timidity, and acknowledges paternity primarily within marriage, women are less ready than men to take the sexual initiative and more afraid than men of terminating a sexual relationship. Thus, sexual restraint is detectable, as in the fact that most people have a sexual relationship only with the person who they finally marry (Silkin, 1989). While women are no longer expected to be virgins when they marry, they still fear that no man would wish to marry a woman who has lost her virginity to another. Silkin found that both men and women feel more comfortable if the woman loses her virginity to the man she eventually marries.

In Eritrea as well as Australia if an unmarried girl becomes pregnant, she is subjected to every kind of humiliation, stripped of her status, shunned by the other girls and publicly mocked and taunted. There are fewer unwanted pregnancies among Eritreans in Australia due to contraceptives and abortion. The attitude towards an unmarried mother is less of moral than social disgrace.

Whether socialisation reinforced the accepted rules of sexual conduct, there is no doubt today that these rules are generally disregarded in urban areas and in Australia. The contrast with the past is particularly striking in a society whose traditions altogether forbade the mixing of the sexes and sexual relations before marriage. Nowadays there are plenty of opportunities for boys and girls to become acquainted. Some say irresponsibility and even license are manifested among school children, as school is one of the meeting places for adolescents, which modern circumstances have created. Where formerly there was no alternative to life under the close control of parents or elder brothers, there is now an easy means of escape to the towns where, even if work for wages is hard, there are many other ways of making a living such as domestic help and prostitution.

2.17 Conclusion

All the attitudes and practices referred to have not ceased to exist, but rather the complex of attitudes and practices, which made up the institution of Eritrean marriage no longer persists as a coherent whole.

Women are accorded new political and economic rights (under the new Marriage Law of 1977) being regarded as competent to serve on village committees and entitled to land in their own name in some cases for the first time. These new rights are seen as pre-conditions for their emancipation both within society and within the family. The emancipation of women in itself is understood to be a pre-condition for establishing a more egalitarian social order. Women are perceived as enjoying greater freedom where the nuclear rather than the extended family is the established standard achieved through the 1977 Marriage Law. The removal of some of the traditional obstacles is clearing the way for the promotion of a more elevated conception of marriage relations and of family life consistent with a proper respect for the Eritrean woman's personality and liberty of choice. This has created a marriage based on the mutual compatibility of two individuals and the current trend among most urban Eritreans and those living in Australia and overseas is towards later marriage, love marriage and smaller families.

The revolution embraced the responsibility of protecting the Eritrean culture, and has scored undeniable success in some areas. However, considering the multitude of factors discussed throughout this chapter, it is understandable that the customs and traditions of today's Eritrea differ from their original form. Some traditions, unfortunately not all constructive, have survived and resisted all opposing influences. Religion is a major constituent of the Eritrean culture, and affects directly the day-to-day living of the people. However, there are still some customs, such as FGC, and especially infibulation, that have persisted despite their contradictory association with religion.

This chapter has attempted to assimilate and summarise an unwieldy corpus of information concerning the Eritrean community and family life. The following chapter endeavours to perform a similar task with respect to the literature concerning female genital cutting. The objective of this exercise is to review a body of literature to generate a theoretical framework which will permit an examination of the impact of FGC on sexual responses of Eritrean women who have undergone infibulation.

CHAPTER 3 : FEMALE GENITAL CUTTING

3.1 Introduction

Providing a critical account of female genital cutting (FGC), a culturally prescribed practice performed on girls/women, to different extents and for a variety of reasons (religious, cultural, political, sexual and health related, that may have potential health consequences) requires familiarity with the multiple complexities that sustain it. This attempt to unravel the complexities is motivated by the conviction that a single approach is not sufficient to provide an understanding of the issue and that the synthesis of knowledge from each of the layers will be more than the sum of the parts. This chapter provides an overview of sources to examine the varieties of FGC and to explain its complexity, in order to gain a clear idea of the beliefs about and the significance, the prevalence, and the health complications and sexual implications of these practices. It draws knowledge from various fields such as biology (physiology), psychology, sociology and anthropology.

3.2 Definitional Debates

Female genital cutting (FGC) is widely and severely criticised and most commonly referred to as 'female genital mutilation' (FGM). For example, although the World Health Organisation (WHO) formerly referred to the practice as 'female circumcision', this was amended to 'female genital mutilation' at the 1990 Ethiopia Conference, since the altered terminology was believed to carry a heavier moral weight (Davis, 1998). This is the terminology most often used internationally by health care professionals and by activists working on the eradication of the practice, because it is seen as an abuse of women's human rights. Although the term 'female circumcision' may be inaccurate, the new terminology (FGM), as well as the discourse surrounding it, is also inadequate for a number of reasons (Gordon, 1997).

First, it designates women who have undergone any form of FC as 'mutilated', a term that most such women would not use in their own self-perception, as can be gathered from the following statement of one of my previous informants:

Gera said: ...They think of us as mutilated and we think of them as dirty. I have seen many uncircumcised women and I don't like looking at the flesh hanging between their legs. Ours looks so neat and trim like a 'demure' well behaved girl. So you see, they have their view and we have ours. They should come and ask us, we will tell them! (Dopico, 1997:98)

Women were enraged and felt it insulting to be identified as 'mutilated' and 'victims of mutilation' (Dopico, 1997). The designation denies spheres of autonomy and power and tends to situate women as subordinates only. Many women remember the ritual as an empowering 'coming of age' (Ahmadu, 2000) and one that they excitedly anticipate for their own daughters (Early, 1993). Thus, it is rarely viewed by practising communities as an ethical issue or an immoral act (Davis, 1998). For example, Robertson (1996) reported that FGC, varying from minor cuts to clitoridectomy, was central to female initiation into adult life among the Kikuyu peoples of Kenya; girls were imbued with a sense of 'triumph' and 'empowerment' that stayed with them for life. Similarly, Kawai (1998) found the initiation process, involving clitoridectomy, which is still practised as an integral part of contemporary Chamus culture of Kenya, to be a source of invaluable pride to the girl; even elderly women were reported to take pride still in their brave attitude of many years before.

Second, without denying the agony and adverse effects of some types of FC, it is important to recognise that the term 'mutilation' stems from a neo-colonial narrative that views FGC, and the people involved with it, as 'barbaric and uncivilised' as the following statement indicates:

Female circumcision is a totally heinous thing. It is impossible to find a single circumstance in which such a barbaric procedure could be justified in a civilised society such as ours (Baroness Masham cited in Hayter, 1984).

This approach is not grounded in the lived experiences of many circumcised women, and creates an artificial and hierarchical division between 'us' (Western, civilised) and 'them' (primitive, barbaric). Such divisions do not ameliorate existing cultural tensions and misunderstandings and hinder useful and

constructive cross-cultural dialogue. As Gunning (1991-2: 200) has pointed out, the “us helping them” approach has created an enormous amount of bitterness in non-Western feminists for whom the attitude is chillingly reminiscent of colonialism.

Third, the FGM label does not do justice to the many varieties of the practice that range from minor ritual acts to severe infibulations. FGM is a blanket term that attempts to narrowly essentialise and sensationalise the practice. Members of the Ugandan-based initiative, Reproductive, Educative, and Community Health Program (REACH), have proposed instead the term “female genital cutting” (FGC) as a more precise but less value-laden term (Newsweek cited in Shell-Duncan and Hernlund, 2000:6).

Although I consider the term FGM to be offensive, it will be used in this research report for ease of reference to literature that generally so refers to the act. Female genital cutting (FGC) and female circumcision (FC) will be used interchangeably out of respect for my previous and current research participants as well as all women who find the term “FGM” stigmatising and alienating.

3.3 Female Genitals

The female sexual organs consist of:

- The labia majora, which are two elongated folds of skin extending from the pubis to the perineum into which they merge. They are composed of adipose and osseous tissues, a network of sensitive nerves, and secretion glands.
- The labia minora, which are two folds of tender skin located between the labia majora. In the rear they meet with the hymen and in the front they meet together and enfold the clitoris. Between the labia minora, the urine and vagina apertures are located.
- The clitoris is an organ composed of cancellous tissues, is extremely sensitive and has a very extensive neural network. It is located at the point where the labia minora meet in the front. Its base is about one inch from the urine aperture (Toubia, 1994).

3.4 Types of Female Genital Cutting

The four major types of FGM classified by the WHO are:

3.4.1 Type I

This involves excision of the prepuce with or without excision of all or part of the clitoris, and is often referred to in the medical literature as clitoridectomy.

3.4.2 Type II

This procedure entails the partial or complete removal of the clitoris along with part or all of the labia minora.

3.4.3 Type III

This includes excision of all or part of the external genitalia and stitching/narrowing of the vaginal opening.

3.4.4 Type IV

Some lesser known variations have been reported and are collectively referred to as Type IV. Mandara (2000) described several procedures involving introcision, the cutting of the internal genitalia; hymenectomy; zur-zur cuts of the cervix, which are intended to remedy obstructed labour; and gishiri cuts, which involve the cutting of the vaginal wall which according to Hosken (1993) is intended to facilitate sexual penetration in communities where child marriage is widely practised.

Medical literature, however describes three types of FGC which are derived from observations and case histories by gynaecologists (Hosken, 1993). The main categories are sunna, excision or clitoridectomy, and infibulation. However, various studies have reported variations of the two main categories (sunna and infibulation).

3.4.5 Sunna

The least extensive type of FGC is commonly referred to as sunna, which is Arabic for tradition or duty. Sunna circumcision has been defined in many ways. Ismail (in van der Kwaak, 1992) identified three types of sunna: mild, moderate and severe. The procedure may be wholly ritualised, such as by cleansing and/or application of substances around the clitoris. Other forms of ritualised circumcision involve scraping or nicking the clitoris which results in a little bleeding, but no lasting alteration (Hosken, 1993), and the introduction of various forms of “replacement rituals” that seek to compensate for the culture that is seen as having been sacrificed if female “circumcision” is discontinued (Hernlund, 2000, 245). Obiora (1997:228) referred to “ritualised marking” in Africa; Hernlund (2000) and Mackie (2000) also reported ritualized cutting.

The second and intermediate form of sunna involves the removal of the prepuce of the clitoris and at times the glands of the clitoris, yet Toubia and Izett (1998) failed to find medical reports that document the existence of this procedure. In this form of sunna procedure, the clitoris is preserved together with the posterior, larger parts of the labia minora. Sunna kashfa (uncovered sunna) involves the cutting of only the top or half of the clitoris (Lightfoot Klein, 1989:33). Sunna circumcision is mentioned frequently as the appropriate Islamic alternative to infibulation among those who are reform minded (Gruenbaum, 1991).

3.4.6 Clitoridectomy

“Excision” undifferentiated from “clitoridectomy” (Shell-Duncan and Hernlund, 2000) entails the partial or total removal of the clitoris, or removal of clitoris, inner lips and labia minora (Shandall, 1967). Excision is the most commonly practised form of FGC, predominating in two-thirds of all countries where FGC exists, and accounts for an estimated 85% of all reported cases (Toubia, 1993).

3.4.7 Infibulation

Infibulation is alternatively known as Pharaonic Circumcision. This form of FGC is an ancient Egyptian practice, which was particularly common in the age of Ramses II, more than 1000 years before Christ. It was introduced into the Sudan with the Egyptian conquests of the Nuba country. The kings of Nuba in turn conquered Egypt, and the custom of infibulation spread throughout the Nile Valley (Hosken, 1993). Infibulation in Africa is largely confined to the Sudan, Somalia, north-eastern Kenya, Eritrea, parts of Ethiopia, Mali, Egypt and a very small area in northern Nigeria.

In the last twenty years new variations of infibulation have been reported. The original form of infibulation consists of removing the whole of the clitoris and some or all of the labia minora and making incisions in the labia majora to create raw surfaces which are brought together using silk, thorns, sticky paste, or catgut to create a small opening for urine and menstrual flow (Hosken, 1993). It has been found that an intermediate form of the operation as an alternative to the more severe infibulation was introduced in Sudan in the 1920s-40s by British midwives who were opposed to the practice (El Dareer, 1982; Boddy, 1996). A variation known as matwasata or "intermediate circumcision", which is a modified form of infibulation, usually involves a similar amount of cutting but the stitching together of only the anterior top thirds of the outer labia, leaving a larger posterior opening.

This procedure is believed to have been evolved as a compromise by circumcisers' reacting to the 1946 ban on infibulation in the Sudan; although in a recent survey less than 2% of Sudanese women reported having had an intermediate circumcision.

Another modified form of infibulation, known as "sealing", is practised in West Africa, although not with the same frequency as other variations. This procedure involves excision and the subsequent sealing of the vagina, not by stitching but by allowing blood to coagulate and to form

what amounts to an artificial hymen (Singateh, 1985). It appears that some Eritrean circumcisers have adopted this method. During the current research a retired traditional circumciser, Kadija, reported that circumcisers make cuts in the labia majora and strap the legs together to seal the opening, instead of using thorns. In Eritrea, girls are usually circumcised in the first few months of their lives and are not mobile, so healing (closure) is not a problem. She said that this way of infibulating is better because the woman will not suffer as much when attempting intercourse for the first time and when she delivers, because the sealing is superficial and not many layers deep.

Similarly, it has been reported (Gruenbaum, 1996) that many midwives, fearing haemorrhage, leave much of the clitoral (erectile) tissue intact beneath the infibulation. Catania, Verde, Sirigatti, Casale, & Hussen, (2004) interviewed a nurse who had had been performing infibulations in the last 20 years in Mogadishu, who reported cutting the clitoris reasonably superficially, to avoid haemorrhage, and sewing the body of the clitoris under the small lips. Austveg, Johansen, Hersi, Mader, & Rye (cited in Shell-Duncan and Hernlund, 2000) cited an English gynaecologist, Harry Gordon, who reported that 95% of the women on whom he performed defibulation, while carrying out other operations, had remains of the clitoris or indeed, the whole organ hidden in the scar tissue.

Similar findings by a Somali, Abdulcadir Omar in the Research Centre for Preventing and Curing the Complications of FGM in Florence (cited in Catania, Verde, Sirigatti, Casale, & Hussen, 2004) and by Dr. Sonia Grover (2005), a gynaecologist at Mercy Hospital in Melbourne, confirm this new practice.

3.5 Time for Circumcision

The average age at which the surgeries are carried out ranges from infancy to adulthood, and appears to have nothing to do with the physiological stage of development (Daly, 1984). For example, in Mauritania, Nigeria, Ethiopia, and Eritrea the operation is performed on newborn children or within the first few weeks of birth (DHS, 1995; Dorkenoo, 1995; Hosken, 1993; Toubia, 1993; El Dareer, 1982). In Egypt and many central African countries, it occurs when the girl is about 3-8 years of age. The Masaai of Kenya and Tanzania, and the Ibo of Nigeria perform the operation on the wedding night or shortly before marriage (Dorkeeno, 1995). In Mali and mid-Western Nigeria, the woman is excised after her first child is born, in order to keep her faithful to her husband, who has several wives (Sanderson, 1981). The practice is also reported to be carried out on widows among the Darasa ethnic group in Ethiopia. Similarly, in some countries where infibulation is the norm, women are re-infibulated after each child-birth, after divorce, or on the death of their husbands, in order to make certain of their chastity (Kennedy, 1970).

However, it has been suggested that the age at which FGC takes place is falling. For example, Hosken (1993) claims that some refugees seeking asylum in the Western world are circumcising their girls at a younger age than usual before migrating to their adopted countries in order to overcome legislative prohibitions. This is in contradiction to the findings of Ellians et al, and Aftenposten (both cited in Johansen, forthcoming) which report circumcision with some frequency up to the age of fifteen, and even later among exile populations.

Personal communications with some members of the Eritrean community in Australia support this assertion. It is alleged that some families are taking their children aged ten and over overseas to be circumcised.

3.6 Tools and Implements

The use of instruments depends on where and by whom the operation is performed. Local circumcisers are reported to use special knives, razor blades, and pieces of glass or scissors, while surgical instruments are used by medically trained circumcisers. On rare occasions, the use of sharp stones in eastern Sudan, cauterisation (burning) of the clitoris in some parts of Ethiopia, and fingernails to pluck out the clitoris in some areas of Gambia have been reported (Dorkeeno, 1995). However, Hernlund (2000) reported that most traditional circumcisers in the Gambia use razor blades. Circumcisers in the remotest areas of Somalia use razor blades (van der Kwaak, 1992), therefore it can be assumed that razor blades may be used in most African countries. Traditional circumcisers in Eritrea use razor blades.

3.7 Circumcisers

Traditionally FGC is performed by females. In many rural communities, the traditional birth attendant usually performs the operation. In Mali, Senegal, and Gambia it is traditionally performed by a woman of the blacksmith's caste gifted with the knowledge of the occult (Dorkeeno, 1995). In Sierra Leone, circumcisers are highly respected women leaders who control the traditional secret societies and are regarded as priestesses by their followers (Ahmadu, 2000). Male barbers are also known to carry out the task in Northern Nigeria and Egypt (Dorkeeno, 1995).

In small urban areas FGC is performed with anaesthetics in hospitals or in private clinics by Western-trained doctors, nurses and midwives which makes some medical professionals argue that the medical profession, rather than rejecting the practice, has made a specialisation out of it (Hosken, 1993; Koso-Thomas, 1987). Aside from the economic gains Toubia (1993) argues that the medicalization of FGC is justified in that it avoids infection, controls pain and encourages the less drastic forms as a first step towards eradication. In Eritrea, traditional circumcision practitioners perform around 93% of circumcisions. Circumcision by traditional midwives accounts for 4% and the remaining 3% by medically trained midwives

3.8 Global Incidence

In the past, FGC was practised in many cultures, including the Phoenicians, Hittites, and ancient Egyptians. It was also practised in England and the USA during the 1940s and 1950s as a remedy for hysteria, lesbianism, masturbation, and other so-called female deviances (Gardetto, 1993). There was an isolated occurrence in Europe which dates back to the 1880s. It mentions the Skoptsi, a Russian sect, who used circumcision to ensure perpetual virginity, and quoted St Matthew (xix:2) as their authority: “There be eunuchs that have made themselves eunuchs for the Kingdom of Heaven’s sake” (Verzin cited in Hosken, 1993). Presently FGC is practised in more than 40 countries, including at least 28 African countries, the southern part of the Arabian Peninsula and the Persian Gulf, among a few groups in Asia, and among some African immigrants in North and South America, Australia, Canada and Europe (Hosken, 1993).

In Africa FGC is a widespread practice, having been documented across a broad region extending in the west from Mauritania to Cameroon, across central Africa, and in the east reaching from Tanzania to Ethiopia. Clitoridectomy and excision are by far the most common forms and are practised on the west coast of Africa, from the Republic of the Cameroon to the Republic of Mauritania, in the Central African Republic, Northern Egypt, Sierra Leone, Kenya, and Tanzania. A few scattered occurrences have been reported in Botswana, Lesotho, and Mozambique. However, in Mali, Central Africa, Northern Nigeria, Somalia, Djibouti, Eritrea, northern Sudan, southern Egypt and the coastal areas of Ethiopia, infibulation predominates. Shell-Duncan and Hernlund (2000) have cautiously included Botswana, Lesotho, and Mozambique as well as Algeria, as the existence of the practice is based on anecdotal information. Scattered cases of FGC have been reported in Libya and Malawi, although the source of information in either report is unclear (Shell-Duncan and Hernlund, 2000).

FGC is almost universal in Eritrea, with 95% of the female population having undergone one form or another. The Demographic and Health Survey (DHS, 1995) found that 60% had undergone clitoridectomy, 33.33% infibulation, 4% excision and 2.27% uncircumcised.



Map highlights African countries in which the practice of FGC has been reported since 1979 (Coloured areas do not practice FGC) Source: Shell Duncan and Hernlund (2000: 8)

FGC is practised in Brazil, Eastern Mexico, and Peru. Hosken (1993) and Koso-Thomas (1987) claimed that the practice might have been transported into Brazil by West African ethnic groups who had retained most of their former cultural practices including their language, and worship of their god Ogun, the iron God, and who were resettled in the central part of Brazil after the abolition of the slave trade in the 19th century. Koso-Thomas added that Eastern Mexico and Peru might have adopted the practice through contact with Brazil.

A less damaging form (pricking of the clitoris) is practised by the Bohras of India (Hosken, 1993). Although FGC is also practised by devout Muslims in Java, the techniques have changed over the past two or three decades and the operation is no longer drastic (Pratiknya, 1988). Similarly, ethnic Muslim Malays circumcise female children for religious reasons and to lessen the sexual urge (Hosken, 1993; Koso-Thomas, 1987). The percentage estimates for the above countries are not very accurate as no reliable data exists.

A field study of maternity hospitals, midwives, and medical sources revealed that FGC is practised in the Arabian Peninsula, United Arab Emirates, Oman (Hosken, 1993) and in the Hadramout Peninsula of Southern Yemen (Pieters cited in Hosken, 1993). The practice is also believed to exist in Iraqi Kurdistan. It has been reported that 10-20% of women in the Kurdish city of Suleymanieh are circumcised (Esfandiari, 2005).

Koso-Thomas (1987) claimed that FGC has surfaced recently in some parts of Europe (England, France, Germany, Italy, and the Netherlands) where large numbers of African and Asian immigrants have settled, bringing the circumcision culture to their adopted homelands. Affluent Africans have also started a new trend by taking their daughters to Europe to be circumcised under general anaesthesia and hygienic conditions (Koso-Thomas, 1987).

3.8.1 FGC in Australia

The immigrant communities in which FGC is practised in Australia are mostly from the Horn of Africa, with the overwhelming majority coming from Somalia, Ethiopia, Eritrea and the Sudan, where almost all girls are circumcised. Information on the incidence of FGC in Australia is mainly anecdotal. Data obtained by the Department of Ethnic Affairs (Family Law Council Discussion Paper, 1994:14) led to an inquiry in which records at a number of Melbourne hospitals were examined and inquiries made among Victoria medical practitioners. The Survey of General Practitioners found little real evidence that FGC was performed in Australia, and concluded that it was not a common problem here

(Hawkins, 1994). These inquiries also indicated that, although a number of infibulated women were admitted to hospitals for various medical procedures, there were no cases of girls being admitted as a direct consequence of excision, infibulation or other forms of FGC or with complications associated with the practice. However, the number of people who come from countries which practise FGC is small and it is therefore likely that the incidence of the practice in Australia is minimal (Family Law Council Discussion Paper, 1994:14).

3.9 Trends and Variations

There are regional and ethno-cultural differences relating to FC, but there are disparities even within the same region. For example, while the Belen tribes of Eritrea practise infibulation, their neighbours do not: clitoridectomy is highly predominant in the Southern and Central Zones (95%), and infibulation represents between 61%-74% of all operations in the remaining zones. Infibulation was the most prevalent practice in rural areas accounting to 44.1% of all cases compared with 12.75% for urban areas. In the Sudan the DHS (1989-1990) reported a prevalence of 65% infibulation in the Darfur region and 99% in the Northern region with the prevalence of clitoridectomy much higher in the Darfur region (25%) than in the Northern region (2%).

Some of these ethnic variations are consistent with ethnographic studies that have linked the operations to rites of passage and to the marking of membership in a social group (Hayes, 1975; Kennedy, 1970; Myers, Omorodion, Isenalumhe and Akenzua, 1985).

With the exception of the Sudan, detecting change is problematic due to a lack of studies that follow the same population over time. In some countries there is a decline in prevalence and a tendency to move away from the severe forms of excision and infibulation toward more limited sunna. In Eritrea, for example, the Demographic Health Survey of 1995 found a decrease in infibulation rates among the younger age group: 41% among the 25-29 age group, 32.4% among those between 20-24 years of age and 24.6% among the 15-19 age group.

Although the incidence of excision remained consistent, there were higher rates of clitoridectomy.

In Somalia, a trend toward the less severe forms of the practice was observed without a decrease in the overall number of women who underwent the operations (Gallo and Abdisamed, 1985), while in Sudan, between 1979 and 1990, the overall prevalence seems to have declined by 7%; that is from 96% to 89% (DHS, 1989-1990).

3.9.1 Trends and Education

The link between education and the prevalence of types of FGC is intriguing. The limited findings suggest that education, social class and rural or urban habitation correlated with the prevalence of FGC; that is, the practice was highest in poorer or rural communities where educational opportunities were limited (Assaad, 1980; El Dareer, 1982; Toubia, 1993). Similarly, the incidence of infibulation was highest among the least educated (Dopico, 1997; Eritrean DHS, 1995). Conversely, some studies have shows that the effects of the various sociodemographic factors are not uniform. In both the Central African Republic and the Cote d'Ivoire, fewer women with secondary education undergo the operation: about 20% compared with 50% of women with no schooling (DHS 1994, 1994-1995). Conversely, there are only small differences in prevalence in Egypt: 99% among women without schooling compared with 90% among those who studied beyond secondary school (DHS 1995), and in the Sudan the type of operation does not vary by educational status (WFS, 1979). Refibulation in the Sudan is highest amongst the most educated (Mahjoub, 1994). Although it is not possible to discern a general association between the prevalence of the practices and urbanisation, urbanised women in Sudan and Somalia are more likely to undergo the operations than their rural peers (DHS, 1989-1990; El Dareer, 1982; Hussein, Shah, Nasir, Igal, Mukhtar, Abbas, & Shah, 1982).

It is difficult to document the rate at which the practice of FGC is spreading or declining in different populations. Scattered reports have indicated that, in some areas in which FGC had formerly been universally practised, it is gradually falling from favour.

In other groups where FGC had not historically been practised or had been abandoned, it is being introduced or revived. Some of these cases involve the constantly evolving borrowing from and influence of one ethnic group upon another (Hernlund, 2000; Mackie, 2000; Leonard, 2000; Lightfoot-Klein, 1989), and others involve the resurgence of previously discarded traditions (Nypan, 1991).

3.9.2 Current Estimates

Reliable estimates of the prevalence of FGC are available for select countries only. In some cases the data are not nationally representative but refer to certain regions only. Toubia and Izett (1998) estimated that over 132 million women have experienced some form of FGC. Shell-Duncan and Hernlund (2000) updated Toubia and Izett's (1998) figures with the most recent Demographic and Health Survey (DHS) figures for Tanzania.

Table 1
Prevalence of Female Genital Cutting in Selected African Countries

Country	Estimated Prevalence (%)	Source of Prevalence Rate
Benin	50	A 1993 study by the National Committee on Harmful Traditional Practices found FGC mainly in the northern region. Excision is the most common form.
Burkina Faso	70	Report of the National Committee (Lamizana 1995). The main form of FGC reported is excision.
Cameroon	20	Estimated prevalence based on a study (Njock et al. 1994, cited in Toubia and Izett 1998) in southwestern and far northern provinces by the IAC Cameroon section. Clitoridectomy and excision were reported.
Central African Republic	43	A 1994- 1995 National Demographic and Health Survey (Carr 1997) found high prevalence in three regions, the west (79 percent), northwest (88 percent), and north (85 percent).
Djibouti	98	No official studies have been conducted, but the Ministry of Health and the National Women's Union (Union National des Femmes de Djibouti) have reported that FGC, mainly infibulation, is nearly universal.
Egypt	97	A 1997 National Demographic and Health Survey (Carr 1997) found high rates in all regions of the country. The most commonly reported form of the FGC is clitoridectomy.
Eritrea	95	A 1995 National Demographic and Health Survey (Carr 1997) reported little variation by ethnic group or residence location in the country.
Ethiopia	85	1995 UNICEF- sponsored study in five regions and an IAC survey in twenty administration regions found clitoridectomy and excision to be the most commonly reported forms of FGC.
Gambia	80	A limited study (Singateh 1985), not nationally representative, reported excision and clitoridectomy as well as a smaller number of infibulations.

Table 3
Prevalence of Female Genital Cutting in Selected African Countries (Cont..)

Country	Estimated Prevalence (%)	Source of Prevalence Rate
Ghana	30	A study in the upper and eastern region (Kadri 1986, cited in Toubia and Izett 1998) found a prevalence of 75- 100 percent, but a study by the Ghana Association of the Women's Welfare (Twumasi 1987, cited in Toubia and Izett 1998) in the southern region found FGC only among migrants from northern Ghana and neighboring countries.
Guinea- Bissau	50	Limited 1990 survey by the Union Democratique des Femmes de la Guinee- Bissau reported that excision is universal among the Muslim population.
Kenya	50	A 1993 Maendeleo Ya Wanawake survey in four regions reports a prevalence of 86.6 percent. However, since several large ethnic groups not included in the survey do not practise FGC, national figures are assumed to be lower.
Liberia	60	According to a 1986 IAC report (Marshall et al. 1996, cited in Toubia and Izett 1998), FGC (mainly excision) is widespread, practiced by all but three ethnic groups.
Mali	94	A 1995- 1996 National Demographic and Health Survey (Carr 1997) found high rates of FGC in all ethnic groups except Sonorai and Tamachek women living in isolated desert cities (Timbuktu and Gao).
Mauritania	25	Figures are from a 1987 unpublished study cited by the director of social affairs of The Ministry of Health.
Niger	20	No national studies have been conducted, although excision and clitoridectomy have been reported (according to Toubia and Izett 1998) in studies in three provinces: Diffa, Niamey, and Tillabery.
Nigeria	50	A 1997 Nigerian Inter- African Committee report synthesized the findings of nine IAC- sponsored studies as well as as number of regional studies. Estimates include figures on introcision. (hymenectomy, <i>gishiri</i> cuts, and zur-zur cuts.

Table 3
Prevalence of Female Genital Cutting in Selected African Countries (Cont..)

Country	Estimated Prevalence (%)	Source of Prevalence Rate
Senegal	20	Report of a national study by Environment et Development du Tiers- Monde (Mottin- Sylla 1990, cited in Toubia and Izett 1998).
Sierra Leone	90	All ethnic groups practice FGC (mostly excision) except for Christian Krios in the western region and in the capital, Freetown (Koso- Thomas 1987)
Somalia	98	According to two reports (Abdulla 1982; Proceedings of the 1988 Seminar in Mogadishu, cited in Toubia and Izett 1998), approximately 80 percent of the operations are infibulation, and the remainder are clitoridectomies.
Sudan	89	A 1989- 1990 National Demographic and Health Survey (Carr 1997) found the predominant form of FGC is infibulation, found throughout most of the northern, northeastern, and northwestern regions.
Tanzania	18	A 1996 National Demographic and Health Survey (Bureau of Statistics [Tanzania] and Marco International 1997) found that excision and clitoridectomy are the predominant forms of FGC (93 percent of cases).
Togo	0-98	Therese Locoh (1998) summarizes a 1996 national survey that found that excision varies extensively by ethnic group, with excision found among 98 percent of Tchama women but absent among the Adja Ewe.

Source: Shell Duncan and Hernlund (2000: 10-12)

3.10 Origins of FGC

Although theoretical reconstruction of the origins of the practice presents a formidable challenge, there have been a number of attempts to trace the origins of FC (Hicks, 1993; van der Kwaak, 1992; Meinardus, 1967). Mackie has proposed a single source diffusion theory of FGC that locates its genesis in ancient Meroe (in present-day Sudan), where infibulation was practised in the context of fidelity control and paternity confidence. Dorkenoo (1994:34) hypothesised that FGM must have developed independently among certain ethnic groups in sub-Saharan Africa as part of puberty rites. Lightfoot-Klein (1989:27) added that “excision practices can be assumed to date back thousands of years” but proposed that at some point these “came into conjunction with the obsessive preoccupation with virginity and chastity that today still characterises Islamic-Arabic cultures.” However, Mackie (1996, 2000) maintained instead that genital cutting, originating from a single source, met and in some cases became incorporated into non-cutting initiation rituals.

Leonard’s (1996) research among the Sara in Chad revealed that excision is a recently acquired practice, dating back only a single generation in some subgroups. Mackie (1996) reported that the practice of infibulation was spreading in the Sudan from the Arabised north to Western and southern Sudan. He suggested that, in urban areas, the less advantaged adopt the practice of infibulation to make their daughters more maritally attractive to the high status Arab traders who have migrated from northern Sudan. Similarly, Gallo and Vivani (1992) claimed that infibulation, unknown a century ago among the Sab of Somalia, has been adopted to emulate the nobility.

3.10.1 The Cultural or Religious Debate

Toubia (1993) argued against FGC’s having no religious roots by tracing the transmission route of the practice. In cultures where it is an accepted norm, FGC is practised by Christians, Muslims, some believers of traditional African religions and a Jewish sect, the Ethiopian Falashas, although it is not a requirement of any of these religions. Additionally, continuous cultural diffusion between neighbouring countries of Africa

is suggested by examination of a map of the countries that practise FGC. The map does not follow the path of any particular religion, further confirming the premise that the practice is cultural (Hicks, 1993). The Asian countries introduced to Islam via Arabia or Iran did not adopt the practice of FGC; however, when Islam was spread to Asia through the Nile Valley cultures, FGC was imported as part of it. The case of the FGC-practising Daudi Bohra of India, whose religious beliefs are derived from an Egyptian-based sect in Islam, is an example of the cultural rather than religious origins of the practice (Toubia, 1993).

Toubia (1993) and Hicks (1993) proposed that FGC had been spread by dominant tribes and civilisations, often as a result of tribal, ethnic and cultural allegiances. For example, the Furs and Nubas of Western Sudan did not practise FGC up to the 1950s when contact with professionals from the educated middle class was minimal. It is believed that FGC was introduced by the northern elites who came to the region as educators and health providers after independence in 1956 (Toubia, 1993). This ideological reinforcement of ethnic superiority is supported by Gruenbaum's (1996) study of Sudanese rural women, which found that, in Fur and Nuba families, mothers were not circumcised but most daughters were.

The origin or history of FGC in Eritrea is uncertain. Eritrea was influenced by Egyptian civilisation, and this could lend support to the evidence that infibulation or, as it is sometimes known Pharaonic Circumcision, must have travelled south against the Nile currents to the Sudan and into Eritrea.

3.10.2 The Link between FGC and Religion

Although, there is considerable evidence to substantiate the claim that FGC is a cultural and not a religious practice, religion is often mentioned as its strongest sustaining factor, perhaps because most religious leaders have not openly opposed it.

3.10.2.1 Christianity

Christian missionaries, Roman Catholics and Protestant evangelists who entered Africa during colonisation, encountered FGC but it was ignored by the Catholic Church. At times, the priests even implicitly condoned the practice as a way of maintaining women's sexual purity, which is an issue of great importance in areas where the practice was very common (Hosken, 1993). Studies from Egypt, Eritrea and Northern Sudan confirm that both clitoridectomy and infibulation are practised by the Coptic Christians of these areas (Assaad, 1980). to the church even now (Hosken, 1993). Likewise, the Orthodox or Coptic churches of Egypt, Eritrea, Ethiopia, and Sudan, maintained total silence in relation to FGC, despite having many followers inhabiting these areas.

By contrast, Protestant missionaries took a more active part by declaring FGC as harmful, and to date some Protestant Africans do not practise FGC (Hosken, 1993). A few Christian leaders raised the issue with the colonial administration which led to anti-FGC laws in Sudan and Ethiopia (Hosken, 1993). Eventually, the Ethiopians severed their ties with Western sects and created independent churches that actively promoted traditional customs and supported FGC as an important link with religion because it is mentioned in the Old Testament. To date, in the Ethiopian and Eritrean Coptic churches, an uncircumcised woman is considered unclean and is refused entry into church, and a female infant will not be baptised unless she has been circumcised (Hosken, 1993).

3.10.2.2 Islam

The practice of FGC preceded Islam in Africa, yet it is strongly associated with Islam, because some Muslim communities in Africa and Asia cite religious reasons for its continuance, and because Westerners have mistakenly related FGC to Islam

(Assaad, 1980; Hicks, 1993; Hosken, 1993; Toubia 1993). Toubia found it probable that newly-converted Muslim leaders, seeking to continue social cohesion and social control, allowed the practice to continue by linking it with Islam, so that gradually a belief was created in the minds of Muslims in these countries that FGC was a religious requirement (Toubia, 1993).

There is no major Islamic citation that legitimises FGC by proclaiming it a religious requirement; neither the Qu'ran, the primary source for Islamic laws, nor the "hadith", the collections of the sayings of the Prophet recorded from oral histories after his death, contains a direct call for FGC (Toubia, 1993:31). Indeed, the Prophet tried to oppose this custom and his four daughters were not circumcised because he considered it to be harmful to the sexual health of women. Even those hadith which, although lacking in authenticity, are sometimes regarded as authorizing the practice, do not demand either clitoridectomy or infibulation (Abu-Sahlieh, 1994). All that they contain is an instruction to any woman who undertakes such an action to avoid violation of the female genitals and to cut only a small, hardly noticeable part of the clitoral prepuce. The Prophet uses the expression "sniff", a very superficial and transient sensation that is hardly felt. Bruce (1993) has contended that Muslim women who suffer FGC should not blame Islam, but rather the un-Islamic nature of their societies and the failure of Muslim scholars to fulfill their directives.

3.11 Sustaining Factors and Support for FGC

Mental constructs cannot be created from a void; they always reflect events and concepts of historic human beings in society
(Lerner, 1986:145).

Female circumcision is enshrined in beliefs that run very deep and at times may appear irrational to those outside that particular belief system (Assaad, 1980; El

Dareer, 1982; Dorkenoo, 1995). A question that has emerged from the discussions of the health consequences of FGC is whether the practice represents a "maladaptive" human behaviour (Shell-Duncan and Hernlund, 2000:17). The question posed is: Why would a society adopt and perpetuate a custom that is debilitating and potentially fatal?

The practice of FGC is associated with complex beliefs and values and the generally cited reasons include the sociological and religious, hygienic and aesthetic, mythic and psychosexual.

3.11.1 Cultural and Psychosocial Perspectives

Culture is that complete whole which includes knowledge, belief, art, law, morals, custom, and every other capabilities acquired by man as a member of society. (Edward Tylor cited in Nanda, 1989:50).

Many families continue FGC as a tradition or custom dictated by and in line with group norms, values and identity which emphasise the importance of the collective (Orubuloye, Caldwell, & Caldwell, 2000; Dugger, 1996; Gallo, 1985). FGC is primarily practised by Africans, who consider circumcision of young girls and boys to be an important part of the normative socialising process (Winter, 1994). It is practised by different ethnic groups, with different social structures and subcultures, where identity, belonging, love and loyalty to family and belief in the value system are well defined and entrenched (Toubia, 1995). FGC is also an important part of a woman's existence (Assaad, 1980; El Saadawi, 1980; Hicks, 1993).

A compilation of studies of attitudes to FC in Africa, found that more than 54% of respondents stated that "tradition was their primary reason for performing female circumcision" (UN, 1986:13), and the DHS (1995) found that the vast majority of women favoured the continuation of infibulation for their daughters because it is "custom" and "tradition".

Hernlund (2000) also reported that, in Gambia, respect for what was "found from the grandmother" was the most strongly and commonly stated reason for performing FGC.

Markus and Kitayama (1994) contend that culture affects cognition, emotion and motivation. The integration of a society always involves a "morality" or set of values, beliefs, and norms which give individuals a sense of common purpose (Durkheim, 1915). Family, neighbourhood, friends and religious teachings are the most immediate influences on a woman's self-image and life choices. Women are manipulated, by governmental, societal and religious authority, to act as living expressions of the authority's ideal of womanhood (Bruce, 1993). This is not to say that the women themselves are not voluntary participants in the construction of ideals of feminine behaviour. Small social structures tend to develop symbols to represent their collective sentiments, and a high rate of ritual activity reinforces commitment. Therefore, cults, myths and rituals are seen as factors influencing an increasing solidarity and a sense of well-being (Durkheim, 1915).

A number of observers have commented on the often powerful nature of peer convention in perpetuating FGC, as girls and young women pressure each other to "join" in the practice (Ahmadu, 2000; Hernlund, 2000; Leonard, 2000; Thomas, 2000). Such conventions, Mackie (2000:260) has argued further, often come to be seen as ethnic markers, but this is "a consequence, not a cause, of the practice". Hernlund, however, pointed out that conventions and markers often reinforce each other over time, as is demonstrated by Johnson (2000) who reported that the practice of FC has come to be perceived as intrinsically linked to the construction of Mandinga identity. Excision among Kono women has been asserted as a symbol of cultural difference and superiority (Ahmadu, 2000).

Mackie (1996) claimed some outsiders who suspect that the appeal to tradition or custom is merely obscurantist, fail to understand that FGC is a certain type of convention, involving reciprocal expectations about

an independent choice and that that is exactly why it continues. In many Western independent cultures there is faith in the inherent separateness of distinct persons.

Many non-Western, interdependent cultures such as those in Africa, on the other hand, insist on the fundamental connectedness of human beings. The self is defined in relation to ancestors, family and those around them. Humans' intelligence allows the shaping of behaviours, but freedom to select behaviours comes at a price. Fromm (1941) noted that people look for connectedness because of their fear of loneliness, and that they often avoid making use of their freedom because of their fear of carrying the responsibility that follows from making autonomous decisions. It is not only adherence to tradition but also psychological conditioning which contributes toward the maintenance of this practice. Without written records the evidence that things change is not available. Tradition therefore carries its own validity and the status quo is never questioned. Thus, as Hicks (1993: xiii) has asked, "Is FGC but one of cultural traits developed over time by individual social systems to define and circumscribe the social role of those members most important to its structural survival?"

3.11.2 Religious Reasons

Man's only service to moral warmth is provided by the society of his fellow man; the only moral forces which he can sustain and augment are those obtained from other people when united in a common act which is sacred.
(Pickering, 1975:154).

A great deal of effort by scholars and activists has been concentrated on demonstrating the lack of scriptural support for enforcing FGC (Abu-Sahlieh, 1994); however the "absence of clear textual dictates ...does not automatically undermine the religious motivation" (Lewis, 1995:22).

It has been suggested that "religion" is often offered "almost reflexively" as a reason for performing FGC (Gordon, 1991:9). Religion and religious teachings are invoked as a motivation for practising FC (Johnson, 2000; Lane and Rubinstein, 1996; El Dareer, 1982).

In response, Boddy argued that "the question of what is meant by 'religion' remains obscure" and pointed out that, for many women, "religion is nothing less than their entire way of life; religion and tradition are not merely intertwined, they are one and the same" (Boddy, 1991:15).

Durkheim (1915) maintained that religion has given birth to all that is essential in society, because the idea of society is the soul of religion. It can be argued that, while religion might not have given birth to FGC, it has certainly nurtured and sustained it. Religion gives a sense of belonging, and is a source of social interaction; it provides the cement that holds society together in the face of internal and external threats and provides unity (Landis, 1986). Similarly, Weber (1962) envisaged religion as a source of value systems that determine social organisation and thus as powerful in social development. The concept of female sexuality as a powerful factor and as a source of temptation and corruption for men is exhibited by most religions in their insistence on controlling women in their social relations.

Weber (1962) saw religion as the cultural response of specific groups, privileged and underprivileged, towards the problem of the meaningfulness of their lives. He argued that religious ideologies justify injustice in society by reference to some supernatural entity. Real power, Daly (1984) suggested, is represented by politicians and religious leaders; therefore, it can be assumed that patriarchy has tried to achieve its own goals in the name of religion by supporting FGC. Unfortunately although FGC is justified through religion (Boddy, 1989) it ultimately defies religion.

3.11.3 Myth

Man lives, not directly or nakedly in nature like animals, but within a mythological universe, a body of assumptions and beliefs developed from his existential concerns (Frye, 1982: xviii).

Myths are a symbolic language that is part of the hidden mytho-poetic nucleus of society, and this mytho-poetic nucleus is itself influenced by politics, nature, art and religion (Ricoeur, 1991: 483). The idea that myths are expressions of the numinous and the sacred has been reiterated by Jung and Kerenyi (1970). They argued that “a tribe’s mythology is its living religion, whose loss is always and everywhere, even among the civilised, a moral catastrophe” (Jung and Kerenyi, 1970:102). “Myths have a horizon of universality which allows them to be understood by other cultures”; that is, although they may have originated in one culture they have “the capacity to emigrate and develop within new cultural frameworks” (Ricoeur, 1991: 488).

3.11.4 Fertility and Prevention of Infant mortality

Many people believe that circumcision enhances fertility. Boddy’s (1989) analysis related infibulation in the Sudan to fertility. The presence of the clitoris is regarded as inhibiting female fertility, because it is believed to lead to excessive masturbation which is logically construed as a deterrent to female fertility. An oversized clitoris and masturbation are inimical to fertility: the first is an obstruction and the latter an avoidance of coitus. Without coitus there can be no conception (Ahmadu, 2000: 297). Conversely, the Mossi of Burkina Faso and the Bambara and the Dogon of Mali believe that the clitoris causes infant death if it comes into contact with the baby’s head during child-birth (Epelboin and Epelboin cited in Dorkenoo, 1995).

The Yorba of Nigeria practise FC in order to preserve the lives of the next generation, because the tip of the clitoris touching a baby's head during birth is thought to result in the baby's death (Caldwell and Caldwell, 1977).

3.11.5 Cleanliness

It is believed that circumcision achieves greater cleanliness of the vulva area. Hirsch (1968) confirmed that accumulation of microscopic deposits of bacteria and inflammatory products around the clitoris does interfere with the physiological functions of the area, and constant friction of abrasive material which collects under the prepuce of the clitoris produces a raw surface which predisposes to adhesion of the clitoris. Hirsch (1968) found neglect of clitorine hygiene to be responsible for a certain type of prevalent necrosis. The hygiene argument may provide some support for the sunna circumcision, but the resulting complications cause more harm than the formation of smegma between the prepuce and the glans clitoris, argued Shandall (1967), and proper cleansing of the clitorine area does help to free the clitoris and gradually dissolve adhesions.

Mandinga informants asserted that FC is a cleansing rite that defines as a woman a Muslim and enables her to pray in a proper fashion (Johnson, 2000:219). Some Eritreans also mention Tahara (purification) as a reason for sunna circumcision. Cleanliness is also associated with sexual purity. The clitoris is seen as impure, because it does not serve male purpose and has no necessary function in reproduction. Groult (cited in Daly, 1984) stated that the hatred of the clitoris is almost universal, because this organ is strictly female, for women's pleasure, and thus it is by nature "impure".

Less obvious reasons for cleansing a girl are to make her better for the man (Kressell, 1992), and better for coitus by diminishing her independence during intercourse. A common symptom reported by Brown (1866) as calling for the remedy of clitoridectomy was a married woman's "distaste for marital intercourse" (1866:440).

3.11.6 Prevention of Enlargement of the Clitoris and Labia

The concern with the clitoris (what to make of it, what to do with it) would become an important issue for Western physicians in the nineteenth century (Gardetto, 1993). James referred to Parsons who argued that some women had a clitoris "so shamefully large as to protuberate without the lips of the pudenda . . . of so extraordinary a size as to resemble a penis" (James cited in Friedli, 1988:247). Similarly, "The Pearl", a Victorian pornographic text, made many references to the clitoris, including "protruding clitoris" and described a woman's "fine stiff clitoris, which projected quite an inch and half from the lips of her vagina" (Gardetto, 1993:101). Both James and Parsons (cited in Friedli, 1988:247) feared that the large clitoris might entice women to "abuse of them with each other", and James described techniques for surgical removal of the clitoris. Shandall (1967), however, argued that there was no great evidence to support the claim that the clitoris would grow if not amputated.

Khifad or reduction emphasises the notion that the operation smoothes what might otherwise protrude, giving rise to the popular belief that the clitoris will grow into a penis unless reduced. Some African people, notably the Hottentots and Abyssinians, believed that prolonged masturbation caused excessive labial hypertrophy, of which the well-known Hottentots apron is an example (Worsley cited in Hosken, 1993). Somali women informants of Johansen (forthcoming) state that the uncut clitoris will grow like a penis, and Kono women also believe that, if left untouched, the clitoris will continue to grow and become unsightly, like a penis (Ahmadu, 2000).

3.11.7 Protect Women: Prevention of Mania, Nymphomania and Onanism

Kono women believe that an un-excised clitoris will lead to incessant masturbation and sexual insatiability (Ahmadu, 2000). This has also been a matter of concern in Western cultures. In 19th Century medical opinion, not only was the clitoris believed to be the cause of great pain for women, but Bienville (cited in Friedli, 1988:247) believed an enlarged clitoris to be a symptom of nymphomania. In the minds of 19th century medical men, clitoral masturbation was a problem because it could lead to women's loss of sanity and eventual death. An American physician, Isaac Baker Brown (1866) for example, outlined eight distinct stages of disease that would result from "peripheral excitement of the pubic nerve: hysteria, spinal irritation, hysterical epilepsy, cataleptic fits, epileptic fits, idiocy, mania, death. Death is indeed the direct climax of the series. Consequently, as the disease is progressive and ends in death, it is important to arrest the disease ad initium . . ." (Baker Brown, 1866:438). In 1867 Baker Brown was expelled from the Obstetrical Society after patients complained that they had been tricked or coerced into the operation. Neither clitoridectomy nor the excision of the prepuce of the clitoris, considered at that time medically advisable, became popular in any societies in Europe or the USA in the nineteenth century. This operation was rejected by both psychiatrists and surgeons as it was considered non-scientific (Sanderson, 1981).

Patriarchal society has been very creative in its control of female sexuality. Rosen (1982) described the colonial period where females with a weak or non-existent sexual drive, aside from some pathological exceptions, were seen as the norm. While the colonial male, medical, and religious establishment allegedly believed in women's basic asexuality, they took elaborate and excessive precautions to protect women from their sexual drive, occasionally using sexual surgery.

Women have been regarded as unable to control their bodies; hence it had to be done for them; that is, their bodies were controlled by gender socialisation, segregation of the sexes and circumcision (Gatens, 1991).

3.11.8 Femininity

The broad range of responses to the alteration of female genitalia reflects widely differing views associated with women's bodies and women's sexuality. Whereas the procedure of genital cutting is seen by many as essential to the creation of femininity and full adult status, it is regarded by others as destroying these qualities.

Western models of gender and anatomy are said to be binary, that is characterised by either the presence or absence of a penis. Other systems of gender are constructed from a continuum of differences, and the operations performed on both males and females are designed to remove all traces of anatomical ambiguity: the “masculine” clitoris and the “feminine” foreskin. Thus anatomical sex is made to conform to gender, contrary to the Western tendency to map gender values onto anatomical sex (Johansen, forthcoming; Ahmadu, 2000; Boddy, 1996; van der Kwaak, 1992).

The issues underlying the debate, what to make of the fact that women have what appear to be two distinct sexual organs, and what meaning might be attributed these organs in the social construction of women did not begin in the 1940s nor with Freud (Gardetto, 1993:20). As part of the effort to underline the culturally created sexual distinction between men and women, scientists and medical men developed an emphasis on female sexuality that led first to its repression, and then to a new understanding. Female sexual organs, especially the clitoris became a source of danger that threatened social disorganisation (Gardetto, 1993).

The clitoris had also come to represent “a metaphor for women’s power of self-determination” (Lane and Rubinstien, 1996:35), and a symbol of emancipation. Daly (1984) has argued that only a mutilated woman is considered one hundred percent feminine, because of the removal of her clitoris, which is not necessary for the male’s pleasure, or for reproduction. Gardetto (1993:313) stated that the debate about the clitoris has served as a code with which to discuss gender.

Underlying the surface of the debate about the clitoris has been a “long enduring” discourse addressing the questions: what is woman, and what is her proper relation to man?

Some cultures regard the clitoris as a small potential penis, and therefore as something to be removed to make women truly feminine for sexual intercourse. There is a wide-spread belief among the Bambaras and the Dogons from Mali that all persons are hermaphroditic and that this condition is cured by circumcision (Daly, 1984; Hosken, 1993). A complete polarisation of the sexes permeates Sudanese society, Boddy (1982) has argued, and circumcision reinforces this polarity by making women less like men physically, sexually, and socially. By undergoing circumcision women are not so much preventing their own sexual pleasure, she argued, as "enhancing their femininity" (1982:687). Some have also argued that these rites are concerned with promoting the transition of boys and girls from an androgynous state of childhood to the gendered, and hence sexually differentiated, state of masculine or feminine adulthood (Lutkehaus and Roscoe, 1995). Similarly, Ahmadu maintained that the Kono women of Sierra Leone "equate the female clitoris with the male penis, and hence, promiscuity, sexual aggressiveness, instability... Removing the clitoris is ultimately what symbolises the separation of women from men psychically, psychologically and spiritually" (Ahmadu, 1995:44). She argued that excision is "a negation of the masculine in feminine creative potential" (1995:44).

3.11.9 Marriageability

Marriageability claimed that, for African peoples, “marriage is the focus of existence...Marriage is a duty, a requirement from corporate society, a rhythm of life in which every one must participate” (Mbiti, 1969: 133). Mackie (1996, 2000) asserted that the main force perpetuating the custom was the link between FGC and marriageability and, upon consideration of what marriage means to Africans it becomes understandable that the practice has survived many centuries. Marriageability was sometimes cited for continuation of FC, especially in Ethiopia where Catholic missionaries in the sixteenth century tried to prevent converts from excising their daughters. As a result, males had refused to marry non-circumcised girls and church authorities were obliged to reinstate circumcision (Zaborowski cited in Koso-Thomas, 1987). A similar situation also occurred in Kenya when British authorities tried to abolish FC in that country (Sequeira cited in El Sayed, 1979).

Gruenbaum (1991) contended that the definition of marriageability continues to include virginity, which according to popular view, is only preserved through circumcision. Similarly, Mackie (2000) maintained that FGC ultimately stems from a concern with premarital female chastity, paternity assurance, and marriageability, although this association may no longer be explicit in all practising societies. He declared that, even if the originating conditions change, "as soon as women believed that men would not marry an unmutated women, and men believed that an unmutated woman would not be a faithful partner in marriage, the convention was locked in place" (2000: 264).

For women brought up in a culture which sees their primary worth in their roles as wives and mothers, and who perhaps lack education and alternative means of survival, marriage under any circumstances is preferable to not being married at all.

As wife and mother, the woman has social standing, a culturally and religiously sanctioned role, and the financial support and respect of her husband (Bruce, 1993).

Although several studies outline the association between FGC and marriageability, many also emphasise that the significance of circumcision extends well beyond conferring marriageability to the legitimisation of reproduction, as is the case in the Kono women's societies described by Ahmadu (2000) and in the infibulation-practising Sudanese communities documented by Boddy (1982). Boddy contended that, "not only does the procedure render a girl marriageable, but that undergoing it is a necessary condition of becoming a woman, of being enabled to use her one great gift, fertility" (1982:683). Conversely, Balk (2000:7) contended that infibulation raises the chance of infertility and in doing so also increases the likelihood of divorce or polygyny. Through other mechanisms (e.g. coital difficulty) infibulation may also directly reduce the quality of marriage and thereby cause marital disruption.

3.11.10 Enhancement of Male Sexual Pleasure

There is a belief that men derive more sexual pleasure from tightly circumcised women with a narrow orifice, and that infibulated women are designed to offer their husbands a kind of sexual experience that is tailor-made. The tighter the vagina, the more pleasurable the intercourse is said to be for the man and this is one of the main factors in explaining the persistence of the practice (Johnsdotter, 2002; Gruenbaum, 2001; Hosken, 1993; van der Kwaak, 1992). The "tight" woman is never allowed to become loose, for this would decrease the strong stimulation of the penis (Daly, 1984); hence repeated re-infibulation is performed after each delivery, especially in the Sudan (Mahjoub, 1994).

In Egypt, for example, it has been argued that reducing the clitoris helps balance the progression of partners during intercourse and makes for more harmonious sexual relations (Workshop on Reproductive Health 1994). Lantier (cited in Daly, 1984) also suggested that the removal of the clitoris helps a woman to concentrate all her desire in one place instead of experiencing dispersed and feeble sensations, and that the couple experience much happiness. Cleveland (cited in Gardetto, 1993) gives the example of a woman, aged 18, who was married to a man of 28, and who was a confessed masturbator with a large clitoris. "Her marital relations were not pleasant...she was greatly improved by clitoridectomy and went abroad for the summer. On her return her relations with her husband were greatly improved" (Gardetto,1993:67).

Kressell (1992) proposed that through infibulation, the husband is assured of his wife's fidelity no matter how poorly he performs in bed. However, there are advantages and disadvantages. Since it is the man's duty to stimulate his wife's sexual drives, he might be frustrated by not satisfying her sexually. However, Shandall (1967) found male respondents' sexual satisfaction rate to be higher when married to non-circumcised women.

3.11.11 Prevention of Sexual Immorality

At the heart of the code of modesty is an ideology of female appetite, unpredictability, and lack of self-control. Whereas Western societies expect men to be sexually aggressive and women to play a passive or evasive role, some African and American Indian societies maintain that women are far more driven by sex than are men (Albert, 1963). Similarly Sherfey (1966) argued that primitive women's sexual drive was too strong, too susceptible to the fluctuating extremes of an impelling, aggressive, eroticism to withstand the disciplined requirements of a settled family life (Sherfey, 1966).

In communities that practice sexual self-control, virtue is redefined in sexual terms and women are said to possess more of this virtue than men do. By elevating sexual control to the highest level among human virtues, middle-class moralists made female chastity the archetype for human morality (Cott, 1987:222). For example, the Victorian woman's status was elevated to one of moral superiority through belief in her greater virtue, but as part of the bargain, her sexuality was repressed (Gardetto, 1993).

In a relatively conservative society where people are reluctant to talk openly about sex, harmful practices and beliefs flourish. One of the most notorious is the myth that uncircumcised women are sexually hyperactive. Abusharaf (2000), Leonard (2000), and Skramstad (1990), however, have argued that FC has little if anything to do with sexuality.

Women possessed an organ which had absolutely no other purpose or function than pleasure. By the end of the eighteenth century, the predominant Western view of the clitoris was as an organ that had no use but to whet female desire by its frequent erections (deMandville cited in Stone, 1977:494); its function was to incite desire. It is still sometimes believed that FGC prevents wantonness and makes women less vulnerable to sexual temptations (Hosken, 1993; Talle, 1993; Toubia, 1993; van der Kwaak, 1992; Koso-Thomas, 1987; El Dareer, 1982). Some have argued that infibulation acts as a physical reminder of moral standards (McGown, 1999). It has been reported that FGC is supposed to encourage fidelity, that is, moral purity, for there is a decrease in sensitivity after the operation, thus making the women "purified" of the capacity for sexual pleasure (Daly, 1984).

3.11.12 Repression of Female Sexuality Across Cultures

There is an history of patriarchal repression of female sexuality in most parts of the world and, to date, various methods that differed in scope and degree but not in kind have been used (Daly, 1984).

The repression of sexuality is traditionally learned early in childhood and carried through to adulthood. The importance of reserve and continence in sexual matters is tacitly learned. Some girls have little reason to be rebels without cause; they slip easily into this role knowing that their contribution is valued and ostentatiously rewarded. Since aggressive gender training and threats of negative consequences or even torture are employed in West Africa, it would be difficult Toubia (1993) has argued, for any female child above infancy not to associate circumcision with curbing sexual desire. Toubia described infibulation, in particular the shaving of all sensitive tissues and the stowing away of the vagina, as a metaphor for the denial of a woman's sexuality and the locking up of her reproductive capacity with a "chaste belt made of her own flesh" (1993:73).

Sherfey (1966) did not find that the suppression of female sexuality was due to man's sadistic, selfish infliction of servitude upon helpless women or to women's inborn weakness or inborn masochism, rather she relied on a psychoanalytic formulation, "the strength of the drive determines the force required to suppress it" (1966:34).

3.11.13 Attenuate Sexual Desire

FGC is believed necessary to control a girl's sexual desire and thereby to discourage pre-marital sex, and infidelity (Johansen, forthcoming; Rye, 2002). Similar beliefs have prevailed from time to time in Western culture. Scientific experts and doctors in 1650 and 1860 presented the clitoris in two different ways (Gardetto, 1993). In the seventeenth century, a large clitoris meant a lustful woman. In nineteenth century medicine, however, a woman with a large clitoris was subject to "madness which irresistibly impels the individual to seek gratification regardless of consequences" (Gardetto, 1993:101).

"A large and active clitoris (a hot clitoris clinging to a prick) was part of the Victorian pornographer's depiction of women's sexual activity" (Gardetto, 1993:101).

Female sexual organs, especially the clitoris, came to be regarded a source of danger and threatened disorganization (Gardetto, 1993). In part, the suppression of female sexuality was a way to control women. This seems to be suggested by the Victorian idea that the clitoris, considered to be the organ that aroused women's excitement, was believed to render them less tractable (Gardetto, 1993). Barker-Benfield argued that clitoridectomies were performed to curb "sexual appetite" (1973:349). He added that these surgeries were performed in the U.S. from 1867 until at least 1904. Some medical literature went so far as to extol the curative power of clitoridectomy. Hollick, an American physician, for example, wrote with enthusiasm that the clitoris "can readily be amputated more or less... and its excitability reduced...

This operation I have frequently performed with great success" (Nichols cited in Ryan, 1975:160). Karim and Ammar (1965) argued that FGC does not decrease sexual desires. El Saadawi (1980) suggested that sexual suppression in females may have the opposite effect and cause preoccupation with sex and men, and Badri (1979) reported that infibulation might actually help some young women to engage in premarital sex because women could sew up the wide introitus again prior to marriage and pretend to be virgins.

3.12 Health Effects of FGC

Attempts have been made to quantify from clinical hospital records the range and frequency of circumcision-related medical complications (DeSilva, 1989; Aziz, 1980; Rushwan, 1980); however, Obermyer (1999) claimed that the frequency and severity of the complications are not recognised and most of the information comes from the Sudan where infibulation is the most frequently performed type of FGC. The precise nature and extent of the health problems are very difficult to assess due to inadequate reporting. El Dareer (1982) pointed out that few women relate the complications of FGC to the practice, since it is generally believed to be harmless. For example, Dopico (1997) found that female respondents do not attribute their menarche problems to infibulation and

that many were reluctant to seek medical help. Additionally, women are often reluctant to seek medical attention because of modesty and, especially in rural settings, the lack of health services. Consequently, complications tend to be reported only if they are severe and prolonged (El Dareer, 1982). Furthermore, in some countries such as the Sudan, certain types of genital cutting have been made illegal, and women may hide medical complications for fear of legal repercussions (Toubia, 1993; El Dareer, 1982).

A compilation by WHO (1996) discusses three sets of complications. 1) Short term: which may include pain and injury to the adjacent tissue, potentially fatal haemorrhage and shock, urinary retention, and acute chronic infections; 2) Long term including difficulty in passing urine, urinary tract infections, pelvic infections, infertility, keloid scars, abscesses and cysts, menstrual difficulties, dyspareunia and sexual dysfunctions, and problems in pregnancy and childbirth; and 3) Sexual, psychological, and social consequences.

3.12.1 Long Term Effects of Sunna and Clitoridectomy

Hosken (1993) has suggested that, because extreme complications are not as common with clitoridectomy as they are with infibulation, they are usually ignored, and the operation is falsely perceived as being safe. However, some researchers have suggested that scar tissue due to excision may contribute to obstructed labour, since fibrous vulvar tissue fails to dilate during contractions, and this causes haemorrhage from tearing through scar tissue (Epelboin and Epelboin, 1981).

Toubia (1994: 712) reported that she had not found a single case of FGM in which only the skin surrounding the clitoris is removed without damage to the clitoris itself. Dorkeeno (1995) found that some women who have undergone the operation have reported hypersensitivity and pain caused by prolonged touching due to the exposure of the nerve endings of the glans of the clitoris.

In support of her claim, she also cited reports of pain made by some British women, who have had cosmetic surgery to remove the hood of the clitoris to help them achieve orgasm, and by those who have had reduction of the labia minora for cosmetic reasons.

3.12.2 Long Term Effects of Infibulation

Shandall (1967) found that the physiological problems associated with infibulation rarely disappear after healing. There are numerous cases of chronic infection, infertility, dysmenorrhoea, scarring and keloid formation, vulval cysts and vulval abscesses, recurrent urinary tract infection, chronic pelvic infection, tight circumcision resulting in cryptomenorrhea (retention of menstrual flow) and difficulty in marital consummation necessitating surgical operation, delay in labour and its consequences, complications during delivery, examination in labour made difficult, fistulae, foetal loss, foetal brain damage, perineal lacerations, consequences of anterior episiotomy including, blood loss, injury to bladder, urethra or rectum, late uterine prolapse, and puerperal sepsis (Cook, 1976).

3.12.3 Psychological Effects of Infibulation

Obermyer (1999) found that the psychological impact of FGC reported in various studies was not based on extensive surveys but rather on observation and clinical records. It is believed that, if the operation is performed during infancy, it is unlikely that the girl will remember the event. This was supported by Dopico's (1997) data where respondents circumcised under the age of one had no recollection of undergoing the operation. Gallo (cited in van der Kwaak 1992), who examined drawings of Somali girls who were much older when the operations took place, found that the girls were anxious and remembered the exact date, day, and hour of the operation, as well as the name of the circumciser, and the aggressiveness she displayed. Thiam (cited in Winter, 1994) reported that adolescent circumcised girls in France exhibited enormous psychosexual problems as a result of the operation.

Slack (1988) has contended that, over the years, emotional reactions to the operation may present themselves as chronic irritability, anxiety and depressive episodes. Lightfoot-Klien (1989) reported that a severely depressed self-image, lack of confidence, feelings of sexual inadequacy and worthlessness, repressed rage and anorgasmia were some psychological effects of FGC. Toubia (1993) has posited the argument that the psychological effects of FGC are often subtle and are buried in layers of denial and acceptance of social norms. She adds that, in traditional Africa where an understanding of underlying psychological problems is lacking, symptoms are interpreted as the work of evil spirits, requiring traditional remedies and rituals.

3.12.4 Psychological Impact of Anti-FGM Propaganda

Can it possibly be a good thing for thousands of African immigrants who must soak in images of their nether regions literally spread open in 'education' pamphlets, women's magazines and so-called documentaries for the modern world to ponder? (Ahmadu, 1995:46).

Dorkenoo (1995) has argued that the psychological effects of FGC can become more acute for immigrant youngsters in a Western culture as a result of anti-FGC propaganda graphically detailing the list of ailments they will continue to suffer. Dorkenoo (1995) cited social workers in Britain who have reported upon infibulated women in England becoming more conscious of their condition, which may cause anxiety and lead them to question their womanhood and feel abnormal by comparison with their uncircumcised friends. Johnsdotter, Aregai, Carlbon, Moussa, & Essén (forthcoming) report that many adult Eritrean and Ethiopian women have become affected by negative expectations of their own sexuality as a result of their encounter with a Swedish public anti-FGM discourse.

Johansen (forthcoming) has also observed similar reactions among her Swedish Somali informants. Similarly, Dopico's (1997) respondents reported emotional and mental distress as a result of anti-FGC campaigns; even successful, happy women with high self-esteem reported doubting their womanhood occasionally.

Conversely, initiation rites emphasise the importance of citizenship, the fact that the individual must be responsible to the whole of society and that society as well as the family has an interest in him/her (Nanda, 1989:135). The links between FGC and gender are made through overt positive association; there are festivities, presents, and special food to be eaten. Thus, the argument holds equally well against the contention that the operation produces psychological disturbances and sexual dysfunctions. The stigma associated with not being circumcised attaches early, virtually compelling a choice to undergo the operation, because an uncircumcised girl is often despised, ridiculed and referred to as impure (Slack, 1988). Those who practise FGC therefore, argue that it brings various physical, aesthetic and psychological benefits to the operated woman. There are benefits in terms of self-esteem and cultural admission (Ahmadu, 2000).

3.13 Impact of FGC on Female Sexual Response

The dominant literature on female sexuality demonstrates the importance of considering a variety of factors, such as the biological, sociological, psychological, and interpersonal relationship issues related to the sexual satisfaction of women. Nevertheless, much of the literature used to support the negative impact of female circumcision on sexual health focuses on the clitoris zones and tends to trivialize the importance of the above factors. Several scholars (Gosselin, 1996; Parker, 1995; Obiora, 1997; Ahmadu, 2000; Leonard, 2000) discuss the Western preoccupation with the clitoris as the primary site of female sexual pleasure which has become incorporated into much of the anti-FGM literature.

Obermeyer (1999) noted that, although the operations vary a great deal in the extent of tissue removed, the effect of these operations on the anatomy of female genital organs has often been used as the primary source of information in assessing the impact of FGC on sexual gratification/orgasm.

It is widely believed that the clitoris is a specialised sexual organ dedicated only to pleasure (Hiresch, 1968), and that removal of the clitoris results in the absence of the primary specialised female sexual organ. Therefore, all forms of FGC are alleged to be potentially associated with diminished sexual pleasure and, in certain cases, inability to experience orgasm. Toubia (1993) contended that FGC alters the normal anatomy of the female sexual organs and reduces the ease with which sexual fulfilment is achieved.

Rahman and Toubia (2000) found, however, that some of the sensitive tissues of the body and the crura of the clitoris are embedded deeply and are not removed when excision takes place. Catania, Verde, Sirigatti, Casale, & Hussen (2004) also reached similar conclusions after careful examination of their respondents' genital anatomy. They claimed that, even in the most severe cases, the erectile tissue of the cavernosi corpi of the clitoris is cut away at a level which can be compared to the tip of an iceberg, and that the crura of the clitoris remain tightly connected to the ischial and pubic bones. Rahman and Toubia (2000) further reported that even women who have undergone infibulation often have parts of the sensitive tissue of the clitoris and labia left intact; a claim which is supported by Catania et al (2004) which makes the extent of sexual damage due to infibulation questionable and difficult to assess.

From a neurophysiological point of view, sensory input from the genital region is important for orgasm. Helstrom and Lundberg (1992) found the chief sensory area for erogenous sensation, the abundant sensory innervation of the genital region in women, to be localised in the clitoris. But Weijmar Schultz, Wijma, van de Wiel, Bouma, &

Jansens (1989) argued that other non-genital parts of the body can compensate for the absence of the clitoris as the sensitivity in the area of the clitoris reverts to these parts. El Dareer (1982b) reported that in circumcised women the physiological phenomena are present but damaged or lessened. However, Sudanese psychiatrists (Lightfoot-Klein, 1989) claimed that circumcised women may actually have a heightened cerebral component as a way of compensation. Some studies have posited that, apart from the external genitals, other erogenous zones in the body may become more sensitized in women who are circumcised, particularly when the overall sexual experience is pleasurable with a caring partner. For example, Toubia and Izett (1998) and Obiora (1997) have suggested that other sex organs, such as the labia minora or other erogenous zones, become more sensitive in women who have undergone clitoridectomies, thus allowing greater sexual pleasure. In a similar vein, Megafu (1983) argued that the breasts and the lips take over erotic function in females who have undergone clitoridectomy.

3.13.1 First Sexual Encounters (Wedding Month)

Many early sexual and marital difficulties are reported in communities where FGC is practised (Hosken, 1993; El Dareer, 1982; El Saadawi, 1980). Infibulation reduces the vulva opening, making it necessary to cut or tear tissue before sexual penetration can take place; thus sex in the initial stages can cause pain rather than pleasure (Johansen, forthcoming; Almroth, 2000; Talle, 1993). In some communities, women go through a gradual process of repeated penetration which can take two to three months. Alternatively, in other areas, the infibulated vulva is opened by traditional circumcisers, midwives or doctors before the consummation of marriage, and in all cases frequent penetration is necessary in the early stages to prevent closure. This is a source of great pain for the women. Catania, Verde, Sirigatti, Casale, & Hussen (2004) claimed that female respondents reported that the degree of pain was much worse than what they had expected.

In another study one informant stated that the wedding night was the worst night for her and that the memory was one that could not be forgotten; yet she reported sex afterwards to be good (Johnsdotter, 2002).

The initial stages of sexual encounters, apart from the pain and distress they cause the woman, can have negative effects on some men. Dirie and Lindmark (1991), Almroth (2000) and Rye (2002) reported that men considered the pain and delay associated with de-infibulation to be a burden. Dirie and Lindmark (1991) and Johansen (forthcoming) reported that some of their male informants endured pain and penile wounds due to repeated forceful attempts at penetration. Van der Kwaak (1992) contented that the consequences of forceful and repeated intercourse to penetrate a tight infibulation may cause impotency in some men. Conversely, in Somalia and Sudan forceful intercourse to penetrate a tight infibulation is hailed as a sign of masculinity and virility (van der Kwaak, 1992). Many of Johnsdotter's (2002) female respondents confirmed that Somali men in general prefer women to be infibulated because this attests their virginity (chastity), and enhances male pride and self-esteem (masculinity) when successfully defibulating their brides.

3.13.2 Beyond the First Sexual Encounters

Reliable evaluation of the effect of FGC on sexual response is difficult to obtain since, in many cases, the procedure takes at such a young age that the women have no prior sexual experience with which to compare post-FGC sexual sensitivity (Obiora, 1997). Therefore, supporters of the practice maintain that FGC has no effect on sexuality, and opponents declare that it decreases or even annihilates women's ability to feel pleasure; it is even claimed that, in fact, it causes more uncontrolled sexual behaviour (Johnson, 2000).

Histological studies of specimens from female circumcision suggest that FGC destroys the nerve endings, especially those of the tactile organs, reducing the vulva to sheets of thick, fibrous tissues with minimal innervation, which causes delayed sexual arousal (Abu Bakr, 1979). Contrary to popular belief, however, there is no direct evidence that circumcision causes delayed sexual arousal (El Hakim and El Din, 1979). Lack of orgasm or sexual gratification is often cited as one of the long-term effects of the practice (El Dareer, 1982a; Badri, 1979; Shandall, 1967), yet other studies have shown that this is not uniform. In Sierra Leone, Koso-Thomas (1987) examined the impact of FGC on arousal, sexual feelings, and the possibility of reaching orgasm through genital stimulation. Results revealed a lack of intense arousal by all respondents. Yet Amhadu's (2000) respondents from the same country reported achieving orgasm by stimulating the vagina. Similarly, the comparative research carried out in Egypt by Badawi (1989) found the incidence of orgasm by stimulation of the clitoral area to be 25% of the 133 circumcised women, compared with 50% in the uncircumcised group containing 26 women.

Many respondents in the Kere and Toposiba (1994) study of Burkina Faso reported pain and discomfort during intercourse and, while some experienced a degree of sexual arousal, most did not achieve orgasm. El-Defrawi, Lotfy, Dandash, Refaat, & Eyada (2001) found that circumcised respondents complained more significantly of low sexual desire, less frequency of orgasm and less sexual pleasure than did uncircumcised women. Thabet and Thabet (2003) found that infibulation has a marked negative effect on women's sexuality, and Shandall's (1967) study of Sudanese women revealed that over 80% of those who had undergone infibulation, compared with 10% of those with Type 1 or without circumcision, did not identify or experience orgasm. A survey by El Dareer (1982b), also in north Sudan, yielded similar results, with 50% of respondents reporting no sexual pleasure, 23.3% being indifferent, and the remaining 26.6% either finding sex pleasurable always or sometimes.

Interestingly, the percentage of women in El Dareer's study who found sex pleasurable sometimes is comparable with that reported for uncircumcised Western women in the US, for example by Laumann, Paik and Rosen (1999), Hite (1976), Uddenberg (1974) and Fisher (1973). Gruenbaum (1996) reported that some participants found sex unsatisfying except insofar as they made their husbands happy, and that others gave vivid descriptions of their orgasms. Johansen's (forthcoming) Somali respondents also differed in their sexual experiences, with 50% reporting reduced sexual feeling and the rest claiming no difference. Boddy's (1996) subjects were also divided, with some viewing sex as an obligation and others enjoying it.

Studies that systematically investigate the sexual responses of women in societies where FGC is practised are rare (Vance, 1991), and much of the limited information available challenges the assertion that the practice impedes sexual enjoyment (Obermeyer, 1999). Many researchers argue that the relationship between FGC and lack of sexual satisfaction has been exaggerated. Essén, Johnsdotter, Hovelius, Gudmundsson, Sjöberg, Friedman, & Östergren (2000) reported that Somali women did not believe that, due to circumcision, they had lost their ability to enjoy sex. Johnsdotter, Aregai, Carlbom, Moussa, & Essén (forthcoming) argue that many Somali women may very well enjoy sex, but are reserved in their expressions in the act, as it is generally considered shameful for a woman to openly delight in sexual activity.

Further studies that contradict the view that FGC impedes sexual satisfaction include that of Ahmadu (2000, forthcoming), whose results rebut the negative impact of the lack of a clitoris on sexuality, and that of Khattab (1996) who found that the majority of Egyptian women who had undergone FGC reported enjoying sexual intercourse.

Similarly, Edgerton(1989) reported that Kikuyu men and women claimed that women continue to be orgasmic after circumcision, and Orubuloye, Caldwell and Caldwell (2000) found that Yorba women believe that circumcision has had no effect either way on their sexual pleasure.

In Ghana, Knudsen (1994) conducted a study of 500 women who had undergone clitoridectomy and reported that 70% of the participants experienced orgasm and 30% had weak sexual responses. Megafu (1983), examining the effect of FGC on the age at first sexual intercourse and the incidence of premarital coitus among young Ibo women in Nigeria, found that 58.8% of circumcised participants experienced orgasm by contrast with 68.7% of uncircumcised women. Okonofu, Larsen, Oronsaye, Snow, & Slanger's (2002) research also revealed no significant difference between circumcised and uncircumcised women in the reported frequency of arousal and orgasm achievement during intercourse.

Another survey of circumcised Egyptian women by Assad (1980) revealed that 94% of respondents reported enjoying sexual intercourse. The preliminary analysis of a study conducted by Catania, Verde, Sirigatti, Casale and Hussen (2004) revealed that infibulation did not prevent respondents from enjoying sexual activities, or decrease their orgasmic capacity. The findings of this comparative study suggest that the majority of the women (90.51%) found intercourse pleasurable, with about 70% achieving orgasm always, and 17% often, during coitus. Similarly, around 65% of informants claimed to always achieve orgasm during sexual intercourse with masturbation by partner, and 91% by oral sex. Results obtained were consistent and did not vary by type of FGC.

Lightfoot-Klein's 1989 study, based on interviews with Sudanese men and women, reported results similar to those of Assad (1980), with 90% of her female sample claiming to experience orgasm regularly or at some point. Yet Lightfoot-Klein (1989) claimed that Sudanese women lost a lot by comparison: their orgasms were weaker, less frequent, and took longer to elicit.

Some of Johansen's (forthcoming) male informants report differences between their circumcised and uncircumcised partners, with the uncircumcised partner being much more responsive and active in bed. Most of them maintain that circumcision reduces women's sexual pleasure and associate it with the absence of the clitoris, yet many male and female informants did acknowledge that the reduced state of responsiveness could be as much cultural as physical

3.13.3 Views of Men Married to Women Who Have Undergone FGC

It has been claimed that men who are married to or have sexual partners who have undergone FGC might have unpleasant sexual experiences. Karim's (1994) Egyptian respondents claimed that dissatisfaction in their sexual interactions with their circumcised wives had led to their excessive usage of alcohol and hashish. Similarly, Kere and Toposiba (1994) found that men often sought extramarital affairs with uncircumcised women, as they were deemed to be complete and more satisfying. They further suggested that strained marital relationships which manifest as anger, aggression, and ultimately divorce may in fact be caused by FGC.

Of Shandall's (1967) polygamous Sudanese respondents, among whose wives only one had undergone infibulation while the others were uncircumcised or had undergone clitoridectomy, 88.7% claimed to prefer the uncircumcised wife or the one who have undergone clitoridectomy to the infibulated wife.

While 20% stated that they could not keep up with the ordeal of defibulating their spouses after each childbirth, 12% reported enjoying sexual intercourse with a partner who had undergone infibulation. Conversely, almost all of male participants in a study by El Darrer (1982b) found that both spouses had an enjoyable sexual life.

Finally, Lowenstein (1978) maintained that most young men were essentially against all forms of FGC, because it interfered with their own sexual satisfaction as husbands. They felt that FGC denied them access to the female in the frequency which their own sexual drive demanded, because it was essentially painful for the woman, and she co-habited out of a sense of duty only. They also believed that the male would be denied the gratification of knowing that he could give the woman pleasure and bring her to orgasm if possible.

3.14 Conclusion

This chapter has provided an extensive review of the literature concerning FGC and its impact on sexual response. It reports that the operations vary a great deal in the extent of tissue removed, and that some women are infibulated, while others have undergone the less extensive forms of FGC. Moreover it is possible that, even in cases of infibulation the clitoris is not excised. For example, it has been reported that many midwives, fearing haemorrhage, leave much of the clitoral (erectile) tissue intact beneath the infibulation. The overview of the literature challenges some key assumptions, namely that the capacity for sexual enjoyment is dependent on an intact clitoris, and that orgasm is the principal measure of healthy sexuality. The existence of contradictory evidence regarding the possibility of sexual enjoyment among women who have undergone genital surgeries raises a key question: could there be fundamental differences among cultures regarding notions of the link between genital organs and sexual enjoyment? The following chapter will review the dominant literature and associated variables that impact on female sexual response and the determinants of sexual and marital satisfaction.

CHAPTER 4 : SEXUAL RESPONSES, SEXUAL SATISFACTION AND MARITAL RELATIONSHIPS

4.1 Introduction

Our knowledge of female sexuality, the clitoris, and orgasm has been constructed within different “epistemological fields” or “epistemes”, as Foucault (1973:xvii) calls them. For Foucault, all knowledge is “enmeshed in the clash of petty dominations” as well as in the larger battles that constitute our world. Knowledge, Gardetto argues, is not above these quarrels as the Enlightenment commitment to objective truths suggests; rather knowledge controls the variance of reality by organising it in a particular way (1993:16). Therefore, it is hard to imagine anything more difficult to study than human sexuality, on every level from the technical to the political. When investigating FGC (infibulation) and its impact on sexual health and marital relationship, it is important to reconsider the dominant literature in the field of sexology. Thus, this chapter reviews historical, anthropological, biological, sociological, and psychological perspectives which have been used to analyse female sexuality, female sexual responses, orgasm, and sexual and marital satisfaction.

4.2 Female Sexuality

The history of women’s sexuality is not a romantic tale of loving and caring relationships culminating in a joyful happy-ever-after finale. Rather, it is often the story of a more empowered male partner, who is supported by political and/or religious laws and standards, and a less protected female partner whose traditionally recognised role has been to ensure that the male sexual desires have been satisfied (Hatfield and Rapsen, 1993).

Until about 1500, most cultures, and the political and religious authorities that held power, viewed passionate lovers’ primitive and powerful feelings as dangerous things that had to be suppressed (Hatfield and Rapsen, 1993).

In the West, during the early Christian era, for instance, sexual suppression was especially harsh, with the church proclaiming passionate love and sexual intercourse (even marital) for any purpose other than procreation to be a mortal sin, punishable by eternal damnation (Hatfield and Rapsen, 1993).

However, a profound revolution in the realms of love and sex has taken place in the last three centuries and it is still ongoing. In a movement which started in Europe, spread to the United States, and is now occurring in corners of the non-Western world (Roberts, 1976; Stavrianos, 1981 both cited in Hatfield and Rapsen, 1993), the elevation of romantic and passionate love, marriage for love as opposed to arranged marriage, egalitarian families as opposed to patriarchal (hierarchical) arrangements, sexual freedom for men and for women, and the movement towards equality for women has started to emerge (Stavrianos, 1981). In a similar way, according to Mead in the 1940s “the old Puritan imperative, ‘work, save, deny the flesh,’ gave way to a set of unrealizable imperatives for the future, be happy, be fulfilled, be the ideal” (1949:193).

DeLamater and MacCorquodale (1979), and Sprecher and Hatfield (1993) argued that political, economic, and social changes can produce marked changes in men’s and women’s sexual attitudes and behaviour. For example, there is evidence that the sexual double standard that was so popular in Russia and Japan is rapidly dying (Sprecher and Hatfield, 1993). India, China, Egypt, Iran, the nations of Africa and Latin America have not completely escaped these revolutions, but how much these traditional cultures have changed is debated. It took the West over 500 years to embrace or partially embrace these modern ideas of love and sex. In some non-Western cultures, however, these same changes seem at least superficially to be occurring in less than 50 years (Bendix, cited in Hatfield and Rapsen, 1993). The new morality, ushered in by globalisation and birth control products that have greatly reduced the fear of unwanted pregnancy, has helped change cultural mores. As a result communities are moving away from traditional values at a faster pace than ever before.

Recently, there has begun to be a backlash against Western ideas and hegemony and these peoples have begun to speculate about the possibilities of taking only the best that the West has to offer and integrating it with the cultural traditions that are uniquely their own (Axtell, 1981 cited in Hatfield and Rapsen, 1993)).

Religiously based negative attitudes toward sexual pleasure have continued to dominate the thinking about sexuality in Western society (Pagels, 1988). While the public today has become more secular in its attitude towards women, sexuality and other bodily pleasures, nevertheless women continue to be viewed as the traditional guardians of religion and morality in the family and community. So, despite these societal changes, a significant linkage remains between religious orthodoxy and sexual functioning. Mahoney (1980) considered the frequency of attendance at religious services to be a more significant determinant of sexual behaviour than religious affiliation. Religious attitudes (Daniluk, 1993), parents (Propper and Brown, 1986) and peers (Sack, Keller, & Hinkle, 1984) have been found to be influential in increasing levels of sexual guilt. Guilt inhibits or encourages different types of sexual behaviour, and has a strong inhibiting influence on sexual development (Hurlbert, 1993). For example, Mahoney (1980) found that college women who reported high level of religiosity indicated low frequency of sexual intercourse as well as less experience with a variety of stimulatory techniques.

4.3 Culture, Sexual Values, and Sexual Scripts

Various studies (Burgos and Perez, 1986; Pavich, 1986; Wilson, 1986; Yap, 1986; Wyatt, Strayer, & Kibitz, 1976) have long since discovered the strong impact culture has on sexuality. Talmadge (1985) argued that family history, individual personality dynamics, cultural context, and the interactional impact of these factors on the individual and on the relationship dyad form the bases of sexual scripts. Hite (1976) posited the argument that sexual behaviours, which are an outcome of values and sexual desire, are influenced by personal sexual scripts. However, Engel, Saracino, and Bergen (1993) claimed that, despite being embedded in early childhood interactions, personal sexual scripts continue to evolve in relationships with others.

Reiss and Lee (1988) and Travis and Offir (1984) suggested that gender differences in sexual choices and behaviours are mitigated by sociocultural factors. Byers and Heinlein (1989) and Simpson and Gangestad (1991) also posited the fact that men and women may have a similar interest in engaging in sexual activity but conform to socially or culturally defined sexual scripts. Masters and Johnson (1970) noted the double standards in sex, which offered a set of restrictive attitudes for females; a situation which prevented many women from allowing themselves to indulge in their sexual feelings. De Beixedon (1995) agrees with the premise that women tend to suppress their sensuality and sexuality because they fear societal response. However, real people in all cultures are always engaged in balancing their own self-oriented concerns against the desires of the group. Gebhard (1971) contends that, in large and literate societies where anonymity is more readily possible, it is easier to escape social sanction, enabling people to participate in sexual activities that they otherwise would avoid.

In Mead's (1949) view, human sexuality is not a universal instinct, but a carefully socialised activity, a potentiality that may or may not be developed by a given culture. Culture also has an impact on social definitions of how people think, feel, and behave in the field of love and sexuality (Griffitt and Hatfield, 1985). Since cultural ideology impacts not only on one's sexual practices, but also on what is considered normal, no one society can be pointed out as representative (Ford and Beach, 1951). For example, Ford and Beach (1951:254-255) found that "the societies that severely restrict adolescent and pre-adolescent sex-play, those that direct girls to be modest, retiring, and submissive, appear to produce adult women that are incapable or at least unwilling to be sexually aggressive, and who quite often do not experience clear-cut sexual orgasm. By contrast, in societies which permit or encourage early sex play, the usual outcome is a greater degree of freedom for women in seeking sexual contacts". Mead (1949) also reported the Tchambuli women in the Sepik region of Papua New Guinea to be dominant and aggressive in matters of sex, and not the males, whereas Western societies expect men to be sexually aggressive and women to play a passive or evasive role.

However, within a given culture or gender, sizeable individual differences exist in sexual attitudes and behaviour.

Bullough and Bullough (1995) argued that there is a major difference between Western societies, which have adopted hostile attitudes towards sexuality, and Eastern societies such as the Chinese and Indian, which have emphasised sexual duality, and have generally regarded sexual activity as enjoyable. Because Eastern religions stress the human union with nature, they usually encourage of passion in the marital relationship. The Kama Sutra is based on the idea that enlightenment is best achieved through different varieties of sexual intercourse with a soul mate (Burton and Muirhead-Gould, 1963). Similarly, in Taoism, sexual love may be transformed into a type of worship in which the spouses are, for each other, incarnations of the divine (Watts, 1959). Tantra, the science of the ecstasy of sex, as perceived by the Vedic Hindus, is a 4000-year-old discipline created in a social context that accepts sexual satisfaction as an important aspect of self-realization (Arvind and Shanta, 1975). It addresses issues such as emotional and physical maturity, self-acceptance, and acceptance of partner. It uses a comprehensive training plan to get the most of one's sexuality. Contrary to the puritan values that force women to deny their sexual desires, the Tantra encourages freeing oneself to explore ecstasy and satisfaction.

Traditional sex role ideology offers a narrow range of sexual behavioural patterns (Apt cited in Hurlbert and Apt, 1994). While traditional men throughout the world are sexually assertive, emphasising the physical aspects of sex, women in this group are primarily passive and seldom articulate their sexual desires (Leigh, 1989; Hurlbert, 1991). In Western countries today, the traditional values of one's ethnic origin are more pronounced in the lower socio-economic class than in the middle upper class (Lavee, 1991). Francoeur (1987) cited socio-economic and ethnic factors as playing a significant role in shaping people's interpersonal relationships and the values that sustain them. Ficher and Coleman (1981), however, suggested social class as the strongest predictor of sexual values and behaviour.

While McGoldrick (1982) argued that not all differences can be ascribed to class alone, Bernal and Alvarez (1983) cited the interaction of class and ethnic origin as the most likely factor in shaping individual's sexual behaviour.

4.4 Discourse about the Vagina, Clitoris and Orgasm

In Western patriarchy, genitally oriented sex has not always been considered the ideal. For example, the ancient Greeks had a larger view: they supported the idea of the connection between a healthy body and a healthy mind, and trained their male children in both the physical and intellectual arts. They also allowed the development of sensuality, promoting the aesthetics in both the arts and the human body (Socher, 1999). Today, however, phallogentric values prevail in Western societies, influencing sexologists' perceptions. Thus, sexology as a science has been strongly influenced by social norms and the personal values of writers, researchers, and sex therapists (Tiefer, 1995) which, it has been argued, are often based on myth (Ellison, 1984; Zilbergeld and Ellison, 1980).

Belliveau and Richter (1977) and Kelly (1990) asserted that, until the mid-twentieth century, few serious scientific attempts were made to study human sexual behaviour. Several scientists in Victorian times tried to study the role of sex in the human life, but this exploration was perceived as a social threat. Krafft-Ebing (1840-1902) a German, and Sigmund Freud (1856-1939) an Austrian, who were committed to understanding mental disorders, faced professional (though temporary) ostracism. Kelly believed that the reason for both physicians finding sex to be a major factor in causing emotional and mental disturbances was that they lived in a period in which acknowledging sexual feelings or behaviours inevitably produced guilt, fear, and self-loathing. Dickinson (1932) was among the first investigators to learn about internal female anatomy, the physiological responses of the clitoris, vagina and cervix during sexual stimulation and orgasm and to report statistics about female sexual habits. Dickinson maintained that, once a woman has been able to experience the pleasure of self-induced orgasm, she is more likely to experience orgasm during intercourse, and introduced electrical vibrators for women.

Kinsey (1884-1956) and his associates studied human sexuality quantitatively, and their work legitimatised sex research as a more scientific pursuit than it had previously been considered.

4.4.1 The Clitoris

Perched on the anterior end of the vulva, just below the mons veneris, the clitoris is partially hidden by the inner vaginal lips and the labia minora. One or perhaps two small folds of skin form an inverted “v”, the frenulum, where the inner lips meet. The lips attach to the underside of the clitoris, forming an important system for transmitting sensations during sexual stimulations. At the uppermost point, where the shaft of the clitoris can no longer be felt, it divides into two parts. The shaft broadcasts powerful pleasure signals to the pelvic region through long, tendinous leg-like muscles. Continuing on down from the fork of the shaft and the crura, along the sides and toward the vagina, are two bundles of erectile tissues called the bulbs of the vestibule. They are important conveyers of sexual sensation during arousal. What may affect sensitivity, however, is each clitoris’ supply of nerve endings and individual patterns which explain the variation in women’s preference for sexual stimulation. Murray (1983) contended that, in some, the clitoris is more sensitive to touch than in others. Masters and Johnson (1966) noted that only rarely do women prefer direct stimulation of the clitoris. Likewise, Weisberg (1984) asserted that women are much more likely to stimulate the shaft of the clitoris or the mons in the area of the clitoris.

Murray (1983:58) reported that feminists who were not satisfied with the definition of the clitoris’ three parts, the glans, the hood and shaft, used self-examination, personal observation and meticulous analysis and arrived at a new view of the clitoris. The clitoral system, they argued, includes all those structures that function together to produce orgasm including the vagina.

Thus, by definition, the clitoris includes not only the glans, shaft, and hood traditionally considered to comprise the organ, but all other parts of “the organ of female orgasm”, including the crura, labia minora, perineal sponge and the urethral sponge, a spot inside the vagina that is extremely sensitive to deep pressure and which lies in the anterior wall of the vagina about two inches from the entrance (Federation of Feminist Women’s Health Centre, 1981:163). Ladas, Whipple and Perry (1982) named this area the Gräfenberg (G) spot, after Dr. Ernest Gräfenberg, the first modern physician to describe clearly the relationship of an area in the vagina sensitive to sexual pleasure.

O’Connell’s (cited in Arndt, 2004) influential work dissecting clitoral anatomy revealed the clitoris as not just a tiny button near the vagina opening, but a large, expanding, highly sensitive structure with legs that extend up to 13 cm and curve around the vagina. Spongy erectile tissue, similar to that in the glans, is found right through the clitoral system including the G spot. Blackledge (2003) found all these structures to be richly innervated and capable of detecting vibrations, touch and pressure changes, and particularly deep pressure.

4.4.2 Orgasm

A brief history of orgasm reveals radical changes in perspective over time. Maines (1999) described a double standard in the concept of female orgasm in the Victorian era, where it was considered both the cause and cure for hysteria, with the latter assumption leading to the development of the vibrator. The mere use of the term female orgasm may be considered an historical achievement. It denotes an acknowledgment that women have a physical response to sexual stimulus, and implies that there is potential for women to have sexual satisfaction (Socher, 1999). After the work of Freud and Kinsey came the sexual response cycle described by Masters and Johnson in 1966. The cycle is supposedly similar in men and women, but with some differences, and has four stages.

1. Excitement stage: the body begins to react to sexual stimuli. In men it begins with an erection while in women the first reaction is lubrication of the vagina, which is associated with engorgement of the vaginal blood vessels.
2. Plateau stage: this stage of increased tension as a result of blood trapped in the sex organs of both sexes causes a pleasurable swelling.
3. The orgasmic or climatic phase: involuntary response, consisting of those few seconds when the body changes resulting from stimulation reach their maximum intensity, which is expressed as a release of muscular spasm and engorgement of blood vessels built up by sexual stimulation.
4. The resolution phase or refractory period is the last stage: in males it comes immediately after orgasm, as the body relaxes and breathing and blood pressure return to normal; re-stimulation is impossible for a while. Women's refractory periods are shorter than those of men, permitting some women to experience multiple orgasms. Masters and Johnson acknowledged that not all women consistently reach orgasm or experience all four phases of the cycle. They believed that, subjectively, the third stage is the peak of experience of physical pleasure. In men, the first of multiple orgasms was deemed to be the most pleasurable, while the multi-orgasmic women in the laboratory usually reported that the second or third orgasms were the more intense and prolonged experiences.

While Masters and Johnson (1966) believed these four phases to occur in a linear, fairly invariant fashion for both men and women, subsequent researchers posited a more circular mode, with each phase affecting and reinforcing the preceding stage. Zilbergeld and Evans (1980) challenged Masters and Johnson's outcome, statistics, and research methodology and later Tiefer (1995) mounted a comprehensive critique of Masters and Johnson. She called attention to the arbitrariness of the four staged, hard-wired sequences of sexual behaviours.

She also pointed out the fact that Masters and Johnson selectively chose their sample to include only those who had a positive history of masturbation and coital orgasm. Additionally, they influenced their participants to the extent of providing sex therapy during the course of the study.

In 1974, Kaplan proposed a biphasic model of human sexuality. The first phase involved vasocongestion of the genitals and the second phase consisted of the reflective muscular contractions of orgasm. Later (1979) her biphasic model evolved into a triphasic mode consisting of a desire phase, excitement phase, and a resolution phase. Zilbergeld and Ellison (1980) believed that both Masters and Johnson's and Kaplan's models ignored the cognitive and subjective aspects of sexual response. Thus, Zilbergeld and Ellison proposed five components of the sexual response cycle: interest or desire (how frequently a person wants to engage in sexual activity), arousal (how excited one gets during sexual activity), physiological readiness (erection or vaginal lubrication), and orgasm and satisfaction (one's evaluation of how one feels).

4.4.:3 Types of Orgasm

In the 1940s Freud believed there are two kinds of orgasm, one resulting from clitoral stimulation, and the other resulting from vaginal penetration. Failure to achieve vaginal orgasm in adulthood, he argued, signalled psychological immaturity due to fixation at the phallic stage of psychosexual development. Kinsey also held the view that, as a girl grew up, her clitoral orgasms somehow evolved into vaginal orgasms. He asserted that the vagina itself should be the centre of sensory stimulation but believed this to be a physical and physiological impossibility for nearly all females, because there are no nerves in the vaginal wall. Doctors in the 1940s encouraged couples in USA toward clitoral stimulation, but maintained the view that vaginal orgasm was superior to clitoral orgasm (Gordon, 1977). The Freudian viewpoint was carried to an extreme by some, who labelled any women who only achieved orgasm clitorally as frigid and neurotic.

However, it was not until Masters and Johnson (1966) reported their direct observations of masturbation and intercourse that it was possible to understand what happens to the human body as a result of erotic stimulation. Their work established what an orgasm looks like, but not what it is. Influenced partly by Kinsey's work, Masters and Johnson assumed that the ability to masturbate to orgasm by stimulating the clitoris was the hallmark of normal female sexual response. These studies also implied or seemed to imply that what most people did was most likely to be right. Masters and Johnson concluded that all female orgasms involve the clitoris and are physiologically indistinguishable. They believed that any perceived difference is a subjective one because all orgasms in the female involve contact with other parts of the female introitus which creates friction between the clitoris and its own hood.

As a result of Masters and Johnson's report, the clitoris, which was once deemed responsible for immature orgasms, was now believed to serve as a receptor and transformer of all sexual stimulation. It came to be regarded as the main focus of female erotic arousal and orgasm, and came into the spotlight of scientific inquiry and public controversy (Gardetto, 1993). Although these assumptions constituted an important step in demystifying Freud's understanding of female sexuality, the official challenge to Freud's clitoral-vaginal transfer theory began when the Kinsey researchers concluded that the vagina was not sensitive.

Koedt (1970) also argued that the vagina was of no importance in female sexuality and orgasm other than for menstruation, to receive a penis, to hold semen and as a birth canal. Koedt stripped the vagina of its erotic nature and argued that any woman who claimed to experience vaginal orgasm was a victim of deception or confusion. Similarly, Westheimer (1994) argued that all female orgasms are clitoral, meaning that it is always the stimulation of the clitoris that triggers orgasm.

There is, however, great variety in the way in which women experience sexuality and what triggers orgasm; there is even documentation of women who are so excitable that they can reach a spasmodic pleasurable reaction merely by using their own fantasy (Ogden, 1994:142).

De Beauvoir (1953) and Fromm (1956) stated that many of Freud's basic assumptions about female sexuality have been disputed, and his patriarchal approach has been criticised for ignoring the psychobiological aspect of sexuality. In the 1960s feminists (Koedt, 1970; Lydon, 1968; Shulman, 1971) started to point out that too much emphasis had been placed on the vagina as the organ of female sexual pleasure, and that it was silence about the clitoris that made sexual pleasure elusive. It was believed that focusing on the vagina as the central organ for female sexuality was male-centred, and tied female sexuality to heterosexual intercourse. They blamed men and male-dominance generally, and Freud and psychoanalysis in particular, for distorting the facts of female sexual pleasure.

An example of the definition of orgasm adopted in popular literature is one given by Beck (1993). Beck defined orgasm as "an automatic reflex caused by stimulation of the clitoris that exposes itself in vaginal contractions, which last eight-tenths of a second each" (1993:XIV). Over time, various experts have documented claims that women had no orgasms at all; then two kinds, one of which was neurotic; then only one kind; then three or more kinds!

4.4.4 Theoretical Orgasm

Masters and Johnson (1966) believed that there is only one kind of orgasm, the kind produced by clitoral stimulation. Nevertheless, the two-orgasm theory has been supported by other researchers. Fisher (1973), Singer (1973), and Fox and Fox (1971) argued that there is a difference between orgasms produced by vaginal intercourse and those achieved by clitoral stimulation. Glenn and Kaplan (1968) used the terms 'vaginally stimulated orgasm' to describe orgasm that results solely from

intercourse without any manual stimulation of the clitoris, and 'clitorally stimulated orgasm' which refers to the area in which the orgasm is perceived. The two-orgasm theory is also supported by Ladas, Whipple and Perry (1982) who have identified more than one place in the vagina where female orgasm can occur. Singer and Singer (1972) described three types of orgasms, namely: vulval, which resembles what is considered clitoral orgasm, with spasms of the PC muscle; uterine orgasm which results from stimulation deep inside the vagina; and blended orgasm, which combines the two.

Although Masters and Johnson (1966) demonstrated that female orgasm is a singular physiological process regardless of the nature or location of the stimulation, Newcomb and Bentler (1983) reported that respondents indicated differences in their experiences. Orgasms were experienced as centred in the clitoral and or vaginal regions. Similarly, Fisher (1973) and Robertiello (1970) found that women make clear distinctions between orgasms reached during intercourse and those achieved through masturbation. Ladas, Whipple and Perry's findings of 1982, however, confirmed a variety of sexual experiences and refuted the contradictory either/or orthodoxies (clitoral/vaginal). They argued that there is not one ideal way to experience orgasm and suggest that it is a continuum of experiences. Gillespie (1969) suggested that the distinction between clitoral and vaginal orgasm is not a difference in kind, but rather in degree of completeness, or in the emotional satisfaction experienced.

Newcomb and Bentler (1983) posited the theory that distinct muscular changes and neurological paths might exist for types of female orgasm. Instead of looking for a vaginal (coital) orgasm as distinctly different from a clitoral orgasm, Hoch (1986) proposed the concept of a 'clitoral/vaginal sensory arm of orgasmic reflex' including the clitoris and the entire anterior vaginal wall as well as the deeper situated tissues.

Hoch argued that this speaks towards a 'genital orgasm' potentially achievable by separate or, most effectively, combined stimulation of those different trigger components of the genital sensory arm of the orgasmic reflex (1986:767).

Orgasm is highly complex, involving neurology, urology, gynaecology, psychology, endocrinology, and anthropology (Gallagher, 1986). In fact, an orgasm is so peculiar to the person having it that data from subjects are often described by researchers as fingerprints or signatures. For a woman, the answer may be known only to her, and even she may be unsure; for a man, usually the answer is that orgasm is there or it is not (Gallagher, 1986). In spite of abundant literature dealing with female orgasm our knowledge of the mechanism and the localization of the final climax is insufficient due to the intricacy, almost inextricability, of the mind-body collaboration during orgasm (Gallagher, 1986).

4.5 Female Genital Erotic Sensitivity

In the 1950s Kinsey began to study the sexual habits of men and women, which revealed an enormous variability in sexual behaviour. A device similar to a Q-tip was used in an attempt to discover women's genital areas that are most sensitive to sexual stimulation. The study concluded that the clitoris is sensitive and the vagina is not.

Blackledge (2003) claimed that touching the delicate skin of the clitoral glans produces one type of sensation but deep pressure receptors in the walls of the vagina produce quite another. Morgan (1972) argued that what triggers orgasm is a brief but vigorous application of rapid rhythmic friction to the anterior wall of the vagina. In a similar vein Gräfenberg (1950) claims that the anterior vaginal wall is a primary erotic zone, perhaps more important than the clitoris, which he claims got its erotic supremacy only in the age of necking. Blackledge (2003) argued that, as we learn more about the complexities of female anatomy and arousal, the vagina is set for a comeback.

Alzate and Hoch (1986) suggested that women possess a zone of tactile erotic sensitivity on the anterior vaginal wall, which in many of them may extend to the entire anterior wall and to the posterior vaginal wall. Hoch (1986) and Alzate and Hoch (1986) claimed that the entire anterior vaginal wall, including the deeper situated urinary bladder, the perinurethral tissues, and the Halaban's fascia, rather than one specific spot (the G spot) (Ladas, Whipple and Perry, 1982) were erotically sensitive in most women. Hoch (1986) stated that 64% of women subjects learned how to reach orgasm by direct specific digital and or coital stimulation of this area. Hoch's claims have been supported by much published evidence, for example, Alzate (1985a, 1985b), Alzate and Londono (1984), Alzate, Useche, and Villegas (1989), Hoch (1980, 1986), Gräfenberg (1950), Ladas, Perry and Whipple (1982), and Perry and Whipple (1981), and have been refuted only by Masters, Johnson and Kolodny's (1988) study that did not describe the methodology used.

Hoch (1980a, 1980b) contended that the entire surface of the anterior vaginal wall is erotically sensitive, and conceptualises that the anterior vaginal wall and the adjacent deeper located structures, together with the clitoris, constitute the sensory arm of the female genital orgasmic reflex. Douglas and Douglas (1997) summed up the state of current knowledge by stating that female genitals form an orgasmic crescent which is composed of erectile tissue, including the clitoris, the part of the clitoris that extends into the body, the G spot and the area surrounding the urethra.

4.6 Pathways in Sexual Response

Most theorists, including Masters and Johnson (1966) and Kaplan (1974) have described only one reflexive pathway in female sexual response; it includes the clitoris as its major source of stimulation, the pudendal nerve as its pathway, and the bulk of the pubococcygeus muscle (PC) or (orgasmic platform) as the major manifestation of myotonic build-up and discharge in orgasm. Such a single reflex model is unable to account for the difference in sexual responses.

However, Perry and Whipple (1982) described a second reflexive pathway which includes the G spot as its major source of stimulation, the pelvic nerve as its major pathway, and the musculature of the uterus, the bladder, the urethra and the proximal portions of the pubococcygeus muscle as its major myotonic manifestation. Tordjman (1980) came to the same conclusion concerning the existence of two reflexive pathways in female sexual response, although his analysis was based on logical deduction from the effects of spinal cord injuries on orgasmic response. The pudendal and pelvic nerves partially overlap in the spinal cord, providing some physiological basis for interaction between the two reflexive pathways, which may open the possibility of brain stem involvement in the interaction (Perry and Whipple, 1982).

Physiologically, for both sexes most of the time, orgasm is a matter of muscular contractions and a feeling of pleasure focused in the genitals that spreads throughout the body. But after years of monitoring these physical aspects of orgasm, both Bohlen (1983), and Wagner (cited in Gallagher,1986) found that the essence of orgasm does not lie in the genitals. The neurology of erection and of ejaculation is clear, but not of orgasm maintained Bohlen. He argued that they do not go hand in hand, and cited the example of men and women, whose genitals have been amputated for medical reasons, having orgasms, to conclude that the essence of the matter lies elsewhere. Bohlen concluded that orgasm is a brain experience, and the same verdict was reached by Wagner, and Heath (cited in Gallagher,1986) who elicited orgasm by stimulating an intractably ill patient's brain during treatment. These experiences of orgasm indicate that sexual responses can depend more on impulses in the brain than from the genitals. Bohlen's conclusion, after years of monitoring contractions and metabolic rates, is much like Wagner's: that orgasm is perception.

It appears that paraplegics can utilise secondary erotic zones (neck, arm, chest, wherever) to serve as genitals by proxy. Cole (cited in Gallagher,1986) found that they reported satisfying orgasms like the ones they had before the cord injury, which indicates that stimuli from the brain, like fantasy, sense memories, and emotions, components in most orgasms, play a major role for many people with disability.

It is as if they are over-compensating for the lack of the usual genital stimuli. Ladas, Perry and Whipple (1982) suggested that the activity of the pelvic nerve may provide an explanation for the sexual experiences of people who have suffered injuries to the lower segments of the spinal cord.

Tracking brain activity, during sexual stimulation of patients with spinal cord injury, led Whipple and Komisaruk (2002) to some major discoveries, including a new nerve pathway providing the sensory stimulus for orgasm. While most genital nerves connect to the brain via the spinal cord, stimulation of areas deep in the vagina, including the cervix, connect with the brain by a different pathway, namely the vagus nerve which winds from the brain through to the genitals, bypassing the spinal cord. Whipple and Komisaruk claimed that it is this different connection that seems to allow many spinally injured women to enjoy sexual pleasure. In 1980 Mould had proposed a new model of neuromuscular interaction in orgasm, which is consistent with this hypothesis of supraspinal facilitation.

Whipple and Komisaruk (2002) discovered that among their respondents, all showing the physiological signs of orgasm, were some who reported they could feel the vagina and cervix being stimulated while others felt nothing. Whipple and Komisaruk concluded that the vagina might be capable of experiencing the phenomenon known as "blindsight". Somehow the vagus nerve is receiving sensations even though the women can not feel anything, reported Blackledge (2003), suggesting that this response points to the critical evolutionary role of the pleasure and orgasm experienced through the vagus nerve.

Marmor (1954) posited that argument that orgasms obtained from nipple suction, lying beside another, nursing a baby, pressing (fully dressed) against another, a shampoo at the hands of a hair-dresser, a look, a kiss, touching the eye or the ear, a handclasp, and from a picture or flower which contains no figure and no likeness to any person or scene, represent a discharge of the spinal centre, which has been initiated primarily by cerebral excitation.

Similarly, Parvin (1997) explored the idea of the body's autonomic arousal in both men and women, which she argued, is ambiguous and tends to be over-translated as sexual arousal, both by sex therapists and clients. She concludes that arousal, partially registered in the genital region, is a reaction to many strong emotions, feelings of power, love, vulnerability and also, but not always, sexual desire.

It has been reported that Viagra does increase pelvic blood flow, one of the physiological signs of arousal, but many women do not even notice (Sipski, Alexander, & Rosen, 1999). The researchers concluded that there is a disconnection in many women between genital changes and mental changes. Brody, Laan and van Lunsen (2003), enlisting pre-menopausal women, investigated whether women who climax regularly in intercourse are more likely to make this connection. They found that women who reported not climaxing in intercourse were less likely than coitally orgasmic women to show a correlation between vaginal blood flow and their subjective perception of arousal. Some of the reasons for some women having this awareness while others do not may include physical sensitivity, different nerve pathways to the brain from the vagina and clitoris, having a skilled lover, issues of anatomical fit, including size and shape of the penis, attention to sensations, appreciation of having a vagina, and not being indoctrinated by anti-intercourse propaganda (Brody, Laan, & van Lunsen 2003).

Sholty, Ephross, Plant, Fischman, Charnas, and Cody (1984) also found that 93% of respondents who experienced orgasm also reported some level of conscious control over whether or not they reached orgasm. Clearly there is a variation among women as to how orgasm is best reached, differences in where it is experienced within the body, and the reasons why an individual woman experiences orgasm differently over time, all of which require further research.

4.6.1 Differences in Female Sexual Response

Women's orgasmic experiences vary widely even in a homogenous population (Sholty, Ephross, Plant, Fischman, Chanas, & Cody, 1984). Normative data obtained from various studies also illustrate a wide variation in women's ability to experience orgasm. Some women achieve orgasm in the absence of any physical stimulation, for example in fantasy alone, while at the other extreme some women apparently never experience orgasm despite various sources, lengths and intensities of physical stimulation. Women also have the capacity for single or multiple orgasms, or can even be content with no orgasm at all on occasion.

Available reports on the percentage of Western women who consistently experience orgasm tend to vary. Haavio-Mannila and Kontula (1997) claimed that only 6% of women always reported having had an orgasm during sexual intercourse and Butler (1976) and Wallin (1960) reported the figure to be 25%; however, Milan, Kilmann and Boland (1988), Ellison (1980), Hite (1976), Uddenberg (1974), Fisher (1973), Kinsey, Pomeroy, Martin and Gebhard (1953) and Terman (1938) found that 34% of all female participants experienced orgasm always or nearly always in their marital coitus, while Blackledge (2003) considered that the number is more than 33.3%. Brody, Laan and van Lunsen (2003) stated that 38% of their respondents claimed to climax in intercourse every time, and 33.3% most or half the time. Hunt (1974) reported this percentage to be as high as 50%. Those who reported orgasming always or most times ranged from 52% among those under 40 in Raboch and Raboch's (1992) study to 61% among college women in Loos, Bridges and Critelli's (1987) report. The average percentage time for women who orgasm easily is reported as being between 70-80% of all incidents of sexual intercourse (Heiman and Lo Piccolo, 1988).

There are significant numbers of women in the middle range between never and always (that is women who experience orgasm sometimes, and women who experience orgasm frequently) but, given the data on female orgasm correlates, there is no clear understanding of why these women are in the middle range and what differentiates a 'sometimes' from a 'frequent' responder. Kaplan (1974) and Masters and Johnson (1970) have made distinctions in their no-orgasm group and categorised them as those who respond to sexual stimulation with excitement (e.g. with vaginal lubrication) and those who do not respond at all. In neither case is orgasm experienced; however sexual excitement may occur even though orgasm may not. Thus, a normal variant of female sexual response may be anorgasmic, although the sexual arousal of the excitement and plateau phase may be present.

Kaplan (1974) claimed that approximately 8% of women are anorgasmic by any means for unknown reasons. Approximately 10% of women are anorgasmic reported Kinsey, Pomeroy and Martin (1953), and Levin and Levin (1975). The estimate range given by Butler (1976), Fisher (1973), Hite (1976), Hunt (1974) and Wallin (1960) for women who never experience orgasm in coitus is between 5%-25%, although the lower figure is a more frequent estimate. Masters, Johnson and Kolodny (1985) argued that 95% of orgasmic dysfunctions are the result of psychogenic causes such as guilt or shame associated with sexual activity. These states of mind tend to interfere with a woman's ability to relax and let go. Ford and Beach (1951), Kaplan (1974) and Butler (1976) suggest that sexual response lacking in orgasmic features may, in fact, represent a normal variation in the wide range of female orgasmic sexual response.

4.6.2 Differences in Orgasmic Capacity

As long ago as 1926 Freud argued that the execution of the sex act presupposed a very complicated sequence of events, any one of which might be the locus of disturbance. He recognized that problems relating to sexual desire could interfere with or short-circuit the entire sexual response cycle.

Masters and Johnson (1966) also suggested that a variety of psychological and social factors impact on the attainment of orgasm for women, and acknowledged these factors to be of great importance.

Alzate (1985) claimed that orgasm is a response to physical stimulation, and is under the control of physiological elements, vaginal erotic sensitivity, and personal stimulation threshold. The bridge between orgasmic stimuli and responses can be varied, too. No two people, not even identical twins, have the same pattern and distribution of nerves to transmit and receive impulses. What makes the sex organs arousable (sexy) is the great number of nerve endings present there that are particularly responsive to pressure (Krantz, 1958). Although found throughout the body, notably in the hands and feet, such nerve endings are especially abundant in the genitals. In most women, they are most heavily concentrated in the clitoris or the area surrounding it, are present to a lesser degree in the other external genitalia, and do not occur at all in the vagina, which accounts for its lack of sensitivity to light touch. This was supported by Fisher's (1973) study where differences in tickle and pressure thresholds on the skin surface between orgasmic and anorgasmic women were observed.

Pubococcygeus, referred to as the 'PC group', which runs from the pubic bone in the front to the tail-bone at the end of the spine, surrounds and supports the sexual organs and is closely related to genital health as well as sexual pleasure. The relationship between PC muscle strength and orgasmic capacity was identified by Graber and Graber in 1979, who found that a major circumvaginal muscle was impaired in women who are unable to achieve orgasm under any conditions. Similarly, Sherfey (1966) had stated that the occurrence of coital orgasm can be affected by an increase in the pelvic vascularity resulting from previous pregnancy. Perry and Whipple's (1982) experiences of clinical patients supported these contentions.

When the pelvic muscles are strong and flexible enough to move freely, the "G" spot and the clitoris or both are more likely to be stimulated during intercourse (Ladas, Whipple and Perry, 1982). Many of the women who participated in Ladas et al's study reported that they changed from experiencing climax only through clitoral stimulation to experiencing climax through vaginal penetration, without the need for clitoral stimulation.

Marmor (1954) posited that freedom from psychological tension or anxiety in the sexual act, and a high degree of tender affection, love, and psychological excitement, enhance cortical facilitation and result in an intense orgasmic response. He argued that this is both psychodynamically and physiologically the optimum type of response, and represents what is ordinarily characterised as a "vaginal" orgasm. Sexual response is clearly a complicated biopsychosocial phenomenon with both biological and psychological contributions (Leiblum, 2000).

4.7 Healthy and Adequate Sexual Relationships

The very words love, sex and intimacy have carried a huge array of differing and contradictory meanings (Bullough, 1990; D'Emilio and Freedman, 1988). People carry with them sexual scripts of their own that are grounded in certain ideologies; thus they bring with them culturally determined meanings of sexuality and perceptions of what an adequate sexual relationship is.

Most Western people have grown up with conflicting messages about sexuality. On the one hand there were suggestions that sexual activity was somehow dirty, and on the other hand women were encouraged to save it for someone they really loved. Alternatively, women got the impression that intercourse was sacred and beautiful, but the less young people knew about it, the better. As Kelly (1990) concluded, coitus has been socially accepted either as a brief and often furtive release of tension (a male need that is satisfied either by wives or by immoral women) or as a means of reproduction.

D'Emilio and Freedman (1988: xv) and Bardwick (1971) also found sexuality to be associated with a range of human activities and values, such as the procreation of children, attainment of physical pleasure, recreation or sport, personal intimacy, spiritual transcendence, or power over others.

Reiss's (1986) study suggested that the primary sexual goals are different for cultural groups that hold an egalitarian ideology and for those that do not. The major goals in egalitarian sexual ideology are physical pleasure and psychological disclosure. Non-egalitarian ideology prescribes heterosexual coitus, where men are permitted to engage in body and pleasure-centred sexuality, but for women sexuality is a powerful emotion, one to be feared. Reiss also found some cultural groups that share common religious and historical influences, like the Portuguese, Mexicans, Puerto Ricans and Hispanics, for whom male superiority and sexual double standards are integral parts of the general belief systems (Reiss, 1986): women are required to be sexually pure and uncontaminated by eroticism and their sexuality is something to be repressed, whereas for men, sexuality is a proof of manhood. Sexual relationships, thus, are or may be a right or an obligation of marriage, a way of satisfying the husband's needs, a proof of loyalty, or a realization of strong social expectations, rather than a means of mutual pleasuring.

The process of defining a healthy, well-functioning sexual relationship is infused with sociocultural values (Heiman, LoPiccolo, & LoPiccolo, 1986); thus people may have different notions of what a good sexual relationship is. To begin with mutual satisfaction, pleasure, and gratification from sexual relationships may not be considered normal or important for an adequate sexual activity where double standards and male superiority values predominate. Furthermore, sexual self-awareness, acceptance and acknowledgment of the partner's sexuality are not only unimportant, but for some ethnic groups may even be dangerous (Reiss, 1986; Welch and Kartub, 1978). As noted earlier, in certain cultures it is assumed that women should remain pure, innocent and ignorant about sex; they are not supposed to admit enjoying body-centred sexuality as the focus is on function and not sensation (Brown, 1968).

There is evidence that what is regarded as sexual normality changes across cultures and over time (Reiss, 1986; Welch and Kartub, 1978). Western middle-class values tend to emphasise sex as good or at least natural, the interactional basis of sexual activity, and the partners' equality in the relationships. There is an assumption that sexual relationships involve intimate communication, or a way of exchanging pleasure, and a means of expressing love (Lavee, 1991). However, in many Western countries today some ethnic and cultural groups do not necessarily share Western values of sex and sexuality. In Australia, for example, the immigration of Africans, Asians and Arabs has added to the already multicultural nature of the country. Thus, for certain groups, pleasure exchange or communication of affection through sexual touching may play no major role.

Cultural values need to be taken into account in regard to the meaning of sexuality, the construction of a normal healthy or adequate sexual relationship, and the perceptions and meaning of sexual satisfaction. For some communities, viewing sexual gratification in the context of the relationship and culture is important. Culture, however, is not static and standards of morality and behaviour are susceptible to change over time, whether as a result of evolution or due to external force (Martin, 1995).

4.7.1 Orgasm Oriented Sex

Kinsey's work heralded a new era in the study of sexuality that was continued by Masters and Johnson. Kinsey concerned himself with taxonomy, and Masters and Johnson were concerned with healing: inability to reach orgasm necessitated cure. Their frame of meaning articulated a new view of sexuality governed by the orgasm imperative (Bejin, 1986). These studies focused explicitly on orgasm and, in turn, formulated women (and men) as "sexual machines" (Gardetto, 1993:244); that is, if properly adjusted, women could get in step with the orgasmic imperative. Masters and Johnson exalted the clitoris as the superior sexual organ, and orgasm was elevated to the end of sexual encounter.

Gardetto (1993) contended that in their endeavour to demystify sexuality, Masters and Johnson reduced it to the most atomistic of human activities.

The orgasm imperative and changing sex roles have also brought about changes in the ways in which women and men feel about and express their sexuality. The feminist movement in the 1960s aided women to assert their claim as sexual beings; thus the experience of orgasm came to be viewed by many women as both a right and a goal (Weinberg, Swensson, & Hammersmith, 1983). These increased sexual rights and sexual expectations lead to the orgasm imperative; that is that women should always experience orgasm during coitus, although scientific evidence indicates such a goal to be unrealistic (LoPiccolo and Stock, 1986). Different social groups have different expectations when it comes to orgasm. It is likely, sex therapists argue, that because Western women now expect and are expected to have orgasms, more of them do, and when they don't they can work on overcoming the barriers.

Since orgasm is often viewed as a goal to be achieved (Laws and Schwartz, 1977), for some women not achieving this goal results in feeling of failure and guilt (Davidson and Moore, 1994). Sexual guilt, which results from two life experiences, prohibitions and idealised goals, is a generalised expectancy for self-punishment when failing to attain one's internalised standards (Wyatt and Dunn, 1991). For those who perceive orgasm during sexual intercourse to be an important component of one's sexual life, the inability to achieve this goal may result in feelings of guilt (Loos, Bridges and Critelli, 1987), and may eventually lead to loss of sexual desire (Hurlbert, 1993).

Laumann, Paik, and Rosen's (1999) study of 1,749 women in the U.S. found that 43% of women, young and old, had problems with their sex lives. Poor physical and emotional health was associated with sexual dysfunction and many men and women with sexual dysfunction reported having negative sexual experiences. They also found ethnic differences in frequency of the dysfunction.

Because it is believed that all women who engage in the sexual act must experience orgasm, sex therapist Tiefer (1995) argued that treating female sexual problems only from a physical standpoint is nonsense. If almost half the population has the disorder, Tiefer asked, is it more likely that they all suffer from some physical defect, or that there is a societal or cultural problem that needs to be addressed?

Kinsey (1953) did recognise the importance of emotional factors in sexuality, but he was interested in producing data that would lend itself to statistical analysis. Conditionability was an important category because it fitted with his “stimulus-response” model of sexual interaction and supported his notion that sexual behaviour is learned. Masters and Johnson (1966) also acknowledged the impact of a variety of psychological and social factors on the attainment of orgasm, but claimed that elaborating on them was beyond the scope of their study. Their definition of orgasm, however, was adopted in popular literature and, despite the regular finding of a certain percentage of women with anorgasmic patterns of response in all research samples, it still assumed by some that lack of orgasm is abnormal or an inadequate response. Sexual intercourse became an orderly series of physical reactions that could be measured and photographed, and was institutionalised in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM III-1987; DSM IV-1994). Sexual problems became a disorder of intercourse, but Tiefer (1995) argued that they were actually a result of the unrealistically high standards set by Masters and Johnson’s preselected and unusual sample. Tiefer stressed that “in the current nosology, [sexuality] has become a fragmented collection of parts that pop in and out at different points in the performance sequence. This compartmentalization lends itself to mechanical imagery; to framing sexuality as the smooth operation and integration of complex machines” (1995:51).

The term FSD is also debatable, declared the traditionalists, because the problem is in the eye of the beholder, or as Reiss (1986) stated, it is an ideological construct. The consensus panel set up by the American Foundation for Urologic Disease which met in 1998 to work out definitions for different types of FSD, included an addendum that was widely interpreted as a bid to accommodate traditional sex therapists. The panel accepted that a woman only has FSD when her problems cause her personal distress. The DSM-IV (1994:493) defines sexual dysfunction as disturbances in the sexual desire and in the psychophysiological changes that characterise the sexual response cycle and cause marked distress and interpersonal difficulty.

Sexual problems are multifaceted. Primary sexual problems (total, present in all circumstances) or secondary sexual problems (situational, present in some circumstances only) depend upon whether the individual has ever been asymptomatic. There are many varieties of orgasmic failures. In lifelong orgasmic failure, the woman has never achieved an orgasm of any type by any means. In this generalised type, the woman loses all ability to achieve orgasm, whether by masturbation, oral sex, or coitus. In acquired orgasmic failure, which is called the situation type, the woman most likely does not achieve an orgasm when she is having sexual relations with her spouse but can achieve orgasm by masturbation or with other men or women (Kaplan, 1987).

4.7.2 Causes of sexual problem

Clinical studies suggest that women are much more frequently orgasmically impotent than men are (Haavio-Mannila and Kontula, 1997). There are a myriad of questions, but few answers surrounding lack of orgasm during coitus and its effects on female sexuality. Etiological factors are usually categorised into four groups: organic, intrapsychic, interpersonal and situational.

Organic factors such as drug and medication, genetic or congenital disorders, endocrine disorders, vascular disorders, neurological disorders, and diseases can affect sexual functioning (Attwood, 1993). They may be the direct cause, the primary cause or contributing factors. LoPiccolo and Stock (1986) have further explicated physiological factors as contributing to variations in the orgasmic response for women during coitus, including type of stimulation and length of stimulation prior to ejaculation.

Low sexual desire, when anatomical factors are ruled out, suggests that the major difficulty primarily lies in the psychological rather than physiological realm argued Marmor (1954). There is no physiological factor present in healthy premenopausal women that could be responsible for low sexual desire, leading to the idea that intrapsychic (social, affective, and cognitive) factors may be present in this disorder. Apt and Hurlbert (1992) found great individual differences in sexual excitability among women. Mahoney and Strassberg (1993) maintained that desire is born from willingness to actively engage one's mind and attention on erotic stimuli in a personalised manner.

With regard to interpersonal and situational factors, contextual issues frequently identified have been those related to gender, power, culture, ethnicity, and race (Leslie, 1995). More recently, issues of spirituality and religion, the complexity of sexual maturation in women, and the greater degree of sexual repression and inhibition, which their culture impresses upon them, have gained prominence (Walsh, 1999a). Personal attitudes toward sex and sexual activity (sex is bad or dirty, guilt or embarrassment about sexual activity or one's body, early rape, incest, or other sexual trauma) all may influence sexual experience (Spence, 1991; Zilbergeld, 1978, 1992).

Haavio-Mannila and Kontula (1997), Bancroft (1989), and Zilbergeld (1978) concluded that the sexual dissatisfaction of women is to some extent due to their late start of sexual life, conservative sexual attitudes, the low importance of sexuality in their lives, a lack of sexual assertiveness and not using versatile sexual techniques. Lack of information about sexuality (ignorance of techniques, fear of pregnancy, or unrealistic expectations concerning sexuality and/or orgasm) is a major contributory factor in sexual disorders. Fear of being injured by the penis, fears of pregnancy and childbirth, lack of adequate skill and tenderness, or potency on the part of the male partner are other factors which were identified by Marmor as early as 1954. He asserted that cortical inhibitions, due to a high degree of anxiety, hostility, ambivalence or guilt in relationship to the sexual partner or the sexual act, may cause the spinal mechanisms to be completely inhibited which results in a total incapacity for orgasm, or so called frigidity. Anxiety is also associated with sexual problems in that some difficulties can be caused by anxiety and others can be maintained by it (Bancroft, 1989; Lief, 1977; Masters and Johnson, 1970). Systemic issues, a couple's general relationship, situational factors, unemployment, family stresses, marital problems, interpersonal issues and ineffective sexual communication styles can all affect sexual functioning (Attwood, 1993). As concluded by Rosen, Taylor, Leiblum, and Bachmann (1993), relationship problems are strong determinants of women's sexuality problems.

4.8 Sexual Satisfaction and Orgasm

Despite the fact that they only measured physical reactions to orgasm, Masters and Johnson (1966) used the term "orgasmic women", a term also adopted by Ellison (1984), for women who reported sexual satisfaction. Likewise Barbach (1986) assumed that being orgasmic and being sexually satisfied are synonymous, and seemed to understand orgasm as a moment of physical spasmic reaction.

Westheimer (1994) alternated the word “orgasm” with “spasm” and “peak” implying that some sort of pleasure is associated with orgasm, but without offering any explanation as to the nature of this association. However, measuring women's genital reactions to stimulation and defining them as orgasms is one thing, inferring that they equate satisfaction is quite another claimed Socher (1999).

Bohlen, Held, Sanderson, and Boyer (1982) reported that 33.33% of their respondents reported having orgasms but experienced no contractions. The study found disparity between perception and physiological response, and could not measure pleasure. Gallagher (1986) argued that it is hard to maintain that orgasm equals contractions if contractions can start before a person's perception of orgasm begins and end before it is over and if strong contractions do not necessarily indicate great pleasure. Ellison (1984) concludes that women experience sexual pleasures in many different ways, and a pattern that results in pleasure for one may cause pain and distress for another. Conversely, the same woman may vary in what she finds pleasurable from one time to another.

Fisher (1973) pointed out that there is no indication that the capacity to attain consistent orgasm provides an incentive for a woman to seek a high frequency of intercourse, but greater satisfaction does appear to provide just such an incentive. Similarly, Masters and Johnson's (1966) respondents described the less intense coital orgasms as most satisfying, leading them to deduce that the intensity of orgasm does not predict the amount of satisfaction derived from it. From a purely physiological stance, it might be predicted that women would prefer the sexual activity with the most intense orgasm via the more effective and quick means, that is masturbation. However, Fisher (1973) and Kinsey, Pomeroy, Martin and Gebhard (1953) observed that women persist in and prefer sexual activities that may not produce orgasm, or produce it inconsistently. Hurlbert, Apt and Rabehl (1993) concluded that there was not a magic number of orgasms that led to sexual satisfaction, but it was important that a significant percentage of the sexual encounters led to orgasm.

A deficient orgasm need not always be associated with sexual dissatisfaction or frigidity. Numerous women have satisfactory enjoyment in normal heterosexual intercourse, even if they do not reach orgasm (Attwood, 1993). Therefore, it is problematic to explain sexual satisfaction in terms of a reward view of orgasm without considering dimensions beyond the purely physical.

4.8.1 The Nature of Personal Sexual Satisfaction

Operationalising and assessing satisfaction has been problematic for many researchers, because self- assessments of sexual life are highly subjective and, as suggested by Campbell, Converse, and Rogers (1976), likely to be affected by a number of variables. For example, a sense of enjoyment or satisfaction with one's sexual life is greatly related to an individual's past sexual experiences, current expectations, and future aspirations (Davidson, Darling, & Norton, 1995). Many women report full satisfaction with their sex lives and yet never experience orgasm. Satisfaction however has generally been defined in terms of enjoyment, and release or relief from sexual desire.

Ogden (1994) and Tiefer (1995) believe sexual satisfaction to be a more comprehensive matter than stimulation of the genitals, and Tiefer stated that sexual satisfaction is not located in the genitals. Likewise, Blackwell (1972) contended that, for humans sex was more a "mental passion" than a physical instinct. She said, ". . . sex in the human, being does not mean simply the action of the physical organs, but also the conjoined mental principle directing those organs" (1972:13). As Mae West said, sex is an emotion in motion (http://en.wikiquote.org/wiki/Mae_West).

Sharing more of each other's attitudinal approaches to sex, argued Rosenweig and Daily (cited in Hurlbert and Apt, 1994), is likely to produce increased satisfaction, due to expressing true sexual natures and freeing men from always having to direct sexual encounters. Smith, Becker, Byrne, and Przybyla (1993) claimed that the wife's sexual attitudes predict higher levels of sexual satisfaction and adjustment than the husband's do.

For example, Popenoe (1993) found that the strongest predictor of sexual dissatisfaction for American males was sexual withholding by the wife, and for females sexual aggressiveness by the husband. Hurlbert, Apt and Rabehl (1993) also observed that, for men, sexual satisfaction is related to the frequency and nature of sexual intercourse. As noted by Smith et al (1993), learning to accurately discern the sexual desires of one's partner will positively contribute to satisfaction in, and the success of, the relationship. Likewise, effective communication can enhance sexual arousal, is necessary for the initiation or refusal of sex, and is related to sexual satisfaction (Sprecher and McKinney cited in Haavio-Mannila and Kontula, 1997). According to Hurlbert (1991), sexual assertiveness and the degree of emotional involvement with the sexual partner mediate sexual satisfaction.

Purcell (cited in Daniluk, 1993) reported religious rigidity to be a contributing factor in impaired marital sexual functioning, including guilt, inhibition, and lower levels of sexual interest, activity and responsiveness. Conversely, some studies have found no significant links between religiosity and sexual satisfaction in women (Davidson, Darling, & Norton, 1995; Paxton and Turner, 1976), while Levin and Levin (1975) reported the more religious women to be more orgasmically responsive than the less religious ones. Travis and Sadd (1977) also discovered frequency of church attendance to be associated with greater levels of sexual satisfaction.

Hite (1976), Bell and Bell (1972), Jayne (1981), Carroll, Volk and Hyde (1985) and Davidson and Darling (1988) found emotional intimacy, tenderness, closeness, and sharing deep feelings with a loved one to be the most frequently given responses as to why women rate themselves as satisfied or dissatisfied in their sexual lives. Hurlbert, Apt and Rabehl (1993) maintained that sexual satisfaction for women is more highly associated with how satisfied they are with the total relationship. Barbach (1986) also acknowledged that the quality of the relationship with one's partner is important.

These relationships, according to Barbach are more than only sexual pleasure. Leigh (1989) and Hurlbert (1991) posit the argument that sexual satisfaction may depend on how the individual feels about the quality of the relationship at that particular point in time. Since most research results suggest that women focus upon the emotional and interpersonal aspects of sexual activity and, in fact, derive the greatest pleasure from them, it is not surprising therefore to discover that the quality of the relationship with the partner is closely associated with women's ratings of satisfaction. The basic requirements for the development of an intimate relationship, according to De Beixedon (1995), are consent, equality, and positive regard for one's partner, trust, and feelings of safety.

Many Western sexologists believe that coital orgasm frequency and timing relative to partner's ejaculation influences female pleasure and satisfaction and that such an outcome can play an important role in strengthening pair bonding and emotional intimacy (Hurlbert, 1993). Consistent with this belief is a finding that women who experience orgasm after their partner are not as sexually satisfied as women having orgasms before or simultaneously (Darling, Davidson, & Jennings, 1991).

Both men and women change their criteria for sexual satisfaction over the course of a lifetime. Schiavi, Mandeli, and Schreiner-Engle (1994) found that, along with sexual functioning factors, the quality of the marital relationship and the men's overall moods were major determinants of how sexually satisfied they felt. Older men who were emotionally closer to their spouses and not depressed reported the highest level of sexual satisfaction.

4.9 Marital Quality

As with most sexology research, studies of marital quality reflect Western cultural norms which may not be transferable to other cultural contexts. Nonetheless these studies indicate the importance of identifying what factors contribute to marital quality.

Berg-Cross (2001) sees resilience, social support, adaptability, and self-fulfilment as the four major areas of marital functioning. Resiliency, creating an optimistic philosophy of life, prevents and minimizes the potentially devastating effects that poorly managed anger, anxiety, and depression have on a relationship. Ellis in the early 1930s became convinced that much marital discord occurred because individuals had deeply dysfunctional ways of thinking and could not live peacefully with themselves, much less with anyone else. Creating a philosophy of marriage that allows one to tolerate and appreciate the other, while expressing themselves and their own needs for personal growth, results in psychologically rich marriages. In happy marriages spouses learn to look on the bright side of things as much as possible and accept sacrifices without resentment.

People who are satisfied with their marital life not only have expectations, but have also found successful means of meeting their expectations (Campbell, Converse, & Rogers, 1976). Such people are goal-orientated and have found functional methods of interaction that are more likely to result in more satisfying interpersonal relationships, by meeting the needs of the person with whom they interact (Maslow, 1968). What counts in making a happy marriage is not how compatible you are, but how you deal with incompatibility (Levinger <http://www.boloji.com/quotes/cq01.htm>).

Some studies have shown that conflict resolution strategies impact on marital satisfaction over time. Krokoff (1991) found that women who were predisposed to deny, ignore, or tolerate conflict had increasing improvements in marital satisfaction over a three-year period. However, the virtue of female tolerance might lead to depression, somatic symptomatology, or loss of self-esteem

(Berg-Cross, 2001), which in turn is mitigated by social support, and spiritual satisfaction or self-fulfilment.

Intimacy or social support and the quality of close personal relationships are the main determinants of quality of life according to Cummins, 1996; Najman and Levine (1981). Social support comes in many forms and from many different places. It comes from within the marriage, from the physical, emotional, economic, and spiritual giving of one partner to the other. It also comes from friends, family members and colleagues who form the couple's extended community. Even with a spouse who is a supportive best friend, people need friends outside the marriage for the marriage to breathe, Beg-Cross (2001) asserted.

Kitson and Holmes (1992) found emotional support (intimate companionship, having someone to talk things over with) as having the most impact on marital success. Stressed-out spouses are happy in their marriages when they believe that they have the support of their partners (Rugel, 1992). Social support also plays a crucial role in maintaining self-esteem, which in turn affects an individual's social adaptation (DuBois, Felner, Sherman, & Bull, 1994). Those who receive social support experience an enhanced sense of well-being (Erickson, 1993; Rosenfield and Richman, 1997; Zachariah, 1996), because, as Ingledew, Hardy, & Cooper (1997) have demonstrated, social support is particularly important in the presence of stress and serves to buffer individuals from the harmful effects of stress.

Support, self-esteem, and marital quality influence one another in what becomes a reciprocal cycle. Those who experience high levels of support from their spouses are more likely to be satisfied with their marriage (Franks and Stephens, 1996; Rugel, 1992). In turn, the high quality of the marriage becomes a factor in maintaining self-esteem (Barnett and Nietzel, 1979; Murstein and Beck, 1972). When a spouse's self-esteem is threatened in marriage, the spouse becomes defensive and tends to engage in put-downs, criticism, and derogation (social undermining).

As stress increases in marriage, the levels of defensive behaviour also tend to increase and contribute to marital deterioration. (Vinokur, Price, & Caplan, 1996)

Berg-Cross (2001) found that many conflicts between spouses are due to gender typed differences. Additionally, the current Western cultural assumptions of equality suggest that the level of support each spouse offers the other should be the same (Huston, 2000), although patriarchal tradition promotes an inequality that favours the husband (Bloch, 1991; Ozment, 1983). Conflicts over expectations of support are a frequent source of marital stress (Heavey, Layne, & Christensen, 1993; Kayser, 1993). Because of their greater status, and economic power within society, Western women's definition of the marital relationship, as one involving mutual support, has become an increasingly important factor in determining their level of marital satisfaction.

Couples' dissatisfaction occurs when one or both partners are not getting enough of what they want from their partner and/or from being in an intimate relationship. In conformity with social exchange theory, relationships become less satisfying because the ratio of positive to negative exchange has decreased (Thibaut and Kelley, 1959; Gottman, 1994). Marital problems also develop when the behaviours that meet the spouse's needs and fulfil the relationship's basic functions decrease, become less effective, or are out-weighted by behaviours that interfere with fulfilment of needs (Carter and McGoldrick, 1999). Strong preference for separateness, that is being alone and low on self-disclosure, hinder physical and emotional closeness both of which are shown to be associated with marital satisfaction for Western couples (Merves-Okin, Amidon, & Bernt, 1991; Marshall, 1974; Craddock, 1994). A spouse's strong need for separateness may cause the partners to experience frustration and dissatisfaction (Craddock, 1994; Markman, Stanley and Blumberg, 1994). The most prevalent relationship problems are partner rejection, lack of trust, power struggles, contractual disappointments, sexual sabotage, and a general failure in communication (Kaplan, 1974). However, the negative impact of female reserve upon marital satisfaction is restricted to male and couple satisfaction, suggesting that males are the most affected by female reserve (Marshall, 1974).

Generally speaking, Western couples want and need intimacy in order to have a great relationship. “Intimacy in enduring romantic relationships is determined by the level of commitment and positive affective, cognitive, and physical closeness one experiences with a partner in a reciprocal relationship” (Moss and Schwebel, 1993:33). Self-disclosure is the most essential factor in creating intimacy (Berg-Cross, 2001). But of course, culture affects the meaning of intimacy. Individuals who seek emotional intimacy primarily from their own family of origin, from friends, or from work settings will not have the same need for such intimate conversations with their spouses (Berg-Cross, 2001). For others communication failure dissolves marital bliss into marital despair (Gottman, 1991).

Haley (1984) reported that major conflicts in a marriage centre on the problem of who is to tell whom what to do and under what conditions. When power is equitably distributed in marriages, the marriages tend to thrive. However, Elkind (1994) argued that marital satisfaction involves successfully delegating and executing the work within each area, according to their particular ideologies concerning family work roles and sex role attitudes. Similarly, Berg-Cross (2001) contended that adaptability, which focuses on the rules couples have developed to govern their relationship, including the distribution of power, the amount and type of intimacy, and the types of problem-solving strategies they employ, is a factor in marital satisfaction. Although effective communication is clearly critical for satisfying marital relationships, it must be embedded within three additional, interacting cornerstones: resilience, social support, and self-fulfilment (Berg-Cross, 2001).

Self-fulfilment results from creating a spiritual connection with the world and with one’s mate, and is influenced by individual growth and development as well as by marital satisfaction (Berg-Cross, 2001). Western research on healthy families shows that spiritual beliefs and practices are key ingredients in healthy family functioning, helping people to cope with the negative experiences life inevitably provides and giving meaning and ritual to daily life (Beavers and Hampson, 1990; Curran, 1983).

People turn to religion to provide clear-cut answers to existential questions, like What is the purpose of marriage? (Batson and Ventis, 1982). One of the reasons that religion is helpful in fostering spiritually satisfying marriages is that it provides the guidelines for how to recognise and join in the *tsnius*, a Hebrew concept that involves respect, a reciprocal sense of propriety, delicacy, and good taste (Buxbaum, 1990).

Spiritual and religious beliefs are factors that strengthen family resilience (Walsh, 1999b, c). Additionally, most organised religions reinforce and strengthen the value of the family, which cultivates successful marriages. As a consequence, couples with strong religious faiths tend to place a high value on family life and the quality of their marital relationships (Bergin and Jensen, 1990). Unfortunately, although religion and spirituality are a great source of strength for many, for others religion is another symbol of patriarchy, sexism, and hetero-sexism (Walsh, 1999b). Many fundamentalist religions continue to promote traditional gender expectations in which women are considered second-class citizens and homosexuality is condemned (Benokraitis, 1999).

A study by Buss and Shackelford (1997) found that personality appears to play a key role in marital relationships. Marital happiness is associated with marrying someone who is a kindred spirit when it comes to biological rhythms, style of thinking, tolerance for ambiguity, and need for novelty. People tend to be happier if they marry someone of the same age, level of physical attractiveness, socioeconomic class, education, IQ, religion, personality, social attitudes, and even psychopathologies. Kim, Martin, and Martin (1989) found that, among satisfied couples, both individuals scored similarly and high on source traits such as tenderness, trusting each other, accepting others, enthusiasm, and genuineness.

4.9.1 Sexual Satisfaction and Marital Satisfaction

Sexual and marital satisfaction judgments are culture-full (Fox-Rushby and Parker, 1995); that is, they reflect the cultures within which they are made, as well as the values and beliefs of the environments responsible for their development.

The differences in beliefs, feelings, behaviours, traditions, social practices and technological arrangements that are found among the participants may have a significant impact on judgments.

Larson, Anderson, Holman, and Niemann (1998) argue that differences often exist in the expectations and perspectives on the same relationship (same bed, different dreams: Chinese saying cited in Berg-Cross, 2001:357). They found the best premarital predictors of husbands' marital sexual satisfaction to be self-esteem, open-communication, and relationship stability in their spouse. Similarly, the best predictors for wives' marital sexual satisfaction were also self-esteem and open communication in the spouse. Wives also expressed a desire for more empathic communication from their husbands and this was the third predictor of marital sexual satisfaction for the female spouses. Berg-Cross, Kidd, and Carr (1990) also found a positive relationship between the amount of self-disclosure in sexes and marital satisfaction, regardless of age, ethnicity, or social class.

Most literature on marriage acknowledges that the sexual relationship has an impact on the quality of satisfaction experienced in the marriage (Lederer and Jackson, 1968; Fields, 1983). A significant relationship has been evinced between trust and marital relationship and between trust and sexual satisfaction (Fields, 1983; Lederer and Jackson, 1968; Kaplan, 1974). Adams, Ammons and Stinnett, and Terman (both cited in White and Reamy, 1982) suggested that marital success and failure may be related to sexual satisfaction including orgasmic capability. However, Lederer and Jackson (1968) argued that the importance of sex in marital success is exaggerated. Frank, Anderson and Rubinstien (1978) found that 80% of their happily married participants (couples) reported happy and satisfactory sexual relations despite 60% of the women reporting problems of arousal or orgasm. Likewise, Avna and Waltz (1992) found that many couples had celibate marriages that worked.

A woman's report on satisfaction appears to reflect the climate of the relationship, with satisfied women more likely to indicate a positive attitude toward their partners and to describe their partners in positive terms than do dissatisfied women (Uddenberg, 1974). Wallin, Gebhard, Swieczkowski and Walker (cited in White and Reamy, 1982) reported that female orgasm, as a specific indicator of satisfaction in marriage, is ambiguous, although lack of orgasmic response is found to be central to most women's marital dissatisfaction. Conversely, it was found that marital distress or the general marital relationship impacts on the sexual relationship (Crowe and Ridley, 1990; Leif, 1977; Woody, 1992; Zimmer, 1987). Sex sometimes may become a battleground for marital conflicts, such as those associated with dominance, jealousy, and punitiveness (Harbin and Gamble, 1977). Equally sexual problems can cause wider relationship difficulties.

A large body of literature shows that more egalitarian couples are more satisfied in their sexual relationships (Gottman and Silver, 1999; Larson, Hammond, & Harper, 1998; Schwartz, 1994; Steil, 1997). Western couples whose relationship involves a partnership of husband and wife, where tasks and interests are shared, are significantly more likely to report equal enjoyment of sexual activity by both partners. However, couples whose pattern is segregated role-organisation, in which the tasks and interests of the husband and wife may overlap very little, report significantly more often that the husband enjoys intercourse more than the wife (Rainwater, 1966). Rainwater's results support the idea that the quality of the marital relationship can affect the sexual satisfaction of women. By making causal inference, he concluded that satisfaction is a function of conjugal role-organisation.

While Haavio-Mannila and Kontula (1997) observed a growth in marital sexual satisfaction over time, particularly in women, women still reported sexual intercourse as less pleasurable than men did. Lewis and Cole (cited in Markman, Floyd, Stanley, & Storaasli, 1988) maintained that most couples decline in relationship satisfaction over time.

Uddenberg's (1974) findings suggested that variables currently operating in a woman's life are associated with her sexual relations. Ellison (2000) agreed and stated that today's Western women are simply overburdened. Respondents in Ellison's study who reported sexual problems did not usually associate them with anything physical, but with being too tired and too busy, running homes, raising children, and working full-time.

A pertinent question is whether these rapidly changing social norms impact on family stability, for example by women demanding more sexual pleasure for themselves, bringing in its wake female sexual promiscuity and male impotence (Moulton, 1977). Women's increased sexual rights and sexual expectations on marriage also have oppressive aspects. Some women feel resentful about new performance demands. Rubin (1983) reported that some women have come to feel that they have to experience an orgasm for their husband's sexual pleasure. The need to validate their husband's manhood with their orgasm strikes some as an ultimate violation.

4.10 Conclusion

From the research surveyed it is clear that orgasm is a bio-psychosocial phenomenon because it not only involves the whole nervous system, but also depends upon the whole experience and situation of the individual. There is great variety in how women experience sexuality and what triggers orgasm and the interaction of physiological potential and personal learning experiences may together indicate orgasmic consistency. From this perspective it is possible that female sexual response is driven and perhaps maintained by factors such as the desire for intimacy and other aspects of the personal relationship, rather than simply the need for physical sexual release. There are also numerous women who have satisfactory enjoyment in normal heterosexual intercourse, even if they do not reach orgasm (Attwood, 1993), so that clearly an experience of orgasm may not be necessary in order for a woman to experience sexual release or relief. For women, the amount of intangible interpersonal elements like closeness, intimacy, and sensuality are more important determinants of satisfaction than the presence or absence of orgasm.

Therefore it is problematic to explain sexual satisfaction in terms of a reward view of orgasm without considering dimensions beyond the purely physical. Good sexual relationships are a function of the sexual activities the couple engages in, individual personality characteristics, and relationship factors. Factors that interfere with sexual satisfaction in married life are biological factors, irrational sexual attitudes, poor sexual communications, lack of adequate sexual information, and relationship problems. Overall, the relationship variables were more predictive of sexual satisfaction than the stated activity variables.

This chapter has provided a review of historical, anthropological, biological, sociological, and psychological accounts of female sexuality, female sexual responses, orgasm, and sexual and marital satisfaction. Much of this literature is embedded in Western cultural norms, the relevance of which will, of necessity, be examined in the course of exploring the relationship between infibulation and sexual gratification, the ultimate focus of this current research. Before proceeding to report and discuss the findings of this research it is appropriate now to detail the research methods used in collecting the data to be analysed. This then is the focus of the following chapter.

CHAPTER 5 : RESEARCH DESIGN AND METHODOLOGY

5.1 Introduction

This chapter provides detailed information about the objectives, methodological rationale, research procedure and scope of the thesis. It is designed to move from the broad objectives and concepts of the research to more specific information concerning methods, planning and process.

In the Introduction and Rationale (see Chapter One) the researcher clarified the motive for this research. In summary, the aspiration has been to inquire into possible sexual difficulties experienced by Eritrean women who have undergone infibulation, and by Eritrean men married or formerly married to the female population sample in a remote and rural part of Eritrea and in Melbourne, Australia. Specifically, the intention has been to research the impact of infibulation on sexual and marital satisfaction in the light of the extensive literature in the field.

Overall, it can be argued that the development of the research methodology has been largely influenced by difficulties in accessing the participant group for the interviews and by an appreciation of the need for a culturally appropriate and sensitive approach to methodological design. The design as it appears is not without imperfection; however limitations have been adequately explained and accounted for.

The previous chapter detailed the dominant and relevant literature on sexuality, sexual responses, and sexual and marital satisfaction. This chapter looks at a number of issues relating to the research methodology adopted for this dissertation. It address the difficulties encountered in researching sensitive topics, and this is followed by a discussion of the various sampling methodologies used in the fieldwork, including ethical issues and the method of collecting data.

The final portion of the chapter comments on the quality of the collected data, the limitations of this data, how the data were analysed and a summary of the material presented in the chapter.

The following research aims, identified earlier, have been developed as a tool for validating the experiences of the participants in the study and will serve to highlight the impact of infibulation on orgasm and sexual satisfaction. This will add to the body of knowledge on infibulation, orgasm and marital relationships by providing theoretical explanations of the causes of critical aspects of sexual gratification, infibulation and marital satisfaction, and by grounding the findings in a much broader body of knowledge regarding sexual satisfaction in close relationships. In addition, it is anticipated that these findings may be used to access insights or direction that may provide a modicum to pursue attitude change towards infibulation in a culturally appropriate way.

The research aims are:

1. To explore and examine social constructs/beliefs and attitudes towards female circumcision from Eritrean perspectives.
2. To explore the impact of infibulation on sexual gratification, and the implications of this for marital relationships
3. To ascertain if Western views on sexuality have an impact on sexual attitudes of Eritreans living in Australia and Eritrea, and if so how?
4. To provide data on the impact of infibulation on relationships, and to inform
5. the development of theory, which will make a valuable contribution to the knowledge of relationship practice.

5.2 Difficulties in Researching Sensitive Topics

Any research focused on the private sphere is prone to difficulties. These difficulties are compounded when the research area is sexuality and FC, and is directed at a community which consists primarily of recently arrived refugees, who because of their cultural beliefs have possibly suffered discrimination and repression in their new adoptive country, in this case Australia.

Similarly, Eritreans whose cultural background has been strongly influenced by religious ethics often exhibit a certain degree of reluctance in talking to strangers about their sexual and marital relationships. This frequently means that, to gain reliable information, it is first necessary to obtain a personal introduction through someone who is trusted by the informant. Seeking to acquire information by coming in “cold” or “straight off the street” can lead to a situation where little if any reliable information is obtained. Thus, a personal introduction was in most cases a prerequisite to obtaining information from respondents, especially in rural Eritrea.

It is difficult to ascertain what makes some topics sensitive relative to others, as topics and activities regarded as private vary cross-culturally and situationally (Renzetti and Lee, 1993), and are highly subjective depending on differences in values and norms (Sieber, 1992). What is studied can be constrained in significant ways by the sensitive nature of the topic, for fear of offending sensibilities by trespassing in restricted areas. Consequently, the adequate conceptualisation of a particular topic is sometimes inhibited (Herzberger, 1993). In this case, despite my acceptability as an Eritrean, framing a specific research question about the topic presented an initial set of problems. To overcome this limitation, specific settings that bring Eritreans together were sought and, through informal communications at these gatherings and outings, an insight was gained into how other community members were likely to perceive the topic (Lee, 1993).

Taking this perception into account, an ethical and culturally appropriate research method was designed to minimise sensitivity (Sieber, 1992); for example, the topic was defined as the impact of FC (infibulation) on marital relationships instead of ‘the impact of female circumcision on sexual satisfaction’. Studies of sensitive topics like sexual behaviour raise questions about the extent to which research may encroach upon people’s lives. However, such studies may aid theory building because they challenge taken-for-granted ways of seeing the world and can lead to substantial good in terms of increasing knowledge.

5.3 Methodological Rationale

To this point my epistemological understanding has been based on the literature, long interaction with the community, and tacit knowledge as an Eritrean. However, true understanding is gained by entering and exploring the world of the subjects. Qualitative research involves an interpretive, naturalistic approach to its subject matter, because what is important to control or even to study cannot be specified with an a priori theory or hypotheses. Since the importance of the subjective experiential ‘life world’ of the respondents was recognised (Burns, 1994), a research design that utilises qualitative methodology was considered appropriate. Therefore, the theoretical underpinnings of the research were derived from collaborative research and grounded theory.

To avoid seeking to examine sexual responsiveness normatively, physiologically or psychologically, the data consists solely of participant’s phenomenological accounts of their sexual lives and marital relationships. Such an approach has a special merit in the area of satisfaction, particularly in the assessment of factors that contribute to women’s psychological sexual response.

Feminist research methods were used to ensure the involvement of respondents, not only in the data collection, but also in the analysis of the data.

This approach generated a number of suggestions and issues that were addressed, as the choice was to use a collaborative research approach, which is an approach whereby “those directly affected [by the research] influence the problem definition, the choice of research methods, the data analysis, and the use of findings” (Pease, 1990:4). Since subjects define such terms as marriage, orgasm, and sexual and marital satisfaction, they will be more likely to see the results of the research as being a true reflection of their reality and the meaning they ascribe to it, and not something that the researcher has interpreted through literature and tacit knowledge.

5.4 Sampling Methodology

5.4.1 Population

The research population is infibulated Eritrean women who are or have been married, and Eritrean males who are or have been married to infibulated women. The study included both respondents residing in Australia and those in a rural part of Eritrea. It utilised these people only, mainly in an effort to control social desirability. It is culturally inappropriate for those who have never been married to experience or discuss their sexuality. As alluded to earlier, the research sample was selected on the basis of social ties: Melbourne was chosen due to its large population of Eritreans, as well as because of my affiliation with and easy access to the community and Hal Hal for its remoteness and family connection.

5.4.2 Sample Size

The type of sampling methodology used in research of this nature has a strong influence on the determination of the sample size. Also important is whether or not the sample population needs to be a statistically valid representation of the population being studied.

However, in the final analysis, the most significant factors to consider in determining sample size are the costs and time involved, the representativeness and accuracy of the data collected, and whether the sample is large enough for meaningful subgroup analysis to be performed (de Vaus, 2001).

The choice of sample size was in keeping with the realistic boundaries of the project and methodological scope. It was determined that a target sample size of ten females and five males in Melbourne and a similar number of each in rural Eritrea would be manageable, but large enough to evidence similarities and differences. Given that few substantial differences in sexual and marital satisfaction between males have been found in previous research studies, it was expected that this study might not uncover a great range of difference in male sexual satisfaction. The rationale for the numerical difference between the genders is the anticipation of uncovering significant differences in levels of sexual and marital satisfaction between female participants. Although the sample was obtained with ease, there was difficulty in pinning down participants for interviews due to the fasting month of Ramadan which fell in mid-December. Conducting the first interview was Eureka!

5.4.3 Sample Selection

It was not possible to generate a population-based sample from which to select individuals. Thus, the selection of people and places suitable for the study was based in a way which adequately represents a population of interest both in relation to the purpose of the study and at a reasonable cost, in terms of funds and time. The less visible the activity is, the more difficult sampling is likely to be, and the most serious bias present in this sample involves the low rate of inclusion of Eritrean Christians.

Although the sample might not be random, recruitment from diverse segments of the Eritrean community in Melbourne, Australia, helped to ensure a broad cross-section of respondents to improve representativeness.

The sampling in Hal Hal, Eritrea and Melbourne, Australia was guided by the search for contrast needed for achieving maximum identification of emergent categories (Glasser and Strauss, 1967). For example, in Melbourne, issues of religiosity, ethnicity, age, geographic location, socio-economic status, and age at migration were addressed so as to develop a data set that encompasses as broad a reflection of the diversity within the research population as is possible. An attempt was made to identify specific kinds of respondents, who were considered able to illuminate emerging theoretical foundations, and the possibility of verifying developing theory (Glasser and Strauss, 1967). As a result, sampling was an ongoing feature of the research process in which the further selection of respondents was guided by theoretical understanding, reflections and judgments that emerged over the course of the research (Glasser and Strauss, 1967; Denzin, 1970). Network sampling or snowballing has been recognised as having considerable potential for sampling rare populations. This method was used to produce adequate representation of the population under study. To reduce bias, more control over referral chains was obtained by using a wide variety of starting points as well as pacing and monitoring chains of referrals (Biernacki and Waldorf, 1981).

The principal objective of the fieldwork was to obtain good, reliable data, rather than just data to meet a self-imposed quota, and therefore it was important to adopt sampling methodologies which involved the least coercion. Respected community members were the most effective facilitators of obtaining interviewees, followed by snowball sampling. The next important issue was the determination of the sample size.

Particular difficulties arise when research on 'sensitive' matters is carried out with members of the same family (Lee, 1993:111). Attempts might be made by one partner to seek information about the other regarding their marital situation and what the other thought. It would be very easy to become drawn into the interviewee's problems. Thus, since the possibility of engaging a second interviewer to interview the other was not available (Brannen, 1988), it was decided that people married to each other would not be included in the sample.

As alluded to earlier, special methodologies were required in choosing a sample from within the Eritrean community in Australia and Eritrea, as direct approaches to people are likely to elicit either a rejection or poor data. Based on previous experiences with the community it was decided that the best method of obtaining access to participants was through members of the community who are held in esteem and are respected by members of the local Eritrean community.

5.4 Access

Gaining access is unpredictable as its success depends upon a detailed theoretical understanding of the social organization of the setting one is attempting to enter. I was in the unusual position of knowing the setting, and the gatekeepers who could facilitate the most effective strategy to gain entry, very well indeed. But the knowledge one needs in order to gain access can only be learned once entry to the setting has been achieved, and the uniqueness of each individual attempt at access means that little can be said about entry situations in general (Johnson, 1975). Nonetheless, this does not mean that they cannot be overcome in their generality (Lee, 1993). Finally, social access crucially depends on establishing interpersonal trust, and gatekeepers who control physical access and who often see ways of ensuring impersonal trust (Lee, 1993).

5.4.1 Access in Melbourne

A purposive sample that targets individuals most important to the research topic was sought, to increase the scope or range of data exposed, as well as to uncover the full array of multiple realities (Lincoln and Guba, 1985). Included in the sample were those highly motivated participants from my previous research in Melbourne, who had expressed an interest in participating in this study. These participants and other acquaintances were then requested to refer other informants. This strategy lessens the sense of threat that may be felt by potential subjects (Hoffman, and Beynon cited in Hammersley and Atkinson, 1987), and produces more informative and insightful data. Those introducing others were requested to keep discussion of the topic to a minimum so that potential subjects could decide privately about their participation as well as to reduce any biases. Once the people agreed to be interviewed, introductions took place. Names, addresses and telephone numbers were given to me to contact later. The study has also had some exposure in the community and males who had expressed an earlier interest to participate were included.

5.4.2 Access in Eritrea

My own family connections meant that I had greater access than a stranger would to the participants in Eritrea. Two locals acted in a guiding role, which facilitated my being accepted indirectly (Lee, 1993), since introducing a stranger to a new social world is in itself to provide a guarantee of the stranger's trustworthiness.

The basic methodology adopted in rural Eritrea was to approach potential facilitators. An availability sample was acquired through a family friend. The facilitators in this case were Fanna, who is an informal community worker and a shopkeeper, loved and respected by all, who also happens to be a person I have known since childhood, and Said, a seventy-year-old local who had known my grandmother.

They were provided with a rationale of the research, including a detailed explanation of the aims of the project, and its benefits to the Eritrean community. The theme areas were also briefly covered. Fanna and Said were requested to introduce me to potential participants. In order to provide them with a better understanding of the interview process and the theme areas, I suggested they should be interviewed, and this was used as a pilot test in Eritrea.

The facilitators were then asked to obtain interviewees in whatever way they thought appropriate. However, it was suggested and stressed that they mention that the researcher was an Eritrean Australian (who has been in Australia for nearly 33 years) doctoral student. From prior experience it was found that being an almost Australian often permitted the opportunity to obtain more information than would have been possible had I been part of the community. Potential participants were informed that the interview would take between two and three hours, depending on the situation, and that it could be conducted at a time and place convenient to them and their family. Once they agreed to be interviewed introductions took place, and time and place for the interview were arranged.

5.5 Research Process

In June 1999, informal individual interviews were arranged with many potential participants from Melbourne. Over coffee, the project was discussed in a manner that best suited them. All the discussions took place late at night around 10.00 pm at either my mother's house, or at the women's homes or the coffee shops of Lygon Street, Melbourne. These get-togethers, sometimes a little expensive, provided a useful opportunity for getting to know potential participants and breaking the ice. They also aided in generating a number of suggestions for issues to be addressed.

During these preliminary talks, issues of self-determination and confidentiality were addressed. The right of participants to decline involvement at any time was recognised. Discussions of tape-recording of interviews were received with mixed feelings. Some people stated that they did not like to hear their own voices; however, once it was explained that the purpose is simply to aid note taking, that the tapes would not be accessible to anyone but me, and that confidentiality would be maintained, they were less apprehensive.

Around October 1999, a brief outline of the research project was sent to about ten participants, and was discussed by phone with those who could not read or write English and those who had difficulty understanding it. It is important to mention that I had had numerous contacts with these potential participants by phone and greeting cards for over a year. These women were then contacted by phone and asked if they still wished to be involved further in the research and if they objected to the interview being tape-recorded. When two-thirds of the sample was confirmed, interviews were arranged between November 1999 and January 2000 at a time and venue convenient to the participants. Potential participants were assured of debriefing and feedback if and when the need should arise. I had to specify that I was ethically bound to do so because I was aware that, since this is a Western concept, they would not react positively to such a suggestion. Agreeing to participate indicates their implicit trust in me. I was entrusted with their emotional well-being, their own reputation and that of their community with the unspoken understanding that I had an obligation to honour.

It was not possible to replicate this process with Hal Hal participants, due to distance and lack of prior knowledge of the identities of potential participants. Therefore, in Eritrea the emphasis was on building good relationships at the time of arrival in the field (April- May, 2000). In order to establish trustful relations, entry was negotiated progressively (Johnson, 1975). The research topic was introduced in a general way which helped participants to define the research according to their own concerns.

It was stressed that I was concerned with infibulation and marital relationships in general and was curious about their lives and had expressed a desire to uncover their side of the story.

5.6 Management of Personal Front

I built upon kinship in selecting Melbourne and Hal Hal for this study. As mentioned earlier, my mother, six sisters with their families, and my aunts and cousins live in Melbourne, and my grandmother comes from Hal Hal. This made it possible to be classified as a fellow Eritrean and, despite the great social distance, many of the potential participants gave considerable support to the project. Because of the social distance which existed, especially in Hal Hal, I was likely to be culturally incompetent and to make mistakes. Hence, past experiences were drawn upon, and strategies of self-presentation aimed at finding ways of bridging the gap were employed.

Spradley (1979) suggests the management of 'personal front' to avoid impressions that pose obstacles to access while enhancing those that facilitate it. Personal appearance can be a salient consideration. This study included many different categories of respondents, and different social contexts which demanded the display of different 'selves'. Therefore, almost from the beginning of the research process in both locations, I adopted the dress sense and something of the speech of the respondents to reduce social differences. I paid special attention to speech and demeanour, for example, wearing pants or long dresses while mixing with the elderly, as well as shifting back and forth between the language of the young, my own age group, and the elderly in both sites.

I had a role, a position, and status assigned to me from the beginning of my fieldwork. Instant socialisation was expected of me. Likewise, it is a norm that the families I stayed with in Eritrea have a claim on me in terms of behaviour. I was expected to follow a pattern of behaviour and to conform to the rules of the community.

My membership of an Eritrean family made me conscious of the community's rules, not in a pragmatic way to obtain information, but as an obligation. I thus remained acutely sensitive as to what was expected of me at all times. Being respectful of and responsive to the perspectives and needs of the gatekeepers and the community, which included interaction with participants and significant others as well as community members (Sieber, 1992), had a great impact on the successful completion of the interviews.

5.6.1 Establishing Rapport

Power relations in an interview are an important area of consideration and its existence was recognised. Finch (1984) contended that women have shared identification with one another which promotes a genuine rapport necessary for the collection of better data. However, Wise (1987) argued, and I agree, that the social distance, interviewing skills and personal style of researcher have a greater impact on the success of an interview rather than a simple identity of gender.

Rapport building, with the focus on reciprocity of intimacy, is central to creating an egalitarian relationship between the researcher and the researched (Oakley, 1981). Rapport with Melbourne participants, who were participants in my previous, was easily re-established because we had known each other for a period of nearly four years through phone calls, birthday and New Year cards, and personal visits. We found each other unthreatening as there were common shared experiences and values, and an investment of my personal identity in the relationship (self-disclosure). The degree of compatibility established earlier was instrumental in sustaining the relationship for the purpose of data collection and, I believe, beyond.

Feminists postulate that the commonalities of experience that result from being women help the relationship; however, Edwards (1990) contended that race may be a more powerful placement factor than gender. In this

research both factors were found to be significant contributors in generating trust, solidarity and support especially in Hal Hal. Additionally, investing myself into the research through answering respondents' questions, sharing knowledge and experiences, and giving support when asked added to the building of a reciprocal and intimate relationship (Cotterill, 1992), and sharing the common experiences of being a women created a non-hierarchical relationship between myself and the respondents of Hal Hal (Oakley, 1981).

Achieving the quality of information required depends on the formulation of a non-hierarchical relationship and the interviewer's preparedness to invest his or her own personal identity in the relationship (Oakley, 1981; Finch, 1984). Participants often took the initiative in defining the relationship. In most cases I was treated as more than just a researcher who had come to collect information: I was offered tea, coffee, and often a meal, no matter what time of the day. The interviews started many hours after my arrival, and at times the participants reminded me that I had a job to do and that we should get to it. I feel this was an indication of their acceptance of the goals of the research project rather than any desire to feel themselves participating in a personal relationship with me. To minimise the possibility that these women were reacting to my own evident wish for a relatively intimate and non-hierarchical relationship, they were left to make direct initiatives in this direction (Oakley, 1993).

Respondents had an active role instead of passively adapting to the definition of the situation offered. As a matter of ethical commitment, the interview process was one based on reciprocity and mutual self-disclosure as the situation demanded (Oakley, 1981).

Some writers have argued that strategies such as reciprocity and self-revelation may be used as ingratiation tactics or as a means of increasing the social indebtedness of the other. Consequently, self-disclosure and reciprocity were offered with caution and only if solicited. The locus of control in the interview emerged from the interrelation between the topic, the particular interview method used and the respective status of the participant (Brannen, 1988; Wise, 1987). In some cases the result was an interactive conversational interview, like those discussed by Brannen where status equivalence between interviewer and interviewee exists. In other cases the role taken was non-interventive; participants were so engrossed in their own stories, that they exercised control although not in an entirely conscious way. Sometimes they would say words like, “God I said too much didn’t I; well but that is life.”

Previous experience of interviewing some of these women led to the decision that personal questions as well as questions about the research would be answered as honestly as possible. For example, when one participant was talking about her wedding night experience, she said, “You know how men are and the way it is”. I told her that we might have some common sexual experiences as women, but that is where it ends because I was not circumcised (received with shock) and all my sexual experiences have been with non-Eritreans. Advice and clarification questions were also answered but it was specified that they were based on my personal experiences and what I have discovered through literature. This approach was adopted because I felt that I would be exploiting participants if I did not reciprocate and share. I felt that what was important was documenting women’s own accounts of their lives and not my role but, because previous interaction with some of the participants had led me to ascertain that evading answering questions or maintaining a non-reciprocal position hinders the promotion of rapport (Oakley, 1993), I realised that some reciprocation was necessary.

Social distance is minimised by sharing the same gender, socialisation, critical life-experiences, and membership of the same minority group (Oakley, 1993). I was both inside the culture and participating in what I was observing. The traditional way of conducting social research proved inadequate in this instance. Maintaining neutrality and one-way conversation was not possible, since the operating principles of most Eritrean communities are those of reciprocity and patronage. Therefore, sharing of information and gratitude was enough.

5.7 Research Interview and Interview Schedule

The interviews in Melbourne took place between the 31st of November 1999 and the 30th of January 2000, at times and places favoured and suggested by the respondents. Prior to interview, issues such as consent, taping the conversations, respondents' right to halt the interview, and issues of confidentiality were again discussed. The respondents chose pseudonyms as a further precaution.

Male subjects were interviewed in neutral places, such as parks and coffee shops, at different times of the day. One set of interviews with a female respondent took place at my mother's house, the rest were held at the homes of participants. All respondents were interviewed individually, with the exception of two, who happened to be sisters-in-law. They decided on a joint interview and there was no issue of privacy. They were interviewed one after the other in the presence of one of their friends and another sister-in-law. In all cases, the interviews with female participants took place late at night. I was well prepared for this, as previous experiences had taught me that most Eritreans in Melbourne are night people.

Time is important in allowing people to talk freely and to explore the context of the meaning of their experience (Lincoln and Guba, 1985) because, if given a chance to talk freely, people appear to share a lot more. The duration of each interview was approximately two-and-a-half hours, depending on the verbosity of the respondents and their willingness to talk without probing.

All conversations were tape-recorded. As suggested by Spradley (1979), the portable recorder was very small in size and was not in the participant's immediate line of sight to minimise disruption. The tape recording was supplemented with jotted notes of internal dialogue, or thinking aloud, which provided a running account of the conduct of the research. Hammersley and Atkinson (1987) emphasise the point that the researcher's own feelings can be an important form of data in their own right and a crucial component of the final report. Prior to commencing the interviews, the participants were informed of the "purposes and processes of the research", as emphasised within the feminist methodology by Cummerton (1986:90), and given an opportunity to raise any queries.

Interviews with participants in Hal Hal took place between the 14th of April and 20th of May in the year 2000 in a similar manner. Most interviews with female participants were conducted in their homes. Male subjects were interviewed in neutral and open places, for example sitting under a tree for shade, and local markets. All interviews in Hal Hal took place very early in the day before 11 a.m., as people in Hal Hal start the day with sunrise and retire early due to lack of basic amenities such as water and electricity.

5.7.1 Data Collection (Instrument)

The question areas used in this study were formulated from an understanding of the situation of women who have been infibulated, gained from informal discussions with them and others, and from the literature review. A number of changes were made at this stage, but only a few minor adjustments were made after the pilot interviews, which were with one female and one male participant. The idea of a pilot study is not to gain data, but to learn (Burns, 1994).

The piloting intentions were clarified and areas to be discussed identified; for example, clarity, appropriateness, length, and question areas as well as whether there is something else that should be asked, whether personal introduction was appropriate and rapport established. It was decided to use these particular participants, because of their command of the English language as well as their ability to give constructive feedback and relevant suggestions.

The interview schedule comprised many question areas relating to major themes. A background and medical history questionnaire was used to collect demographic information, such as gender, age of respondents and age of respondent's partner, marital status, number of children, type of marriage (arranged or love marriage), and to provide information on medical history and current health status. Theme areas consisted of relationship variables, individual dimensions and general ecological factors related to sexual satisfaction. Attitudes towards sex and one's own body, previous sexual experience, factual knowledge about sex, sexual communication, pleasure, anxiety, affective connection and life stress were some of the primary theme areas explored.

Interviewing in depth produces more valid information, a means of getting beyond surface appearances and permits greater sensitivity to the meaning contexts surrounding informants' utterances (Lee, 1993). Laslett and Rapoport (1975) likewise advocated an approach they referred to as collaborative interviewing and interactive research to enhance the quality of research by increasing internal validity. Such approaches were deemed to be particularly appropriate for this research, which examined at the private and intimate aspects of married life. The successful application of these methods depends on being responsive to, rather than seeking to avoid, respondents' reactions to the interview situation (Laslett and Rapoport, 1975:968).

This was achieved by the systematic exploration of the topic, and by encouraging participants to discuss their feelings about the interview as a way of involving them actively in the production of the data (Cannon, 1992).

Data collection consisted of semi-structured in-depth interviews and open questions. An interview guide without fixed wording or fixed ordering of questions was developed for some parts of the study to permit greater flexibility (Burns, 1994). Although unstructured and semi-structured in-depth interviews were the methods used in this research, it was important to conduct focused interviews in order to give participants an opportunity to explore a wide range of related experiences relevant to the study (Kidder and Judd, 1986). Open questions enable participants to answer them in their own words, and such answers provide insights into the complexities of how the world and the topic is conceptualised by them (Babbie, 1991; Kidder and Judd, 1986). Hence, with the exception of section A, which was introduced right at the end of the interview, most of the interview schedule consisted of open questions.

5.7.2 Asking Sensitive Questions

To diminish the sensitivity of the topic, local phrases were used in the wording of the communication (question) to indicate that the behaviour referred to is common. As suggested by Bradburn and Sudman (1979), before the interviews took place a participant was asked what word Eritreans use for orgasm or sexual satisfaction and the suggested words were then used in subsequent interactions; however some participants seemed to prefer to use different words from those suggested. A further way of framing the question was to use an authoritative source to justify it (Bradburn and Sudman 1979), for example, citing the Koran.

The rationale here is that respondents will respond more positively to statements which employ endorsement by a group with high status or particular expertise, and this emerged from the interview process.

It was realised that personally threatening or uncomfortable questions can only be posed after establishing rapport; therefore the interview commenced with broad general questions and was progressively focused onto more personal issues. We started with natural conversation, which was inevitable because it is interactionally difficult to abstain from it; thus most participants were led up to the topic gradually through a series of less threatening questions. This was possible since I had negotiated ample time at the outset.

The question areas were merely used as a guide, and within each section flexibility was used in the ordering of questions to suit the individual interview situation. Participants often explored these areas with very little prompting. The storytelling technique described by Burns (1994), whereby the participant tells a story about the self or an event, was utilised to start the respondents to talk about a broad general issue. To encourage frank reporting, respondents were encouraged and allowed to describe activities in words which were familiar to them. Likewise, the funnelling process, whereby the type and flow of information being asked is controlled by the interviewer, was employed to transform the interview process into a more relaxed and non-threatening conversation (Minichiello, Aroni, Timewell & Alexander, 1995).

Language permeates the researcher's encounters with respondents (Spradley, 1976), because it enters into every phase of the research. Participants were encouraged to use the language they were most comfortable with.

The premise was that different languages create and express different realities; they categorise experiences in different ways and thus provide alternative patterns for customary ways of thinking and perceiving (Spradley, 1979). Similarly, the ability to interpret and to use the English language with Australian respondents was thought to present a handicap to discovering their experiences. As Spradley argues, the more a participant translates for the convenience of the researcher, the more that respondent's cultural reality becomes distorted. Therefore, the analysis, as will be seen in the next chapter, was based upon participants' concepts even if the same language was spoken.

All interviews were conducted in respondents' native languages. The crucial question of what language to use was solved by respondents, since they initiated the conversations. All but two participants told their story in Tigre, the remaining two used Tigrinia. Tigre and Tigrinia are the two major languages in Eritrea and since I can speak both competently the need for an interpreter did not arise.

Some interviews were brief, less than one hour, because the interviewees had little free time, or were apprehensive. In such cases a second interview time was scheduled. In other situations the formal interviews lasted for up to 4-5 hours due to social interactions as well as to the willingness of some interviewees to provide a great deal of detail about their lives. In addition, some interviewees were only too willing to sit and talk for a number of hours about a wide variety of issues, which at times resulted in spending a whole day with a participant and her family, in addition to conducting the interview.

5.7.3 Second Interviews

Laslett and Rapoport (1975) suggested that the research strategy take into account the psychodynamics of the interview situation and the effects they have both on the interviewers and interviewees and on the quality of the data. Thus, Laslett and Rapoport (1975) and Oakley (1981) stressed the importance of multiple interviews for the emergence of a fuller, deeper and more complete account. Repeated interviews have undoubted advantages in terms of the quality of both the data and the relationship which can be established with respondents. Since I had established rapport and a great deal of trust with participants from Melbourne, repeated interviews were not necessary. However, in Eritrea, I sensed that some participants had feelings of apprehension, anxiety and suspicion. This could be attributed to the fact that they did not know what to expect and did not really understand the purpose of, and the motives for, the research (Babbie, 1991). Even though acquaintances introduced participants in Eritrea, it was believed that there was not a sufficiently high level of trust for a single interview to suffice (Lee, 1993). Thus, almost all cases in Eritrea warranted a second interview which was granted with ease.

During the course of the fieldwork, 30 individuals were interviewed. Some information on aspects of the interview process and actual interviews has been considered in previous paragraphs, but some additional features need to be addressed at this time.

I felt I was asking a great deal from participants in Hal Hal in the way of time, cooperation, and hospitality. Therefore, such assistance was reciprocated through buying their produce in recognition of their valuable time. I was offered coffee and tea by respondents.

I knew they were giving me all they had, but I could not refuse, it being insulting to do so. Reciprocity is the norm and one never goes out visiting empty-handed, so, while conducting interviews in Eritrea, I took 500 grams of sugar, 100 grams of tealeaves, and 250 grams of coffee to give to participants. This provided informants with the impression that their time was valuable and their hospitality appreciated.

5.8 Participant Welfare

Researching areas that are private, sacred or stressful poses an ‘intrusive threat’ (Lee, 1993:4); therefore, the topic was approached with caution but it was found that initial fears about its sensitivity had been misplaced in most cases. At times stories were told while preparing a meal with which I was involved, while doing the dishes together after a meal, lying in bed (resting), applying henna on my feet (by participants) and over coffee. Most responded readily and without offence to questions about their sexual experiences although with some initial hesitation in some cases. Most participants in both sites told their stories with intense emotion, disbelief, total acceptance and a great dose of humour. They had an immense ability to laugh and relax.

It may well be as Goyder (1987) postulated that, while the topic might have been seen as threatening by some, it was thought to be harmless by others. Nevertheless, it was important to gauge conditions under which sensitivity arises within the research. Because participants shared painful and at times sad and sensitive personal experiences and details, the risk of distress and concern was of paramount consideration at all times. While conducting interviews participant observation as a strategy for both listening to respondents and watching them in natural settings (Eagan, 1990) was practised to enhance knowledge. Utmost care was given to non-verbal cues such as lapsing into embarrassed silences, avoiding eye contact, tone of voice, and misgivings or unease (Goyder, 1987), as well as to maintaining appropriate demeanour and remaining composed in trying circumstances (Scheff, 1988).

Notes on non-verbal communications exhibited by participants were taken. These notes included identification of respondents to help with data analysis. Debriefing facilities were made available to ensure protection if need be.

5.8.1 Reactions to Being Interviewed

The reactions of some respondents lead me to believe that there was a gain for participants in terms of knowledge regarding sexuality in general, because they started to think about it more. One of the participants even began to analyse her culture, but from her own frame of reference. Some respondents who expressed interest in accessing information on sexuality were directed to where to access such information. One participant was particularly interested in having some information from my library, so this was made available. Another asked for some clarifications, for example how other women experience, express or define orgasm. She was relieved to find out that she was not different; she found it reassuring and fun. Likewise, at the end of an interview one woman remarked that she enjoyed the interaction immensely. She was pleased with the interview process and the contents and started discussing the project with other women in Melbourne, thus influencing them to discuss it informally.

Whether it is anticipated or not, the in-depth interviews can often be a cathartic experience for some participants (Lee, 1993). For most respondents, it was a story telling and sharing session, except for one male participant from Melbourne, who found it an opportunity to express his feelings. This ushered in a range of difficulties. I did not set out to provide a service but I came to do so. This participant approached me because he knew my interest in this particular topic and assumed that I could offer advice. I offered brief counselling on the spot and referred the participant to relevant literature, since it was very clear that he was not comfortable about accessing marriage/relationship counselling agencies.

Overall there was a heightened sense of cooperation and full participation in the research; participants took a more assertive role and helped bring new information to my attention. For example, in Hal Hal a female participant came to see me the next day because she had some more stories to tell me.

5.9 Foreshadowed Problems

Research of any kind may prove troublesome at the best of times. But there were more than the ordinary problems encountered in doing research in the area of attitudes towards sexuality, sexual experiences and circumcision. Some problems or set of issues were encountered during the initial stages.

Feminists postulate that the commonalities of experience that result from being women help the relationship. It follows from this that a lack of shared identification might constitute an impediment to the relationship established between a male interviewer and a female respondent or vice versa. Some writers argue that the social characteristics of interviewers as well as their expectations of the interview itself can affect the validity of responses in many ways. Johnson and Delamater's (1976) study of sexual behaviour of young people found that females in general were more comfortable when interviewed by a female interviewer. In the case of males, there appeared to be some relationship between the researcher's assessment of rapport and greater levels of report for a variety of sexual behaviours. Social distance and race were not issues. Johnson and Delamater (1976) asserted that obtaining reliable information on sexual behaviour might have more to do with interviewers feeling uncomfortable about asking questions than with the interviewees being embarrassed. Likewise, Bradburn and Sudman (1979) claimed that there is likely to be a relationship between interviewers' expectations of the difficulty of a survey and the actual difficulties they experience.

This proved to be the case while interviewing Mussa, my first male respondent in Melbourne. At the onset of the fieldwork I was confident that I would have very few problems interviewing participants. I was very comfortable with the topic, and discussing it with elderly women, and males, and Mussa especially, I believed, would be easy. I knew Mussa as a person who is well-informed, well-travelled, open-minded and liberal and one who had two wives, one infibulated and one non-infibulated. I had expected to get most of the information from him with ease. I was wrong! I felt very uncomfortable right from the start and could not go through with the interview as planned. I did not change the general direction of the questioning, but it remained more on the general level. I was not able to shift it into a more personal level. This was not obvious to him as the general approach has always been to introduce the topic gradually. I felt vulnerable in that I might be stigmatised by him and those he knows for having studied this particular topic (Renzetti and Lee, 1993). Conversely, I might not have been prepared to invest myself in the relationship at that point in time of the fieldwork, since he was the first male participant.

Similarly, I realised that Mussa retained the power over how much he wanted to reveal which also had an impact on the situation. There were none or very few sanctions to be deployed should a respondent decide not to accept my definition of the situation. This relative powerlessness was reinforced by the etiquette of the interview itself, which generally forbids judgmental attitudes; hence the change in the wording of the theme areas with Mussa.

Field research by its very nature, argued Sanders (1980), requires people to carry out tasks which run against the grain of earlier socialisation and social experience. It was difficult to avoid the fear of being a stranger, the fear of rejection when seeking personal details about people's lives, and the fear of violating the normative standards of those male Eritreans.

However, in subsequent interviews with males adapting a role between passive recipient of informants' culture and sceptical investigator presented an opportunity to understand the issue of sensitivity from the point of view of participants (Fielding, 1993). We worked together and attention was given to the meanings male participants gave their experiences.

Initially interaction with participants in Eritrea began with a sense of uncertainty and a feeling of apprehension. It is culturally inappropriate to discuss topics such as sexuality and circumcision with elders, and it was the first time I had ever talked about sexuality and orgasm to someone in Eritrea; therefore I felt very uncomfortable. Being overly polite and solicitous about seeking an interview on sexual satisfaction with them slowed the interview process initially. Finding the right question to ask was difficult, but finally rested on the grand tour questions technique (Burns, 1994), which results in verbal description of significant features of the cultural scene, in this case weddings. Following Spradley's (1976) suggestions, I employed the strategies of repeated explanations to facilitate the rapport building process, as well as restating by selecting key phrases and terms to demonstrate interest in learning and embodying a non-judgemental attitude.

5.10 Termination of Interviews

Laslett and Rapoport (1975) suggested that concluding interviews should give something back to the respondents. I took opportunities to correct errors or uncover remaining disagreements about how particular events were to be interpreted. For example, interpretations which were disputed by the respondent could be omitted or the respondent provided with the opportunity to present a dissenting account. Brannen (1988) claimed that qualitative interviewing is a stressful experience for both the interviewee and the interviewer. Thus, interviews were wound down gradually and we spent an hour or more chatting about unrelated things in general.

While we often went out for coffee afterwards in Melbourne, in Eritrea we had coffee or tea at participants' homes, due to the lack of coffee houses as well as to cultural mores that dictate that men only occupy such places.

The interview itself was only one method of data collection adopted during the fieldwork phase. While the interviews provided all the data, it was also important to gather some contextual information. Prior to discussing how that data was processed, the following section briefly describes the two principal means of information collection, apart from that obtained during formal interviews.

5.11 Additional Data

5.11.1 Community Involvement

From previous involvement with the Eritrean community in Australia, I had an awareness of the importance of being able to develop on-going relationships with a small proportion of the interviewees in order to obtain more in-depth information about individuals' lives as well as the overall functioning of the community. An understanding of these issues is essential to understanding the dynamics of married or family life.

During the course of the fieldwork a number of participants were very generous with their friendship and time and repeatedly invited me to their homes for conversations, meals and socialising. This approach enabled the formation of close relationships with some, the majority of which were established many years ago in the early stages of the fieldwork for an honours project. These informants were able to provide additional valuable insights into Melbourne's Eritrean community, through talking about community issues in general but, more importantly, by providing comprehensive information about their own experiences, attitudes and histories.

Being an Eritrean, proficient in the many Eritrean dialects, as well as having a broad knowledge of the culture, geography, history, and politics of the country, was a major advantage in most cases. It proved a valuable asset, not only in providing conversation pieces, but also in permitting the evaluation of the accuracy of some of the information obtained from interviewees about their lives.

Great emphasis was placed on the opportunistic exploitation of available data. As Webb, Campbell, Schwartz & Sechrest (1966) suggested, mundane, unpromising or inconspicuous sources of information were sought and seen as appropriate data. However, because of their inferential weakness, (Webb et al, 1966) unobtrusive measures were employed in addition to in-depth interviews. For example, discussions (unobtrusive measures) were generated at social gatherings and were used to trace changes and elicit information about wedding nights, defibulation processes, interactions between newly-weds, and marital relationships, and to trace changes in the magnitude of differences between the generations

5.11.2 Informal Focus Groups

Acquaintances and friends often seemed to form informal focus groups to discuss issues related to the topic in my presence. These informal research participants were treated as consultants rather than as respondents (Bowser and Sieber, 1992). The obtaining of consent in participant observation in social settings was seen as the outcome of a developmental process. Disclosure of sensitive or confidential information is usually only possible in these situations once trust has been established between the participants. Where this has been done consent becomes implicit.

The important feature of information gathering during the fieldwork was that information was collected from an assortment of sources using a multiplicity of means.

The information collected during the planning of the fieldwork phase provided a wealth of up-to-date individual information which complemented not only prior knowledge, but also data collected during interviews. Views from all factions of the community were taken during informal interactions in order to form a complete picture of the reality of the group.

5.12 Data Analysis

The theoretical underpinning of the data analysis was grounded theory, and the process was guided by the techniques proposed by Glasser and Strauss (1967), Strauss and Corbin (1990), and Ely, Anzul, Friedman, and Garner (1991). While the literature review helped to develop explanations during data collections and data analysis in this study, the major categories, which provided the framework for data analysis, were derived from the study aims. Since the sample was purposive (theoretical), the process of analysis was on-going and reflexive during each interview. What was sought in subsequent interviews was influenced by the previous interview. However, the following section will detail the analytic procedure, which consisted of organising the data, generating categories, themes and patterns, testing the emergent hypotheses against the data and searching for alternative explanations of the data.

5.12.1 Data Organising and Coding

Listening to the tapes many times over renewed familiarity and intimacy with the data and created a heightened awareness of the issues. As well as capturing the utterances of participants, listening to the tapes assisted memory recall about that particular person and moment. Tones, laughs, and background noises reminded me of the non-verbal and emotional moments and acted as a reminder of the context of the statements. All textual data were transcribed, involving performing minor editing and a general clean up, which resulted in many pages per interview.

Listening to the laughter again also provided some relief from the tedious and laborious task of transcribing. There were many instances where I was laughing while transcribing, which resulted in waking the household at odd hours of the night. The experience was such that one could not help but feel as if it were taking place just then.

It was important to start with the whole data, that is, the verbal and nonverbal communications observed during the interviews. Each word spoken reflects the speaker's consciousness and experiences, thus consideration was given to this in the coding process and is reflected in the reports section with segments from the participants in their own words. The primary codes suggested by Bogden and Biklen (1982) were assigned numbers as seen below and were used to organise the data.

1. Situation Codes: how subjects define the situation or topic, e.g. participants' view on their marital situation.
2. Perspectives held by subjects: codes oriented toward ways of thinking that all or some subjects share, including shared rules and norms as well as some general points of view.
3. Subjects' ways of thinking about people and objects: women's view of men and men's view of women, e.g. male and female sexuality (man is like a dog he goes and sniffs any where, it is the woman who has to honour herself; the salient belief is that sexual activities outside marriage are acceptable for men, but not for an honourable woman).
4. Event codes: e.g. first sexual experience (wedding night), pregnancy, childbirth.
5. Process code: used in ordering life histories, e.g. marriage, childbirth, migration, etc.

6. Activity Codes: directed at regularly occurring kinds of behaviours, e.g. sexual activities.
7. Strategy codes: tactics, methods ways, techniques, manoeuvres, ploys, and other conscious ways people use to accomplish various things, e.g. to refuse to have sexual intercourse: pinch child to make it cry, start a fight, fake headache, say no; and to ask for sexual intercourse: shower, perfume, cook his favourite food, use smoke bath.
8. Relationship and social structure codes: regular patterns of behaviour among people, e.g. sex roles, social roles, and positions of partners (egalitarian, unequal).
9. Other: for units of information that do not fall within the above codes.

Open coding, the selecting of units of data, e.g. sentences, or a sequence of paragraphs to seek for concepts (Strauss and Corbin, 1990), was a slow and daunting process. This resulted in a wide variety of key words, recurring themes, and concepts cluttered everywhere. I made notes on each of the transcripts. For clarification purposes, the primary code number and letters were used to group these related concepts together. I used a red coloured pen for women in Australia and blue for men in Australia, green and pink were allocated for the responses of males and females in rural Eritrean respectively. For example, clients' views on their marital situation were tagged (situation code) 1a, 1b, and 1c in the above colours; the letters were added to indicate different responses in the same area, sexual issues (activity codes) 5a, 5b, and communication (process code) 2a and so on.

This reduced the information considerably making it more manageable to work with. The choice of categories and sub-categories was made using axial coding, which is “a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories” (Strauss and Corbin, 1990:76).

I made links between sub-categories and categories by systematically relating data from a causal condition to the consequences which arise from that causal condition.

Once categories and sub-categories were determined, information was re-arranged and re-categorised as new meanings emerged, which often occurs in the initial stages of analysis. The task then was to form the most closely associated views/idea units (data from reflective journal, non-verbal communications, community views) into groups. Once agreement had been established, each group was labelled by core theme. These groups were in turn formed into further groups or sub-themes creating an organised structure which showed further relationships between the data. The type of cases that the interviews represented were at the same time monitored to increase the number of accounts in each of the four sample categories of Hal Hal women, Australian women, Hal Hal men and Australian men.

The literature review provided some theoretical constructs, and categories and their properties were used to organise the data and discover new connections between theory and real-world phenomena, as is the case in grounded theory development (Strauss and Corbin, 1990). Likewise, participants' accounts in each category were compared and contrasted; this yielded several propositions which represented my conceptualisation of the participants' accounts. These hypotheses were tested by finding out in which cases the propositions held, and in which they did not, which prompted further propositions. When it generally held, I looked in more detail at the exceptions to the rule. I then wrote notes summarising the results indicating directions for future explorations. The following is an example of a note concerning the issue of "sex on demand":

Analysis: Sex on Demand

Proposition: women who are forced/ordered to have sex will undermine the request by rejecting the request or by pretending to have a headache and so on.

1. Women from rural areas and women from Australia who identified as being religious were always available and complied.
2. Some men in Hal Hal and some traditional men in Australia thought it right to order their wives.
3. Some women in Australia believed that it their bodies were their own and that they had a right to refuse.
4. Some men in Australia believed that women had a right to refuse intercourse and did not see any problem with it as long as it was not a frequent occurrence.

Analysis: First Sexual Encounters

Proposition: infibulated women will describe their wedding night and first sexual experience in terms of fear and pain. Although this hypothesis generally held, there were two glaring exceptions: one bride had a gentle husband who used local anaesthetic and who was very tender; the other had a husband who took the process gently over a long period of time. Their wedding experience was one of kindness and gentleness.

Through logical analysis, classification schemes were crossed with one another to generate new insights or typologies for further exploration of the data to test emergent hypotheses. As categories and patterns between them become apparent in the data, I began the process of evaluating the plausibility of these developing hypotheses and testing them against the data.

This entailed searching through the data, challenging the hypotheses, searching for negative instances of the patterns, and incorporating these into larger constructs, when necessary. This was followed by searching for alternative explanations. As categories and patterns between them emerged in the data, I engaged in the critical act of challenging the very pattern that seemed so apparent and searched for other plausible explanations for these data and the linkages among them.

5.13 Quality of Survey Data

The concepts of validity and reliability, particularly within the positivist frame of reference, are difficult to relate to qualitative research. Janesick (1994) argued that what makes research qualitative is the substantive focus and intent as opposed to the empirical notions of validity and reliability.

5.13.1 Trustworthiness of the Data Reporting

The principles of reliability and validity sit uneasily within this research study, which was founded on concepts of multiple realities, reflexivity, subjective meanings and emergent researcher perspectives. In their place, the concept of trustworthiness which has been proposed by various authors (Lincoln and Guba, 1985; Krefting, 1991; Miles and Huberman, 1994) was used as a key construct by which to evaluate the rigor of data in this qualitative study. A key criterion by which to evaluate trustworthiness is credibility, a not dissimilar concept to validity (Lincoln and Guba, 1985; Kreftin, 1991). Credibility relates to the probability that credible findings will be produced. It asks whether the researcher has established confidence in the truth of the findings for the subjects or informants, and the context in which the study was undertaken (Lincoln and Guba, 1985). The first measure that increases the probability of high credibility is the employment of certain activities in the field (Guba and Lincoln, 1985). In the present study credibility was addressed in various ways.

Triangulation refers to the use of combinations of data gathering, investigators, and data analysis to describe the range of experiences of participants from multiple perspectives (Banister, Parker, Burman, Taylor & Tindall, 1994). It is the process whereby data is checked against other sources, or by other methods or investigators. Strategies of triangulation were utilised to increase verification and validation of qualitative analysis (Denzin and Lincoln, 1985). Interviewing 20 women and 10 men meant that data was being collected from 30 different sources. Participant observation during social visits, outings, and gatherings with men and women in the community also contributed to information gathering. The study has been triangulated in a number of ways. Multiple perspectives make it more likely that results are accurate and representative. In the present study, there were many sources of qualitative data. Inspection of emergent categories and subcategories indicated that there were large areas of overlap.

Prolonged engagement or the notion of immersing oneself in the culture of a group for a prolonged period of time to increase adequacy and credibility (Olesen, 1994) was encompassed in this case. As alluded to earlier, I belong to one of the ethnic groups studied and have had prolonged engagement in terms of considerable time spent within the other ethnic groups. I have also immersed myself in the literature for the past five years. With prolonged observation, the notion of distortion may arise. In this case, being aware of own perceptions and a priori values as a measure against distortion of meanings intended by participants was essential. This issue was addressed through the 'use principle', that is, asking participants how a word or a phrase was used, and by returning the data to them for checking when the report was finalised.

Member checking is the process “whereby data, analytic categories, interpretations, and conclusions are tested with those stakeholding groups from whom the data was originally collected” (Guba and Lincoln, 1985: 314). This process is known as ‘member validation’. An example of member validation at an early stage of the project was that most participants have been intrinsic to the development of the study, development of concepts, and reviewing of the results.

Persistent observation “allowed me to be open to multiple influences that impinge upon the phenomenon being studied” (Guba and Lincoln, 1985:305). Having open-ended questions or theme areas allowed participants to explore meanings that are important to them. This enhanced the emergence of the most relevant characteristics and elements otherwise known as pervasive qualities.

Peer debriefing involves “exposing oneself to disinterested peers in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might only otherwise remain implicit within the inquirer’s mind” (Guba and Lincoln, 1985:308). The ethics form was analysed by my supervisor and then by the ethics committee. A further process that allowed debriefing was the confirmation seminar, where the methodological design was challenged, and the exit seminar where the findings were subject to scrutiny.

Negative case analysis is the process of revising hypotheses with hindsight (Guba and Lincoln, 1985:309), that is, the search for negative cases which disconfirm conclusions, in order to revise or provide further support for them. This process of revising a hypothesis until all cases are accounted for has been used within the discussion section.

Transferability: this concept, while emulating external validity, is clearly quite different (Guba and Lincoln, 1985). “The naturalist cannot specify the external validity of an inquiry; he or she can provide only the thick description necessary to enable someone interested in checking a transfer to reach a conclusion about whether transfer can be contemplated as a possibility” (Guba and Lincoln, 1985:316). The idea of what constitutes a thick description, according to the above authors still remains unresolved. However, Geertz’s use of what he calls “thick descriptions” is the “close analysis, or ‘reading’, of a particular social production or event so as to recover the meaning it has for the people involved in it, as well as to discover the patterns of conventions, codes, and modes of thinking that invest the cultural item with those meanings (Geertz, cited in Abrams, 1993:249). A thick clear description is provided by detailing how the sample was generated, and the time and context in which the data was collected. In addition, the richness of the results section allows the reader a thick description of the life experiences of the participants.

The reflexive journal is “a kind of diary in which the investigator on daily basis, or as needed, records a variety of information about self and method” (Guba and Lincoln, 1985:327). This process, which is a qualification of the inclusion of myself within the research, is described in detail earlier in the methodology chapter.

Other factors influencing the reliability and validity of respondents’ responses involve their personality and, in the case of interviewers, the interaction of both their personalities and social attributes. The sex, age, dress, race, social class and attractiveness of the interviewer are all known to influence the responses to and rapport with the interviewers.

All experiences cannot be expressed as behavioural, concrete descriptions. Subjects are unsure as they are operating in a culture, which is an interpretation itself. It also mediates their objective experience (Burns, 1979). Similarly, no single participant can provide universal information; each has access only to unique and idiosyncratic information. Therefore, reliability is viewed as a fit between what is recorded as data and what actually happens in the setting under study.

The interpretive and collaborative paradigms employed within this research are grounded in the worldview of the participants. That is they are grounded in the actual experiences and languages of the sample, therefore they are naturalistic in content. The study also utilised other strategies identified by Lincoln and Guba (1985) as increasing credibility, for instance, prolonged engagement with the study material, and negative case analysis. Accordingly, I consider that the report fulfils a key criterion of trustworthiness and credibility, and provides an accurate representation of participants' personal experience.

Absolute stability and replicability are pre-requisites to reliability. Therefore, it can be claimed that this study is not reliable as it was based on emergent design. It is not objective because of interaction between researcher and respondent and the role of values; however it is credible and confirmable. Although the conclusions are tentative, the analysis of this small sample is plausible, because some of the differences observed are substantial and the results appear to be consistent with the work of other investigators.

5.14 Ethical considerations

The research proposal, which addressed the five major ethical issues (informed consent, confidentiality, anonymity/privacy, physical or mental distress, and disclosure of research results) was submitted to the James Cook University Human Ethics Sub-committee and was accepted and allocated Ethics Approval Number H963 on the 20th of September, 1999.

Key risks or harm in this case were invasion of privacy, breach of confidentiality and embarrassment. Telling another about those aspects of one's self, which are in some way intimate, is a difficult task. It becomes less so where privacy and anonymity are guaranteed and when disclosure takes place in a non-censorious atmosphere (Lee, 1993). Assurance of privacy, anonymity and confidentiality, and a non-judgmental attitude provided a framework for trust in this study.

As the researcher is a member of the Eritrean community who is very well known, there might have been potential issues of anonymity for respondents who may well be known to the researcher, or who may have partners or friends who are known to the researcher. These issues were successfully addressed while undertaking previous (honours) research; however, issues of confidentiality and self-determination were addressed at the outset of the invitation to participate and again at the beginning of each interview. The need for participants to decline involvement at any time was recognized. One participant in Hal Hal requested the tape be turned off at times, which was agreed to, when she was sharing personal information that she wanted kept out. This attitude was to convey to participants that I did not intend to exploit either them or the information they shared with me, as well as to encourage them to regard me as more than a researcher.

Each participant was provided with a letter, which stresses his or her right to privacy. It was stipulated that the research report would not directly identify any particular person.

Respondents were required to choose pseudonyms as a further precaution. Research subjects were assured that data collected will be kept under lock in a safe place, will not be accessible to any one but me, and that confidentiality will be maintained at all times. Prior to interview, the above issues were discussed again.

5.15 Reflexivity

The words of my friend Nabat, twenty years ago, lay at the back of my mind as I started thinking about this project many years ago. I remember her telling me the most wonderful thing that her mother-in-law did for her. Nabat began her story with excitement as I listened enviously. She begins:

You know I am grateful to that witch. You know I had my baby in Sudan, and she was there in the delivery room. She took one look at my vagina and screamed. I don't remember the rest, but when I was conscious I couldn't find my self [vagina] I mean I was closed up. I was shocked and worried, I thought something had happened to me. I told my brother, the only person close to me in that house-hold. Many days later my mother-in-law came to ask me how the wound was healing. She said "I had to do it [infibulate you] you were so big you could swallow my son alive, I don't know how my poor boy survived for so long". I screamed at her, but secretly I was happy because I knew she wouldn't have done it if it was not good for her son. So it is my gain, I get to keep him all to myself, she will never have him. On the first night of lovemaking after I got stitched, my husband was surprised, he didn't know what had happened. But boy! was he ecstatic. He said he was having a proper honeymoon, everything nice and tight. Lovemaking has been wonderful ever since and Abdul is happier than ever. The witch has no hope of her son ever divorcing me now.

I did not know what circumcision or infibulation entailed, and I did not know that I was different until I heard Nabat's story. I was envious of Nabat, I wished I had a mother-in-law who could have done that for me. I was ashamed to approach doctors. I am sure if I had had the courage I would have had it done then, if only to belong.

I always felt different from most girls my age when I was very young. I remember how excited I was when I went to a school picnic at the age of six. That day is etched in my memory; I can recall it as if it were yesterday, because that day I lost all my friends. My friends made fun of me because they thought I made a noise like a fully open tap while voiding. They did not do that and they did not finish as quickly as I did, because as they said, they were young ladies, they do not make noise and they do not hurry. All of a sudden I had no friends, and it was hell. But I was lucky, my father (a judge) got a transfer and half-way through the year I started attending a new school in a new place where no one knew of my shame. To avoid embarrassment, I tried never to use a public toilet, and if I had to, I made sure that I did not make any noise (a behaviour I still practise). My secret was safe, but there was a little inner voice telling me that I was different from other girls and maybe that is why I fell in love and married a foreigner at the age of sixteen and banished myself from Eritrea by migrating to Australia. All the rational and irrational beliefs held by circumcised women were close to my heart for many years. I believed in the wonderful benefits of infibulation, benefits that were denied to me, because of my father. I harboured anger towards him, and kept asking why did he have to interfere in women's affairs? Why did he not leave it to my mother and my grandmother? Of course these are questions I could never ask then or now, as he has since died.

According to feminist researchers, reflecting upon the role and position of self within both process and content results in a heightened self-awareness.

Reinharz (1992) argued in the same vein that reflecting upon, examining critically, and exploring analytically the nature of the research process raises self-consciousness and enhances the understanding not only of the topic to be studied, but also of the self. Looking back and examining the culture with fresh eyes and entering it from a new critical platform is an act of survival (Rich cited in Reason & Rowan, 1981). Throughout the course of this project, in attempting to understand the impacts upon the lives of the participants from a broader structural perspective, I came to reflect upon my own feelings and could therefore identify the process as being therapeutic and beneficial for me. As Reason and Marshall (1987) suggested, it can be argued that the choice of the topic was motivated by my own desire to expose previous anxieties in a bid for personal development. Interestingly Western feminists would consider me "lucky", and yet I experienced such alienation, rejection and shame in my childhood. (This is a very powerful reflection and insight into the power of cultural norms).

5.16 Concluding Reflections

Probably the most significant limitation of this research is the degree to which the results are generalisable, as it is a small study. However, while I am aware of the sample limitations which make it hazardous to make general inferences about Eritrean women who have been infibulated, I believe that these respondents constitute a representative group of Eritrean women in terms of sexual responsiveness.

Standards of reliability and validity are difficult to apply, due to the subjective nature of the data and its origin in single contexts. The promise of anonymity made the evaluation task difficult in terms of preparing and presenting results authentically. Some flavour may have been lost due to translations, in spite of endeavouring to re-present data as closely as possible to the original state.

Steps have been taken to prevent bias in relation to my own thoughts, feelings and experiences, nevertheless there are likely to be unconscious biases which have had some influence on decisions made in relation to various aspects of this study.

The richness of data gained from qualitative research gives one an opportunity to walk through the life experiences of the men and women and see things through another person's eyes. It provides the richness, individuality and subjective nature of a respondent's perspective and understanding. Despite the limitations, I believe that the major aim of this study, to explore the impact of infibulation on orgasm and sexual satisfaction and whether this in turn affects marital satisfaction, has been successfully achieved. As Lazarsfeld (cited in Burns, 1994) observed, "like the nets of deep-sea explorers, the research provided unexpected and striking result for us to ponder upon".

5.17 Conclusion

This chapter has detailed the various research methodologies which were adopted in conducting the field-work as well as the analysis phase of the dissertation. The next chapter will provide a general overview of the characteristics of the sample population.

CHAPTER 6 : SAMPLE POPULATION

6.1 Introduction

Research of a qualitative nature inevitably yields voluminous amounts of data, and this study was no exception. Respondents shared a wealth of information before, during, and after the interviews. Experiences were expressed with a sense of acceptance, sadness, anger, but most of all with a lot of humour. Every experience seems so relevant and to omit information has felt like betraying the essence of the individual. Thus, the hardest task has been reducing so much vital information to a report, and trying to decipher which aspects of the data represent the voices of the participants most clearly. I believe that the most appropriate starting point is to provide the reader with some personal biographical information for each respondent. That is, to communicate a sense of the textures of social life so that insights may be gained on their history and background which in turn have shaped their responses.

6.2 Participant Profile

6.2.1 Female Respondents in Australia

1. **Amna** is in her early thirties and a mother of three. She fled Eritrea with her family as a young child and lived in the Sudan and Cairo prior to migrating to Australia thirteen years ago. She met and fell in love with her husband in Cairo and they married after migrating to Australia. He is about six years older than she.

Amna works in the welfare field and enjoys her job and independence. Although she is a firm believer in equality and women's liberation, she has not been able to achieve equality in her marriage. She said, "He forgets that I am a person in my own right." Amna believes that the role of a housewife and mother has been assigned to her as her primary duty.

She said, "I have to fulfil my role as a housewife and mother before I can go to work to satisfy my need. He does not see the marriage as a partnership; if I complain, he tells me to give up work and stay at home." Amna believes the case to be the same for most working Eritrean women in Australia. She said, "Eritrean women have triple roles, that of a mother, a wife, and paid worker, and we get no appreciation". Amna sounds very uncertain of the future of her marriage. She has contemplated ending the marriage many times.

2. **Hassina** is a housewife in her fifties. Hassina's marriage was arranged at the age of fourteen to a stranger fifteen years her senior. She was in love with someone else, but her father refused permission for the match because the boy was from another tribe. Hassina moved to Australia from the Sudan, where she lived after fleeing Eritrea, with the youngest four of her eleven children about eight years ago. Hassina had no schooling.

Hassina's husband lives in Eritrea with his second wife. He visits Hassina and his children every year for a period of three months. Hassina said "I care and love him. But I do not miss him." Hassina has a good support network (children, grandchildren, and good friends). Her life is very busy with social commitments. She is relieved that her husband has a second wife to look after him. She said, "I do not feel jealous of my co-wife or guilty for being here. I know he is taken care of, also if he were to ask me to go back I have to obey. And if he comes here he will want to be the boss. This way it is good; we see each other once a year and the love and respect increases." Hassina claims to take her role as a wife seriously even from a distance.

3. **Fatma** is a strong and independent woman in her late forties. Her marriage was arranged at the age of seventeen to a man she had not seen and who was around eighteen years her senior. She lived in the Sudan and Cairo with her five children after leaving Eritrea, while her husband worked in Saudi Arabia as a shopkeeper.

She came to Australia with her children nine years ago to join her brother and his family.

Fatma qualified as a nurse in Eritrea and works as a community educator in Melbourne. Fatma's husband has been unemployed since his arrival in Australia six years ago. Fatma's employment has created numerous adjustment problems for the family, but Fatma has coped well due to her religiosity. She said, "I obey my husband; it is my duty. The only thing I have disobeyed him in is not being a fulltime housewife. I cannot give up my job."

He is the head of the household and the wife and children are subordinate to him. Fatma said, "That is life, what is there to complain about, so the tension is not that great." Fatma is resigned to living a life of constant compromise on her part. She expressed a desire to be more tolerant than she already is and wished for her husband to be less demanding of her. But she does not believe that her husband will ever change.

4. **Adela** is in an undergraduate in her late thirties. Adela married after three years of courtship. Her husband is five years older than she. She has two children. The family lived in the Middle East and Saudi Arabia prior to migrating to Australia three years ago. Both Adela and her husband are undertaking further training to enhance their job prospects.

Adela is one of the very few Eritrean women who migrated to Australia with her husband. She said, "I cannot be without my husband even for one day. He is my best friend. When he goes to work it is as if there is something missing in my life. We never differ in any thing; we always do things together. He is very easy going, thoughtful and kind; I am the nag." They have traditional roles with Adela doing most of the housework and shopping. Adela and her partner are very open with each other on all matters and, as she said, they have a very happy marriage.

5. **Lula** is a housewife in her early forties and has four children. She had an arranged marriage at the age of sixteen to a man fifteen years her senior, one she had never seen. She said, “I do not think I fully understood what it meant to be married. It did not occur to me to refuse.” Lula continued her education after marriage and has a postgraduate degree in science. Her husband also holds a postgraduate degree and is in upper management.

After fleeing Eritrea the family lived in Sudan and then Saudi Arabia before migrating to Sweden where they lived for seven years. Lula moved to Australia to join her mother, brothers and sisters in Melbourne four years ago.

“We have very clear roles and we never cross the line. I know what he expects of me as a wife and I try to do it”, she said. They celebrated their 25th wedding anniversary last year. Theirs is a partnership with clear roles and Lula seems very happy and content in her marriage.

6. **Zenat** is a mother of two in her late thirties. She is completing her master’s degree and has worked in different jobs, including waiting tables, interpreting and community work. Zenat lived in the Sudan, Cairo and Dubai before migrating to Australia six years ago with her children, leaving her husband behind. He joined them two years ago. Although Zenat’s husband, who is eleven years her senior, is related to her, their marriage was arranged.

Zenat said, “Life changed a great deal once in Australia. I came here with my children. I was very capable of running the family without him as well as keeping a job.” Her husband had a difficult time adjusting. He wanted to take control, but that was not possible. Zenat said that he tries to assert his power every now and then and she lets him.

She claims her husband has a good heart and he only does such things to make himself look good in front of his family. She quite accepts her life and seems content.

7. **Nura** is a divorcee in her late thirties with four children. Her marriage was arranged at the age of eighteen. She accepted the proposal to please her mother and to fulfil societal obligations. Nura's husband was fifteen years older than she. She has completed Year Twelve and works part-time as a pharmacy assistant. She is also involved with Amway. Nura's goal is to start her own business in the next two years.

Nura fled to the Sudan with her mother and siblings as a young child. After marriage she joined her husband in Libya, where she worked as a secretary. She migrated to Australia with her children to join her mother and her siblings ten years ago. Nura said, "Married life was strange for me, I knew it was going to end one day. You can say it was a company, a partnership that was going to be dissolved when it served its purpose." However, she claims that her marriage was based on a great deal of respect for individuality, freedom, and understanding. She adds that the sexual relationship was great, but there was no love on her part. "Happy while it lasted", she said. Nura left her husband three years ago. She faced great difficulty; she was estranged from her family for a long time especially because he was considered a gentleman and people could not fault him.

Nura claims she has done what was expected of her by getting married and having children. She believes she has paid her dues and now wants to live for herself. In a partner, she wants a person who is ambitious and hardworking, one who has a long vision and who can communicate.

8. **Asha** is in her mid-forties and holds a postgraduate degree in business. Asha fled Eritrea and, after a year in Kenya, migrated to Germany where she met her husband who is twenty years her senior. Theirs was a great love story that culminated in marriage after a four-year courtship. Asha, her husband and their three children migrated to Australia fifteen years ago.

Within a year of their arrival in Australia, the relationship started to deteriorate. Asha said, "I loved him and did all I could to make him feel secure, but he was so jealous that the harder I tried the worse it got. Sex was wonderful but there were constant accusations and justifications." They had counselling but divorced eight years ago.

She remarried four years ago. She claims this marriage is based on understanding, respect, total acceptance and trust, and less on passion. Asha said, "He is a good man and I am in control of my life. There is total trust and freedom." Asha is happy and content, although the sexual part of the relationship is not as rewarding or exciting as it used to be with her first husband. She said, "I take comfort in knowing that he loves me and supports me. He is very giving, so what if he has no bed psychology? I had a wonderful sex life but a rotten marriage; now it is the other way round. I can assure you I would rather have the latter any day." Asha is well-travelled and well-read. She is also well-versed in all areas of FC, sexuality, and sexual enhancing strategies.

9. **Nyla** is in her early thirties. She left Eritrea as a child and lived in the Sudan and Egypt prior to migrating to Australia in 1994. Nyla finished Year Twelve in Cairo and worked as a secretary. She calls her marriage an arranged love marriage (they fell in love only after he asked for her hand). Nyla has one child and is a housewife. Nyla's husband, who is eight years older, is an academic with postgraduate qualifications.

Nyla sees her marriage as an equal partnership. They make joint decisions on most things. Although they do not have set roles and the housework is not divided into yours and mine, they had some problems when Nyla was working and her husband was out of work for a short period of time. Nyla states that she did not mind being the breadwinner, but that it was a big problem for her husband. Nyla is very assertive and knows what she wants out of her marriage. Nyla believes that respect, caring, understanding, and loving contributes to their marital happiness. She considers her husband as her best friend, and describes him as caring and open, and her marriage as a dream.

10. **Selma** is in her late thirties and a mother of five. After fleeing Eritrea she lived in the Sudan and Egypt where she met and fell in love with her husband who had been her classmate. They married in Cairo and moved to Saudi Arabia prior to migrating to Australia two years ago.

Selma finished Year Twelve and worked as a secretary in Cairo and Saudi Arabia. At the moment she is a housewife helping her children settle into the school system. Her husband is a science graduate and works in the field. Selma describes her marriage as rewarding and fulfilling. She describes her husband as traditional, very caring and thoughtful. They have a great deal in common (both are very religious) and are very open with each other. “We shared many things before we came here so that has helped strengthen our marriage. I know what he likes and dislikes and so does he. We are the best of friends and would rather spend our time together than with other people. Our marriage is based on mutual respect, unconditional love and acceptance,” she said.

6.2.2 Male Respondents, Australia

1. **Mussa** lived in Europe and the Middle East prior to migrating to Australia five years ago. Mussa is in his early fifties and has three children. His marriage was an arranged love marriage; that is, his family arranged the marriage, and he and his wife fell in love before marrying. Mussa is a graduate and his wife a postgraduate.

Mussa believes marriage is a partnership with each spouse performing the role he/she is good at. Decisions are made democratically with the inclusion of the children. There is freedom, trust and understanding between them. He said, "Happiness is relative, but we communicate easily, we understand each other and meet each other's needs and obligations without any hardships. Being together, understanding and mutual respect is what we value and have." Mussa is happy in his relationship, but complains of a lack of privacy and meddling from his wife's relatives.

2. **Yusef** is an undergraduate in his early thirties. He was in Cairo and Saudi Arabia before migrating to Australia ten years ago. Yusef met his wife in Cairo and married after courting for four years. They have three children.

Yusef said his wife is assertive and exhibits feminist attitudes. It was and still is difficult for him to accept the changes in his wife since coming to Australia. He said, "I try to understand and accept the changes in her. I am no longer the most important person in her life. She has her work, the children, her family, community obligations and so on." This has created a big rift in the relationship and they are not as close as they once were.

Yusef is a traditionalist, trying to assimilate into the Australian culture. He would be happy if his wife stayed at home and devoted her time to the family. Yusef said, "She complains about her double role. I did not tell her to work, and if she wants to do so then it is up to her to fulfill her duties as a wife and mother first."

Yusef is in love with his wife and is fighting for her attention, but on his own terms. He spends his spare time with his male friends at coffee shops instead of assisting his wife. He said he is very unhappy with his marriage. He believes it is only a matter of time before it collapses, if she does not come to her senses and act like a wife.

3. **Abdu** has been in Australia for fifteen years after living in the Sudan and Egypt. Abdu is in his mid-thirties, is a postgraduate, and has been married for six years. He has two children.

Abdu was looking for a girl from the same ethnic group who would live in harmony with his extended family (mother, sisters), and who was ambitious and prepared to work hard alongside him to build their future. He thought he had found that in his wife. To his surprise, after marriage he found out that his wife wanted to have children and stay at home. She gets along with all the family. Abdu said, "I have to answer to my mother if I disappoint my wife. My mother loves her."

The clear traditional boundaries of communication between spouses are well maintained. She does not complain if he stays out all night, makes all the decisions, and spends his money as he wishes. She cooks, cleans, and respects him and accepts him totally. Abdu said, "I have a good wife; she is not demanding and does not like to concern herself with many things. I have total control; I have peace at home and all my friends are envious but I am not happy. This is not what I expected of marriage or a wife." Abdu and his wife share very few common interests. Abdu cannot see his marriage lasting and claims that he will look for his ideal partner when the children are older.

4. **Hussein** trained and worked as a teacher in Eritrea. He is a father of six and has been married for almost thirty years to a girl chosen by his family. He is in his early fifties. He worked in Saudi Arabia for many years, while his wife and his children lived in Cairo before migrating to Australia eight years ago. He joined them four years later.

He encountered many changes in his wife and children, which he was not pleased about. His wife was the boss; she had the bank accounts and driver's licence. His children did not obey him as they had done before. Hussein said, "I had to learn to swallow my pride and do what I was told, to turn a blind eye to things I did not approve of." Although he is proud of his wife for what she has achieved and the way she has brought up the children single-handedly, part of him still wants to have control and assert his power as a traditional Eritrean husband the way he did a long time ago. He is afraid to do so because he believes his wife will send him packing. Except for a bruised ego, married life is comfortable for him.

5. **Bakri** had known his wife, who is eight years his junior, since the day she was born. She is related to him, but he did not think of her in terms of marriage or love. However, after the break up of his engagement, his family suggested her. They got engaged and fell in love afterwards. They have been married for six years and have one child. Bakri is in his early thirties and is undertaking postgraduate studies. He lived in the Middle East and Saudi Arabia prior to his marriage and subsequent migration to Australia seven years ago.

Bakri said, "Ours is a marriage built on love, laughter and understanding. My wife is my friend and supporter and I would do anything for her. I share my thoughts and dreams with my wife."

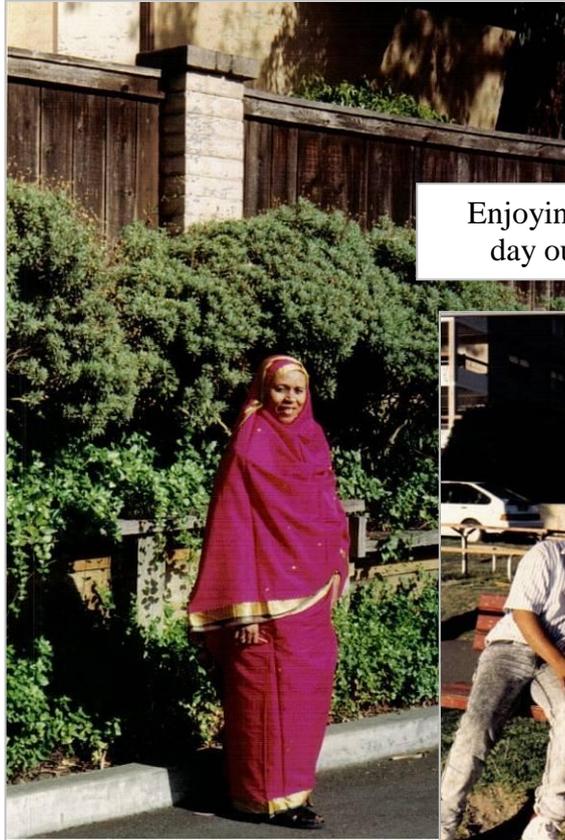
We make our decisions after consulting with each other, but my family feel I should be strong and do what I want without caring about her.” He states that marriage is a partnership between husband and wife and family interference is not to be tolerated. Bakri seems happy in his marriage and his face lights up as he speaks of his wife and child.

Table 2
Gender, age, type of marriage, marital status, and education levels of Australian Respondents

Respondent	Gender	Age group	Type of Marriage	Marital Status	Ed. Level
Amna	<i>Female</i>	<i>31-35</i>	<i>Love marriage</i>	<i>Married</i>	<i>BA</i>
Hassina	<i>Female</i>	<i>56-60</i>	<i>Arranged Marr.</i>	<i>Married</i>	<i>Nil</i>
Fatma	<i>Female</i>	<i>41-45</i>	<i>Arranged Marr.</i>	<i>Married</i>	<i>BA</i>
Adela	<i>Female</i>	<i>36-40</i>	<i>Love marriage</i>	<i>Married</i>	<i>BA</i>
Lula	<i>Female</i>	<i>41-45</i>	<i>Arranged Marr.</i>	<i>Married</i>	<i>Post Grad</i>
Zenat	<i>Female</i>	<i>36-40</i>	<i>Arranged Marr.</i>	<i>Married</i>	<i>Post Grad</i>
Nura	<i>Female</i>	<i>31-35</i>	<i>Arranged Marr.</i>	<i>Divorced</i>	<i>Tertiary</i>
Asha	<i>Female</i>	<i>46-50</i>	<i>Love marriage</i>	<i>Married</i>	<i>Post Grad</i>
Nyla	<i>Female</i>	<i>31-35</i>	<i>*Arranged love M</i>	<i>Married</i>	<i>Tertiary</i>
Selma	<i>Female</i>	<i>36-40</i>	<i>Love marriage</i>	<i>Married</i>	<i>Diploma</i>
Mussa	<i>Male</i>	<i>51-55</i>	<i>*Arranged love M</i>	<i>Married</i>	<i>Post Grad</i>
Yusef	<i>Male</i>	<i>30-35</i>	<i>Love marriage</i>	<i>Married</i>	<i>BSc</i>
Abdu	<i>Male</i>	<i>31-35</i>	<i>*Arranged love M</i>	<i>Married</i>	<i>Post Grad</i>
Hussien	<i>Male</i>	<i>51-55</i>	<i>Arranged Marr.</i>	<i>Married</i>	<i>BA</i>
Bakri	<i>Male</i>	<i>31-35</i>	<i>*Arranged love M</i>	<i>Married</i>	<i>Post Grad</i>

*Arranged Love Marriage: Marriage was arranged and they fell in love afterwards, before being married. To maintain anonymity pseudonyms have been used to disguise participants.

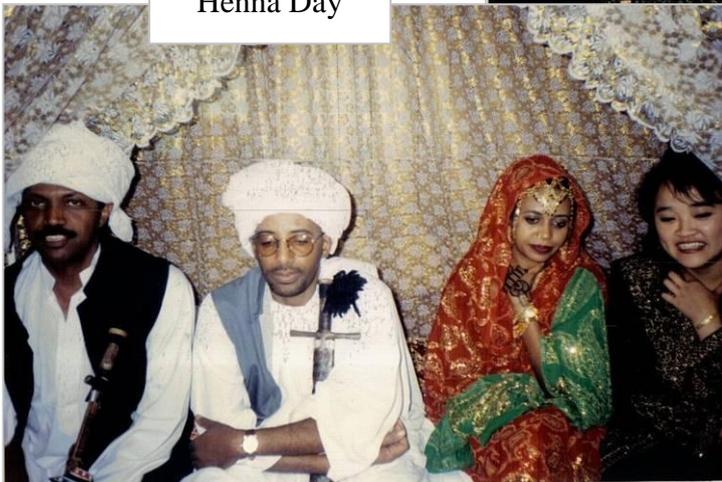
Figure 1 : Eritreans living in Australia



Enjoying a day out



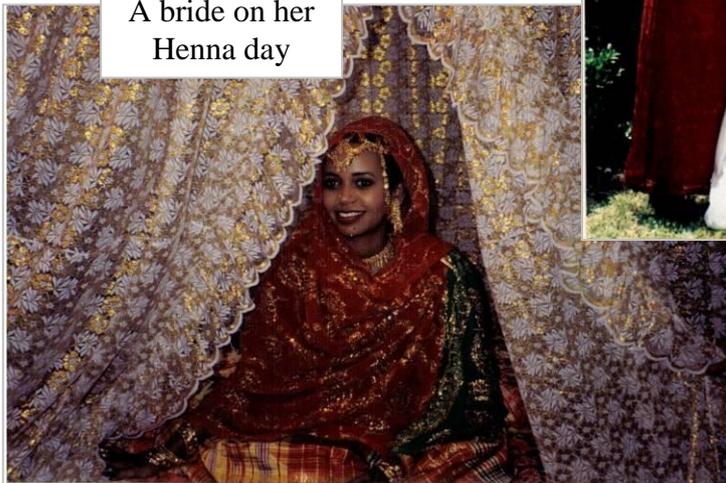
Henna Day



Wedding Day



A bride on her Henna day



6.2.3 Female Respondents in Hal Hal, Eritrea

The age of Eritrean participants is an approximation as none of them were able to ascertain the exact year of their birth. The age difference between spouses was between ten and fifteen years. Although the life histories of participants are similar to each other as well as to those of most of the people in the village, there were great differences in the way in which they experienced it.

1. **Nafisa** is a spirited and intelligent woman with a mind of her own. She is in her late thirties and has a son and a daughter. Nafisa was married at the age of eleven to a cousin who lived in the same courtyard. The marriage was not consummated for almost two years, as she was still a child.

Nafisa never desired marriage, but was scared of her father. She said, “I do not know why I never wanted to get married; all I wanted was to be educated and go to festivities.” Nafisa wanted to be free from the bondage of marriage and used to beg her husband to divorce her. She finally got divorced ten years later. Since she did not like being married, there was no pressure from her family to remarry. Nafisa said, “I just did not like sleeping with a man. I disliked everything about a man. My body rejected him.” However, this was not the reason for the divorce, she claims. She said she was strong-willed and would argue back if she believed she was right, and would dare him to divorce her if he was not happy. “If he was to hit me he quite well knew that I would hit him back,” she said.

Nafisa described her ex-husband as kind and humorous. Despite their tempers she claimed they shared many good times and, even after the divorce, he supported her. They were good friends/brother-sister until the day he died. Nafisa admires the urban Eritrean women of today and sees them as strong, independent women who can look after themselves.

2. **Aziza** is a divorcee in her early thirties. She has two children. Aziza's marriage was arranged at the age of seventeen with her cousin. Aziza was very happy; her marriage was filled with laughter, sharing, respect and caring. She said, "We were very close and loved each other, we were very happy in each other's company and our children completed the picture. Sex was good in my marriage." However, her husband went to the Sudan in search of employment and got involved with another woman. Aziza was very hurt and could not believe the betrayal. She said, "I could have followed him to the Sudan and saved my marriage, but I could not forgive him". She ended the marriage three years ago but kept her children. Aziza took a lover and got pregnant and was forced to marry to stop gossip; however she is not happy and is not sure about her marital future.

3. **Baraka** is in her late thirties and has one child. Her marriage was arranged at the age of twenty, which is very old, according to Baraka. Her husband was a farmer and a man of means. She described him as gentle and very loving. They shared their daily news every evening over coffee. Baraka said, "Our home was that of laughter, respect and love. He worked hard for us and I respected and obeyed him. He was a good man."

Baraka's husband went to Saudi Arabia for work. She stayed behind with his family. As is the norm, he used to send money to his father to look after the family unit. He also used to send jewellery and clothing for his wife and child. The father/mother-in-law, however, did not tell Baraka or give her the goods. She did not hear from him directly. She was hurt and went to her natal home. Baraka said, "He just abandoned us, or so we thought, there was no letter, no money for personal use, nothing." Her father asked for her divorce, and her husband gave her a divorce without a question. He was a good provider and was doing the best he could for his wife and child. He was hurt and angry. Baraka said "It was many years later that we found out who the culprit was.

He thought I was receiving what he used to send and that his father was looking after our needs. His father was evil and that is why we got divorced.” They have since reconciled (remarried again) and are content with each other.

4. **Masooda** is a mother of three and in her forties. She said “I must have been 17-20 when I got married; all I know is that I was quite mature. Masooda married a close relative she had never met.

Masooda said, “We share everything as he is easy to converse with. But he has nothing (wealth) so there is nothing to plan or talk about.” Masooda’s husband inherited (married according to Muslim Law) his brother’s wife and her children after his brother's death. She has her own home and farm and he mostly lives with his new wife. He told Masooda of his intent to marry and she gave him her blessing. She said, “What is there to fight about? He has nothing to offer her or me. I was not jealous, what is there to be jealous about?” She claims to be happy about it as he stays with the other wife mostly, which gives her the freedom to live with and look after her old mother. Masooda said, “I am very grateful he allows me to stay here. When he comes to visit, monthly, I receive him happily; I give him whatever I have; I do not hold back.”

Masooda supports her children and mother by weaving and selling floor mats, and has little time to reflect on her life, and when she does, she does not judge it be unfulfilling. She said, “I am not dissatisfied with my life, there is nothing that can be done about it. It is destiny.” For Masooda, married life is more fulfilling now that she has children.

5. **Um Mariam** is about forty-five years old. She thinks she was old (mature)- about sixteen or seventeen- when she got married. Um Mariam is a mother of seven girls and was widowed five years ago. Her brother-in-law wanted to inherit her but she refused. She said she has had a good man and does not need a replacement.

As a child, Um Mariam wanted to study but was told that girls did not need education. She was determined to educate her daughters and four of them had primary education before getting married. The last three are living with extended family and attending school in the city.

Um Mariam is very critical of the new generation for their lack of tolerance and for abandoning their children in pursuit of economic independence. She said, “Women now are different; if they are not happy they just leave their children and go to Saudi Arabia. In our time there was kindness and empathy and we stuck together through thick and thin; the Muslims thanked Allah and the Christians thanked Christ. There was acceptance of destiny and in the long run things always changed for the better.” Um Mariam describes her marriage as happy. She said “We had our ups and downs but it was kept in the house; after a while we were good with each other. Love and respect grew each day as we got to know each other.”

6. **Arhet** married her cousin and has three children. She is in her late forties. Arhet does not remember how old she was when she got married, but said she was old (mature).

Arhet has a hard life and one can detect sadness in her eyes. She sold off her jewellery to send her eldest daughter to Saudi Arabia to work as domestic help and support the family by sending money, but Arhet has not heard from her for five years. She does not know if her daughter is alive or dead. This weighs heavily on her mind, and her husband blames her for letting her child run loose. I suspect there may be some domestic violence in the relationship. She said, “He loses his temper very easily if I ask for money for transport or food. He tells me to walk nearly 20 kms to go to the markets.” Her husband is not a good provider, although he is capable. She weaves baskets and mats to make ends meet. There is resignation and acceptance of her lot.

Arhet said, “What is the point of being unhappy? You cannot change destiny.” Her wish is to see her children settled (married) and having a better life than hers. She has not thought of divorce. She said, “What is there to get divorced for? It is not as if I am young and want to get married again. I have my children; what more do I want?” She does not see her life changing, and has lost any hope of her eldest daughter supporting her. Every day she wakes up determined to make it through to the next day.

7. **Zenab** is in her mid-forties and was seventeen when she got married. She was told of her impending engagement but refused to consent unless she saw the man first. She wanted to see if she liked him. Zenab said, “This person came to our house; he was a soldier, and he was handsome but very dark. I greeted him and he smiled. I did not know who he was; they told me that it was him (my fiancé to be) after he left.” She married and had four children.

Zenab’s husband is a quiet and private man who does not like his wife to socialise much. He makes all the decisions. Zenab said, “He is the boss. He would not say I love you in words, but he always knew what pleased me and what I liked and he would get it for me.” Zenab speaks fondly of her husband and of their life especially as newly-weds. She said, “The first few years of married life were the best; you are young, you have beauty, energy, and time.” Zenab said having children leaves one with little time and no privacy. She believes that if she and her husband grow old together, life will be that special again.

8. **Kadija** is in her late seventies. She has seven children and twenty grandchildren as well as several great-grandchildren. She was a circumciser and has performed the infibulations of most of the village girls, their mothers and grandmothers. However, after going for *Hajj* (pilgrimage to Mecca) she has stopped performing infibulations and de-fibulations.

Her marriage was arranged with one of the most eligible bachelors in the village. Soon after, he fell ill and his family offered to withdraw the proposal. Kadija said, “My fiancé fell ill but I did not refuse to marry him because I was afraid of being cursed by my family and God. It was meant to be. I also knew that when I have children they would reward me.”

While he tended the animals, she did the farming and harvesting, chores normally done by the male. Kadija describes her husband as placid, sensitive and very caring. She said, “I was the one doing all the nagging and cursing. At such times, my husband used to tell me that he loved me very much and that he was lucky to have me for a wife and that I have every right to complain. Soon I will forget everything as my heart swells with love for this innocent man. We used to have a lot of fun. We used to converse, laugh and joke while having coffee every evening. We used to turn the kerosene lamp out and make love in the dark. If he got cold we bundled ourselves in a blanket and took smoke bath together.” This is not the norm in Eritrea.

Kadija has been widowed for thirty years, but has not remarried despite many offers. However, now that she is old, Kadija wants to get married again. She said, “I only want a man for companionship, someone to have coffee with, who will read religion to me and make me laugh. He has to be very old, one who does not want sex, because I do not want to go to hell for refusing him.” Kadija is an active and jovial woman. She is very open, humorous and matter-of-fact.

9. **Jamih** is in her forties and has three children. Jamih’s first marriage was arranged with a relative at the age of thirteen. She said, “I was young; I did not really know what I was getting into.”

Jamih ran away from her first husband. She said, “I just did not like him; he was not very bright. I was very beautiful, also very proud and spoiled. He was a stupid farmer and he used to belt me so I left after two years. I was determined not to have any children from him and God listened to my prayers.” Jamih said she wanted someone who was jovial and playful for a husband and she has found that in her second husband. She speaks fondly of him and refers to him as the owner of her home and her heart. She seems happy in her second marriage.

10. **Hayat** is in her late forties and a mother of four. Her marriage was arranged at the age of seventeen. Hayat’s husband was a soldier so they were apart most of the time.

Hayat has not had an easy marriage. Her husband is aloof and uncommunicative. He lives alone in his hut and rarely visits Hayat’s hut, despite the huts being in the same courtyard and a few metres apart. Hayat left him after the death of her first two children. She said “I was free, but he begged me and then I got pregnant and ended up having four more kids.” Hayat stays in the marriage because that is the norm. She said “What will people say if I was to leave now at my age; where will I go with these children?” Her life has been made bearable after the birth of her children. She said, “We laugh and joke; they help me forget.”

Hayat dreams of closeness, sharing, giving and empathy in her life. There is no bitterness, just resignation and total acceptance of her lot. Hayat lives in hope that one day her life will change when her children grow up and are able to support her. Her eldest daughter is working and supports the family to some extent. Hayat describes her life as difficult, very lonely and unfulfilling. She was tearful while sharing her story.

6.2.4 Male Participants in Hal Hal, Eritrea

1. **Idress** is a strong and proud man in his late fifties or early sixties. He is a romantic at heart. He has eleven children and six grandchildren. His first wife died and his second wife walked out leaving the children behind when she found out about his affair with a divorcee. Idress said, “I fell in love while I was married to another woman. When my wife left, I married my lover (who became his third wife). However, I found out that she was a user. She only wanted me for what I could give her. She only stayed four years and left. I never got my money’s worth. I wasted all my money on her.”

Idress now lives with his fourth wife who is in her early twenties. He had not seen her and did not know how old she was (he knew the family had a daughter) when he asked for her hand. He said, “This time I did not care who I married. All I wanted was to forget my ex-wife. To my surprise she turned out to be the best wife, always happy, good with my other children, and does not go out much.” He believes there is less chance of her being exposed to others' opinions (sisters, friends, mother) which might create conflict.

Idress discusses most things with his wife. He said, “I just give her what I have and she looks after everything.” Idress seems very content and so does his wife whom I have met.

2. **Benamir** is a father of four and in his mid-forties. His wife was chosen by his parents. He said, “The boss and teacher of the house is the woman, bringing up her children the right way, morally, religiously and educationally. She teaches the kids right from wrong. My wife is very smart and that is why I like her. She brought up the kids well and she receives my guests with a smile. In my opinion it is the woman who creates a home, the father is only a tree in the yard.”

Benamir mentions the shifting of power in his marriage. He said, “When you are a young man you have complete power, you make all the decisions; you make a noise and she comes running. Once you get older and your children are working, then the wife gains more power, because her children are on her side; they support her morally and financially. Now you have to cajole and be diplomatic with your wife and be prepared to take a lower position. The children support us so I cannot afford to upset their mother.”

Benamir claims he was very romantic and used to say romantic things to his wife when he was younger. He said, “Life was sweeter when we were younger. Now I am old and things are not the same, priorities change.”

3. **Ibrahim** is fifty-three and a father of five. He married (inherited) his brother’s widow at the age of forty. He claims to have accepted the suggestion from his parents because his sister-in-law was a good person, and because he wanted to keep his brother’s children in the family.

Ibrahim believes one needs respect and understanding to be happy. He said, “One has to acknowledge that the wife is a person with rights. He should treat her well, if he can’t then he should divorce her.” Ibrahim also believes in women’s right to divorce if they are ill-treated or not happy.

Husband and wife are very open with each other and there is a great deal of sharing. He said, “We discuss everything about the farm, the animals, money and so on. One can tell if his wife is a good woman early on; that is why I share with her. We operate as a unit. In our tribe (Beni Amir) that is the way things are.”

4. **Hamid** is a father of seven and in his late thirties. Hamid knew his wife; she was his neighbour. He suggested her to his family but, if they had had objections, he would have not married her, he claims.

Hamid believes that openness between spouses must be in moderation to create space and respect. He does not discuss finances or his movements with his wife. He believes this to be his business. He said that his wife is entitled to ask questions only if he is not meeting his obligations, and even then, he does not have to give any explanations.

Hamid believes that a wife's role is reproduction and sexual gratification, the most important duty being rearing children. Hamid said, "If I am not happy with the way she cooks or looks after the children, I complain. Why should I feed her otherwise? It is not charity, you know. I complain because I know that a woman is not complete. I have to explore and teach her so she does not embarrass me in front of my family, my guests or my community." Hamid states that his wife is very competent and he is happy in his marriage.

5. **Aziz** is in his early thirties. He married his first cousin (suggested by his mother) and has three children.

He makes all the decisions, as he believes he knows what is good for his family. Saleh also believes that a woman belongs in the home taking care of her husband and her children, and that she has no right except what he accords her. He said, "If she wants to be the boss or equal to a man, she should remain single, and go out to work like those girls who are in Saudi Arabia." Saleh said, "My wife is good, she does not say much. She knows what I like and tries to please me.

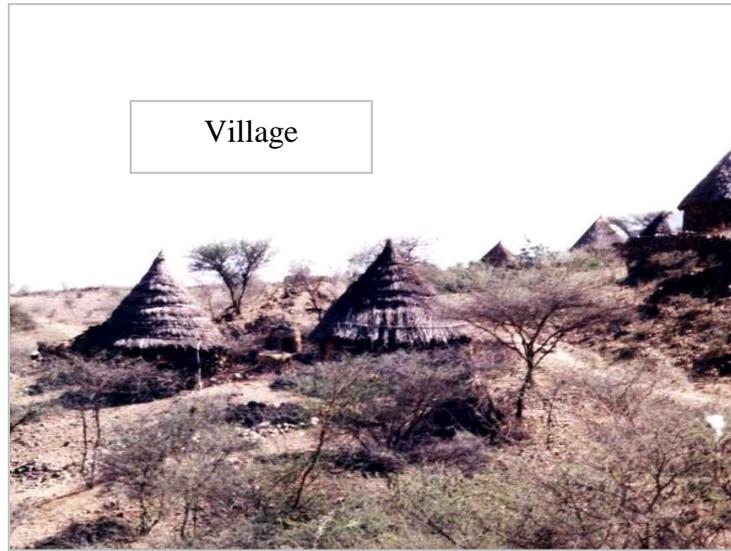
She knows I am very short-tempered and I lash out.” Saleh states that he is very happy with his wife, otherwise he would have divorced her or taken a second wife. Saleh believes the man has to be kept happy as he is the breadwinner, and as long as a wife has food, clothing, and oils for her hair and body, he cannot understand why she should be unhappy. Saleh said he is contented and his wife is happy.

Table 3
Gender, age, type of marriage, marital status, and education levels of Hal Hal participants

Respondents	Gender	Age group	Type of Marriage	Marital Status	Education
Nafisa	<i>Female</i>	<i>36-40</i>	<i>Arranged</i>	<i>Divorced</i>	<i>Nil</i>
Aziza	<i>Female</i>	<i>31-35</i>	<i>Arranged</i>	<i>Divorced</i>	<i>Nil</i>
Baraka	<i>Female</i>	<i>36-40-</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Masooda	<i>Female</i>	<i>31-35</i>	<i>Arranged</i>	<i>Married - 2nd wife</i>	<i>Nil</i>
Um Mariam	<i>Female</i>	<i>46-50</i>	<i>Arranged</i>	<i>Widowed</i>	<i>Nil</i>
Arhet	<i>Female</i>	<i>46-50</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Zenab	<i>Female</i>	<i>46-50</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Jamih	<i>Female</i>	<i>31-35</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Hayat	<i>Female</i>	<i>31-35</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Kadija	<i>Female</i>	<i>71-75</i>	<i>Arranged</i>	<i>Widowed</i>	<i>Nil</i>
Idress	<i>Male</i>	<i>51-55</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Benamir	<i>Male</i>	<i>41-45</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Ibrahim	<i>Male</i>	<i>51-55</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Hamid	<i>Male</i>	<i>31-40</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>
Aziz	<i>Male</i>	<i>31-35</i>	<i>Arranged</i>	<i>Married</i>	<i>Nil</i>

This chapter has introduced the respondents by providing a glimpse into their lives, their despairs, hopes and dreams. It has also given their sociodemographic profile. The next section will report on the findings in the area of FC which correspond to research aim one: To explore and examine social constructs/beliefs and attitudes towards female circumcision from Eritrean perspectives.

Figure 2 : Photos taken during field trip in Hal Hal

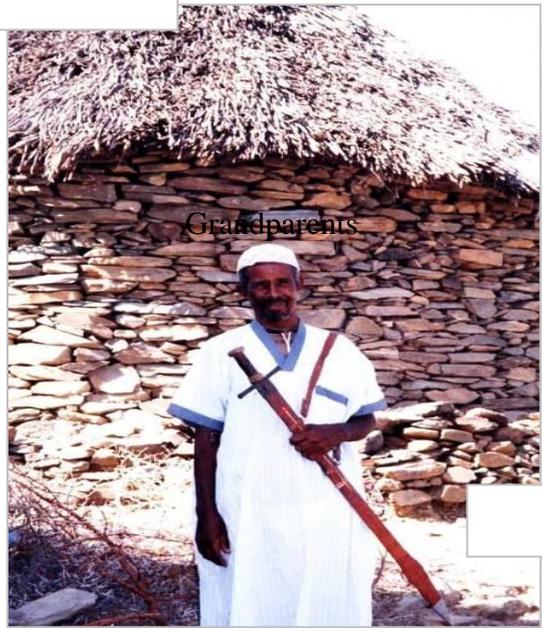


Village

Family

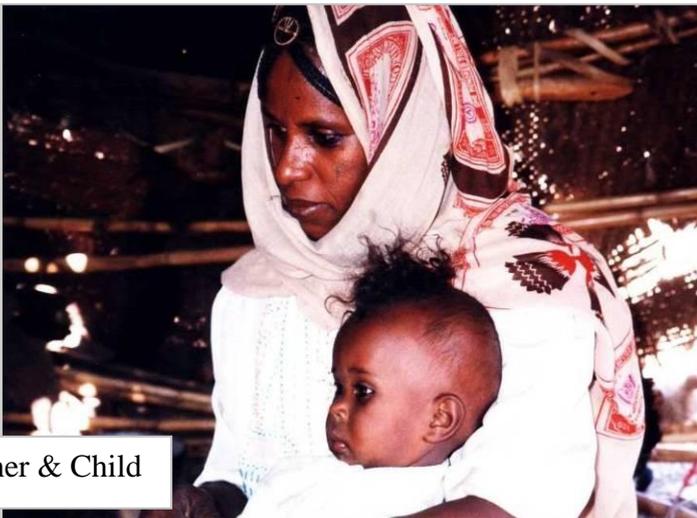


Grandparents

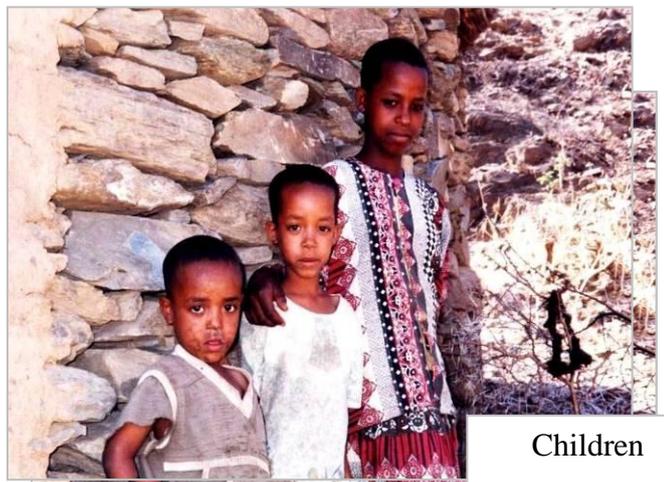


Grandparents

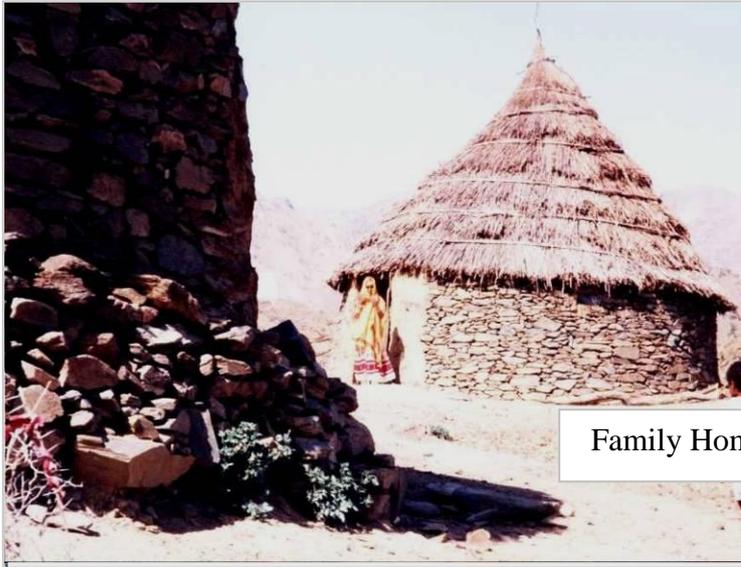
Father



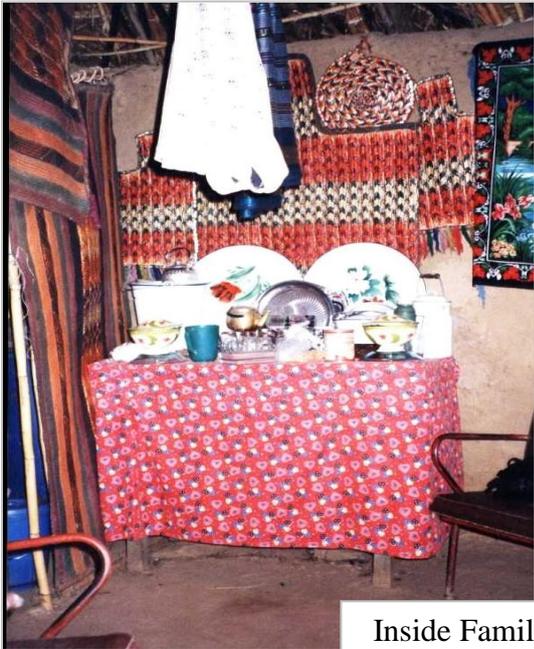
Mother & Child



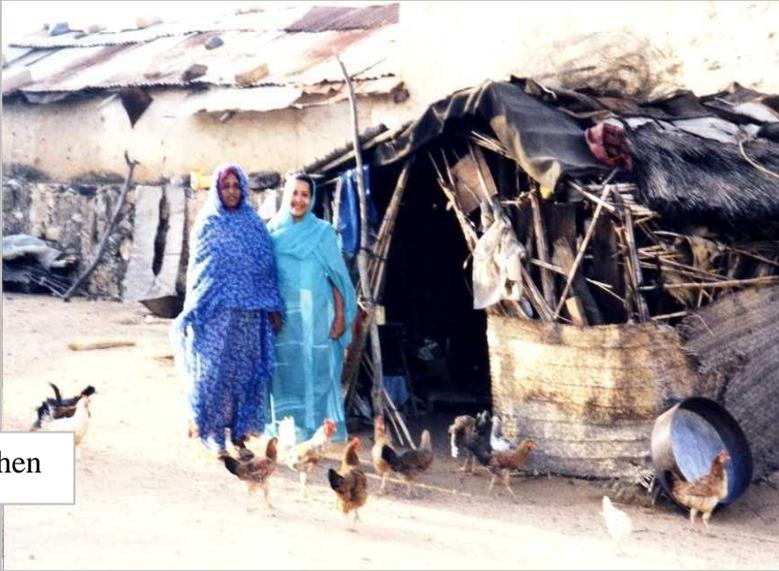
Children



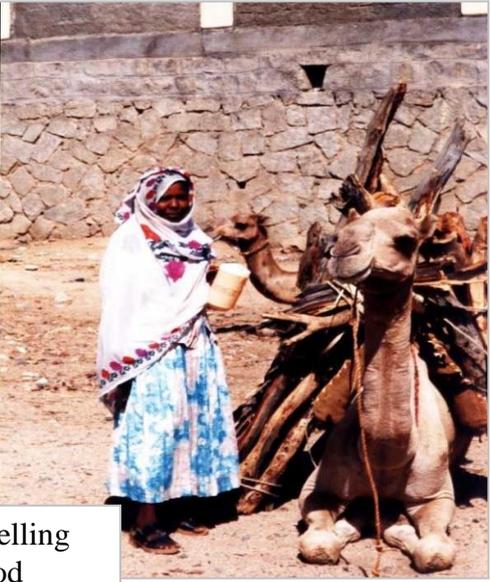
Family Home



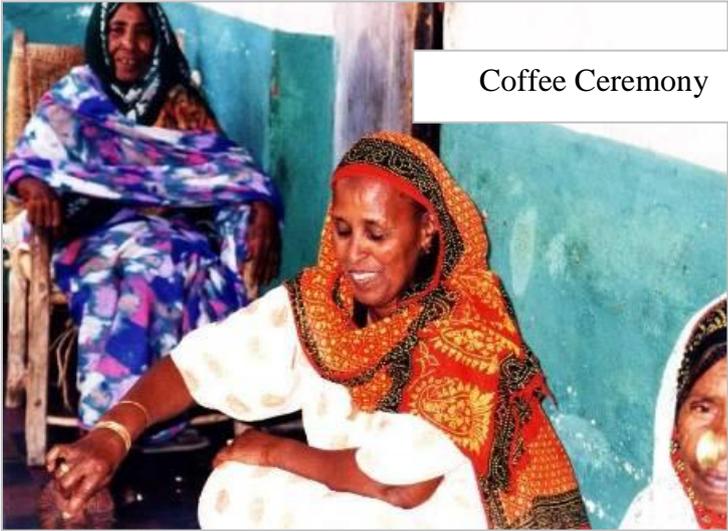
Inside Family Home



Family Kitchen



Lady Selling wood



Coffee Ceremony

CHAPTER 7 : FINDINGS ON ATTITUDES TOWARDS FGC

7.1 Introduction

It is impossible to report results in their own terms when translated into an alien language (Spradley, 1976), and this dilemma was experienced very much with this research. Although the language spoken was identical, semantic differences that could have a profound influence on the research did exist. In giving serious consideration to the translation of words, phrases and sentences, special care was taken not to hamper the data by imposing western concepts and distorting the results. Tacit assumptions were discarded in favour of elucidating the full meaning of concepts to discover alternative realities described by respondents in their own terms. 'The use principal', as described by Spradley (1979), states that the meaning of a symbol can be discovered by asking how it is used rather than by asking what it means. There were times when participants were asked how the phrase or word was used to tap that great reservoir of tacit meaning which exists in every culture (Spradley, 1979). Likewise, large pieces of the data have been used as thick description throughout the results chapters to embody and contextualise the voices of participants, to illustrate and highlight commonly held views, to indicate the range of responses, and to reduce potential errors in communicating deeper or more complicated realities. As a translation, these research descriptions flow from the concepts and meanings as natively as possible to the sample.

Findings were interpreted tactfully and judiciously with concern for the interests of participants, gatekeepers and communities. The textual data gathered comprises words that are unique and personal rather than numbers and cannot be mechanically transformed and, since the studied sample is very small, it might be possible to deduce the identity of individuals. Therefore, the texture of the data has been changed in some instances through the substitution of personal characteristics to protect the privacy of those who participated.

For example, to reduce the possibility of deductive disclosure, some variables such as gender of offspring and exact occupation had been altered. To maintain anonymity, pseudonyms have been used to disguise participants and research site in Eritrea.

This results chapter has been divided into parts that reflect the experiences, thoughts, feelings, and concerns of respondents (in their voices), which centre on the key research theme areas that are relevant to research aim one. However, before proceeding with the findings, it is vital to stress that FC in this study was unanimously equated with infibulation. Sunna or Type I genital cutting was not seen as circumcision. It was just ‘sunna’. Some female respondents in Australia also referred to infibulation as ‘the big one’, ‘the other one’ and ‘it’. ‘It’ was also substituted for clitoris and vagina by all female respondents. The use of ‘it’ is specified in the text where necessary.

7.2 Why Female Circumcision?

Respondents were not sure as to why FC was practised and their knowledge was based on hearsay. This was more so for the Australian sample. It appears that all participants are “culture-bound”, living inside a particular reality that is taken for granted as ‘the reality’ (Spradley, 1979:10). The overriding motivating factors were culture and tradition, religion, sexual attenuation, cleanliness, to stump clitoris growth, and appearance. The following quotations add depth to the summarised information:

We have never set foot in a mosque. We do not attend religious discussions on the topic, so whatever I know about circumcision is based on hearsay (Zenab, female, Eritrea).

Tradition, culture, I do not know. We never asked, and I don't even know why this question is never asked. We just did what our mothers did and circumcised our daughters (Hassina, female, Australia).

It is something that nobody knows about, but they say infibulation protects the girl from men, and sunna is for cleanliness (Lula, female, Australia).

I don't know, but from what I heard it protects the girl from men. They say it is religious. They also say it is unhygienic to be uncircumcised. These days, they say infibulation is not religious but hygiene or not hygiene I don't know (Nura, female, Australia).

How can women live with their clitoris uncut? It will grow and stick out like a man's parcel otherwise. I have seen an uncut clitoris, it is huge. How will he get (penetrate) past this obstruction? God save us from such a sight (Kadija, female, Eritrea).

It appears that most respondents have not challenged the existing structures, attitudes and beliefs within their society. In fact, in these interviews, some of them were facing the question of FC for the first time.

7.2.1 Infibulation

All respondents stated that infibulation was not a religious requirement, and male and female respondents in Australia were against infibulation. Eritrean respondents cited tradition, lack of knowledge of religious laws especially by circumcisers, as well as free will, for its continuation despite its acknowledged health consequences and religious implications. Male participants in Eritrea were aware that infibulation was har'am (sacrilege) and while some of them stated that they were powerless to interfere in women's affairs, others felt it was part of their tradition. The following responses indicate that most respondents in rural Eritrea are pro-infibulation for cultural reasons:

I know infibulation is forbidden by religion, but people still do it. It is our tradition; we cannot abandon it. Religious leaders have said we should only do sunna, but we still do infibulation. I hope God shows us the right way. People here are not very knowledgeable about the Qu'ran (Nafisa, female Eritrea).

A man does not interfere in women's business and FC is women's business. My daughters are infibulated; they had to be. It is good for them; it is hijj'ab (security) for them. I did not think twice about it. It is normal for a woman to be closed, otherwise she will be like a well (Hamid, male, Eritrea).

My girls are not circumcised yet, but they will be infibulated to continue the tradition. Sure! If I was to forbid it, my wife will listen, but the whole town will be speaking about me. The circumciser will say so and so's daughters are open and my girls will be taunted by other girls, and other women when they are married and giving birth. So I cannot forbid it. I do not want them to be different, but if it was to stop and no one is doing it, then I would not like it to happen. There might be some people who do not infibulate their girls, but it is not something that will stop easily. Only if it was to be the tradition (non-fibulation), but I am not going to be the one to start it (Ibrahim, male, Eritrea).

Ibrahim's response shows his frustration as a father who has to make a choice between infibulation and community acceptance (integration) of his children. The predominance of infibulation among children of Hal Hal respondents indicates the power of tradition in rural Eritrea transcending religious obligations. The following male participants hold women responsible for the continuation of the tradition (infibulation):

Men do not have as much power as they used to (due to women's rights) so the women will not listen no matter who tells them. They are doing the wrong thing; it is har'am. In my lifetime, I have seen many things change; women have gained much from the revolution and new government. The only thing that has not changed is infibulation and I do not understand why when it is them (women) who are hurting. Religion is advice and women should listen to it (Ibrahim, male, Eritrea).

I know my wife will not change her mind about infibulation, so I shut up even though I know it is wrong. If I was to interfere she will politely tell me to respect myself and to keep my opinion to myself, as this is women's business. It will not be only your wife telling you, it is the all women in the clan. Don't forget we are not like urban men; we have our place and women have their place (Benamir, male, Eritrea).

Village men do not like to interfere in women's affairs. Their job is the farm and the animals, not women's bodies. Also they do not have the power to make women listen to them. The women will say yes and then go and do what they want to. The man is not going to go and check the child to see if she had undergone infibulation or not (Idress male, Eritrea).

Some respondents also cited marriageability as the main reason for the continuation of infibulation and gave the following reasons:

Men want infibulated wives. If a bride does not come closed, she is sent back to her parents. What do you expect him to do; the thing (vagina) is different, it is as big as a well (Kadija, female Eritrea).

Men will not marry an open girl I do not think. Because the residual (thinking) that a girl must be tight and intact before she marries is still around (Hamid, male, Eritrea)

There is no such question of marrying an open girl. We know that it is our custom for our girls to be closed, so what is the need to ask such a question? Even if the man wants he will not find one that is not stitched (Idress, male, Eritrea).

I do not think it is true when they say that a man will refuse to marry a woman who is not infibulated. Infibulation is not in our religion. A good girl is easily identified and attested for. She does not have to be infibulated for a man to know that she is pure (Benamir, male, Eritrea).

Why should the men object? Infibulation gives them a lot of problems as well. Men will not refuse to marry a non-fibulated girl. In fact it will be easier in the wedding night (Ibrahim male, Eritrea).

By contrast, educated urban men and some religious rural men do interfere and as a result some of the younger generations in Eritrea are found to have undergone sunna, while their mothers have undergone infibulation. Most male respondents in Australia were not aware that infibulation is still practised, as can be gathered from Mussa's response:

But I do not know if the new generation is practising circumcision. My nieces who are 16 and over are not circumcised (infibulated). It is un-Islamic to mutilate (infibulate) a person. Sunna is not that bad, it does not have much of an effect on the woman (Mussa, male, Australia).

While all female children of the Eritrean sample had undergone infibulation, only two female respondents from Australia had opted for infibulation for their daughters. The remaining participants who have had their daughters excised stated that the reason for not infibulating their daughters was interference by the fathers who threatened divorce. It should be noted that the Australian fathers are educated professionals. Evidence from the sample suggests that infibulation in Eritrea is somewhat dependent on the father's educational background and religious convictions (and willingness to be involved in women's affairs). That is, the higher the level of education the less infibulation is practised.

7.3 Personal Experiences

7.3.1 Age at circumcision, memory of the day, and immediate complications

All female respondents in Eritrea were circumcised by traditional circumcisers. Most were under the age of one year and had no memory of the event. Four women were circumcised between the ages of five and nine years. Their memories ranged from vague to vivid, and they were found to have harboured hatred for the circumciser but not for their mother or relatives.

I remember it as if it was yesterday, I was nine. I felt as if I was on fire. My legs were tied for seven days; I was in bed and couldn't move. Whenever I think of circumcision, I remember the circumciser and my aunty who was holding my legs open. Till this day, I hate the circumciser, but not my aunty (Nyla, female, Australia).

I was seven. I knew I was going to be circumcised one day. I used to hear my mother talk about it. She was worried because I was getting older. I don't remember the operation, but I remember not passing urine for two days out of fear of pain. I also hated the circumciser as long as I can remember (Lula, female, Australia).

I remember the day very well; I was about five. They just called me from the street where I was playing and that was it. I had no idea. It was me, my younger sister and my cousin, the three of us. I don't remember the actual operation, but I remember all of us lying in our beds in the courtyard staring at each other like 'dead animals'. My sister was in so much pain. I remember her pain but not mine (Adela, female Australia).

Oh! How well I remember, I was about seven. I was so scared of the circumciser till the day she died, which was 12 years later. If I saw her in the streets, I used to hide or take another road. One thing that sticks on my mind was being thirsty. I couldn't get water myself; I couldn't move, my legs were tied together and I had thorns to hold the opening shut (Fatma, female, Australia).

7.3.2 Long Term Health Effect

“Drastic”, “horrific”, “barbaric”, “criminal” and Haram were words used by most female respondents to describe infibulation, acknowledging the harmful effects and health problems associated with it. However, respondents did not associate any health risks with sunna, as can be ascertained from the following vignettes:

Infibulation is very bad for health, during marriage and child birth, especially for women who go overseas because they do not have traditional birth attendants who are familiar with these things (Kadija, female, Eritrea)

Circumcision [infibulation] is a crime; it has drastic effects during menstruation, marriage, and childbirth. I have seen it all, you won't even wish it on your worst enemy.

Sunna is fine, it is only snipping a little flesh off (Hassina, female, Australia).

I think infibulation does, but sunna is ok now. In the olden days yes, when they used to do sunna at home it might be bad. People are modernised now, and all circumcisions take place in hospitals. Doctors know what they are doing. Sunna is perfectly safe (Lula, female, Australia).

Sunna does not affect women's health at all. I haven't heard any one having any health complaints. I don't know where these people who write the rubbish get their information from (Nura, female, Australia).

Two infibulated respondents in Melbourne and two in Hal Hal reported menstruation problems before marriage. They stated that they “dreaded getting their periods” and stayed in bed with severe pains for up to four days each cycle. They recollected being given hot herbal drinks to ease the pains, but vivid in their memories was the feeling of embarrassment and humiliation at being exposed. Things such as menstruation are not openly discussed even between mother and daughter.

Every time I got my periods, I felt like dying. I didn't tell even my mother, but it was like everybody (men and women) sort of knew. More than the pain and discomfort, it was the shame of being exposed. I never got any relief, it was bed five days a month. Thank God all was over after I got married (Zenat, female, Australia).

What I hated most was missing school every month. I am sure everybody knew what the reason was. The pain was so bad, it felt as if my stomach was being cut by a knife. I didn't know I had this problem because I was infibulated then, only now when I read somewhere I came to realise it. But once I got married it was all over (Fatma, female, Australia).

7.4 Exposure to Information and Attitude Change

Australian respondents cited multiple sources of information that added to their knowledge base and shaped their attitude towards circumcision. Media, written material, religious books, hearsay, other people, friends (informed and uninformed), documentaries, community education (eradication) programmes here and abroad, and self research were the main sources of information. However negative media reports might have been, they appear to have contributed to bringing circumcision issues, which were a taboo, into the open, thus generating an interest in some Australian respondents to investigate further. It can be argued that the media would have been a catalyst in the search for more information, had it been sensitive to female circumcision issues and covered them in a culturally sensitive manner.

While religious programmes were cited as one source of information by some Hal Hal participants, others indicated attending community education (eradication) programmes two or three times over a period of five years. Some of the responses to community education (eradication) programmes in Eritrea indicated that there was no change in attitude towards abandoning infibulation in Hal Hal for various reasons.

Community education or not people did not oblige; they still do it. Islam states infibulation is wrong, but people still do it. It is very difficult to give up your tradition (Ibrahim, male, Eritrea).

They did come to tell us that circumcision is bad. Even before liberation, the Ethiopian government used to give community education programmes. The doctors and nurses used to come to the communities to talk to us during our literacy classes. They used to tell us that we were hurting ourselves by cutting and stitching our bodies. They also explained to us that it is quite clear to tell the difference between a virgin and a non-virgin. We were encouraged to leave the girl child intact and not to touch her, but no one listens (Zenab, female, Eritrea).

The government did have very few programmes but who listens to them. They used to come and repeat the same thing once a year or so in public gatherings. I have heard that it (infibulation) is 'haram' (forbidden by religion) but it still happens. Just pray God shows us the right way. We used to hear about Pharaoh proclaiming that he was God, yet we follow his tradition (Pharaonic Circumcision) God forgive us (Um Mariam, female, Eritrea).

All is in God's hands; if Christians and Muslims did what is expected of them, then things will change. Community education did not use Islamic or Christian teachings to make people understand FC. We are God-fearing people. The circumcisers should be told that God is going to punish them for altering his creation by infibulating (Jamih, female, Eritrea)

Community education was only once. But even if they were to do it repeatedly people will not stop it. If the circumciser was to refuse to infibulate then I am sure it will decrease, because people have to find someone else to do it (Nafisa, female, Eritrea).

I do not remember any community education (FC) and have not heard any of the village people talking about it. Whenever we had community meetings, all they say to us was we should continue to do all the traditional arts and crafts that we used to do so we can keep the culture alive (Kadija, female, Eritrea).

Kadija, who had been a circumciser, was repentant for having performed all types of circumcisions, not because she believed circumcision was wrong and that it caused harm, but because it was against Islamic teachings. Perhaps parents feel comfortable subjecting their daughters to infibulations since they are not performing the actual operations, hence not committing a sin:

God help those who are circumcising because on judgment day God is going to interrogate the hand that was cutting. I hope he forgives me. We were like animals (innocent) in the village we do not know the Qu'ran. If I had known what I know now, I would have never touched any girl; no one would have made me do it. When my son took me for Hajj, he told me to repent everything, things like wailing when a person passes away, playing the drums at weddings and festivities, infibulating, defibulating and so on, so I did. Now I have given up. God forgive me for my past deeds, I was not to know (Circumciser, Kadija, female, Eritrea).

It appears that, when Australian respondents acknowledged that infibulation was anti-Islamic, and the degree of pain and suffering associated with it, they were in favour of modification. Participants who have had vast exposure to information over a longer period of time were in favour of abandoning the practice all together, and those with limited or very little exposure were supportive of sunna. Some Hal Hal respondents gave a “maybe” reply to abandoning infibulations indicating that at the moment they are not sure and may choose to go in either direction.

It is evident from this study that attitudes towards modifying or abandoning FC among the Australian sample are significantly affected by religiosity. It remains to identify the means to convince those resistant to change and to ascertain if religious education and exposure to relevant information can perform a vital role in this respect.

The data suggest that constant exposure to relevant information and not simply educational background is the key to attitude change in favour of abandonment. This was a challenge to my perception. For example, Lula, who is highly educated but with very limited exposure to FGC issues was found to be a staunch supporter of circumcision [sunna]. By contrast, fifty-eight year old Hassina, who is illiterate, but with vast knowledge gained from attending community education (eradication) sessions for many years, even prior to migrating, was a strong campaigner for abandonment. With the exception of Asha and Nyla, who are very liberal in their thinking, female respondents in Melbourne seemed to have similar levels of awareness and to hold similar views on the practice as Lula.

7.4.1 Modification or Abandonment

It appears that forsaking FC is a gradual process for the Australian sample. It was found that infibulation had been abandoned in favour of sunna by some Australian informants while in Eritrea. All but two had opted for sunna for their daughters. This change seems to have occurred due to the father's wishes, the plethora of information on the subject, religious implications, and the health consequences of infibulation. "It [clitoris] was created for a reason" was echoed by those respondents who were against any FC; however supporters of sunna did not have similar beliefs. The following are some of the shared views:

Infibulation should be stopped altogether; sunna can be substituted to pacify those who believe in circumcision.

If there was to be circumcision, I prefer it to be sunna, it is harmless (Hassina, female, Australia).

It shouldn't be stopped altogether; it should be modified to sunna. Sunna is not forbidden. I know Christians also do sunna; it does not affect the girl at all. So if it does not make any difference, why not? After all we can't just forget our culture. I am an Eritrean and there are certain things we do that I cannot change and I cannot forget; it is like my name. The protection of the girl is the culture and circumcision is done to give protection (Fatma, female, Australia).

Infibulation is bad, so it should be modified to sunna, because it serves the same purpose without taking drastic measures. People change things if they know they are bad, and that is why we don't want infibulation, but no one has proved that sunna is bad. On the contrary it is good, so why forsake it? (Lula, female, Australia).

I think it should just be stopped altogether. But to get it to stop, first you have to have a realistic view. From infibulation it gradually went down to sunna, and the next step was to stop it altogether like it has in Australia (Asha, female, Australia).

I think it shouldn't be done. It should be left up to the girl. If she thinks after she reaches the age of 18 years she wants to do it why not? Let her have a choice. These days, I really think even sunna shouldn't be done because each part of our body is created for a purpose, so why do we have to take it [clitoris] off? (Nura, female, Australia).

Reflecting on some of these shared responses it appears that infibulation is associated with being unreligious and uncivilised. Sunna, perceived as mild and harmless by some, was thought to be appropriate to satisfy religious requirements and uphold cultural morality.

The data revealed the factors which show an effect on attitudes towards abandoning infibulation to be education, exposure to information, and immediate and or long-term health complications experienced or witnessed by a mother. However, these factors did not hold true for rural respondents and for abandoning all types of FGC.

It appears that Eritrean communities that practise infibulation have devised a new procedure to reduce pain during marriage, childbirth risks, and to satisfy the religious requirement of not cutting. The following responses describe and confirm this suggestion:

Now we cut the clitoris off and leave the hole a little bigger than what it used to be. Also we do not use thorns, reed or needles to hold the labia together. We just make a few cuts to make the labia bleed and then tie the legs together to close the vaginal opening. The bigger hole gives the man a lead (first intercourse) and once he starts to push, it will open easily. It is not as painful or as tight as the old infibulation. The old infibulation is bad. The new procedure is not against religion; we are not cutting. This is good because how can you leave a girl wide open? It is not good for anyone, for him or her (Kadija, female, Eritrea)

Now the infibulation is different, they do not reduce the labia as they did in our time. Now all they do is make a cut to make it bleed and then hold the labia together to close it up. I have heard that this is also har'am but it still happens (Um Mariam, female, Eritrea).

Social identity is intrinsic to traditional beliefs and in that sense predictable as an important influencing factor for the continuation of infibulation in Hal Hal. That religious implications were not considered was surprising, considering that the strength of the practice lies within religion, thus clearly indicating that, contrary to common assumptions, religion is not as strong as is tradition.

7.5 Will You Circumcise Your Daughter and What Would Deter You?

Australian respondents stated that this question was not applicable to them. They are aware that FC is not to be practised in Australia, due to legislation criminalising the act. Two participants had daughters born in Australia who are intact. Conversely, for rural participants it was not a matter of no circumcision; rather, the question was what type.

It is always the case, if one starts the others will follow. The only available avenue is educating, especially the younger generation. They are very wilful and will stop others (their mothers, mothers-in-law) from meddling. I mean they are against arranged marriages and are choosing their own life partners, things we or even our older children never did. Do you think they are going to allow their mothers to tell them what to do with their children? Sunna I don't know (Hassina, female, Australia).

Hassina summed up respondents' feelings when she expressed the above sentiment. Personal belief and convictions and the legislation were found to be strong deterrents for the Australian respondents in this study. The need for approval and belonging (of these respondents) appears to be superseded by their need to protect their future child, unlike the Eritrean sample, whose needs to protect their children from cultural exclusion and taunting is paramount.

This chapter reported on the findings in the area of FC which correspond to research aim one. The following chapter of the findings pertains to marital lives and experiences, which is the second part of research aim two.

CHAPTER 8 : MARITAL LIFE

8.1 Introduction

Like the previous two chapters, six and seven, and the following two chapters nine and ten, this chapter is concerned with the findings of the thesis. It provides a comprehensive account of respondents' marital life and it presents data in regard to the most pertinent factors determining marital happiness. Large pieces of the data are used throughout the results chapters to embody and contextualise the voices of participants, to illustrate and highlight commonly held views, and to indicate the range of responses. These data are discussed in chapter eleven.

8.2 Views and Experiences of Arranged Marriages

All respondents in Eritrea had arranged marriages. Among the Australia sample, five females and two males had arranged marriages, one female and two males had arranged/love marriages (the marriage was arranged by elders and the couple fell in love afterwards but before being married) and four females and one male had arranged their own love marriages.

Most participants who had arranged marriages could not help but imagine the way it should be, that is that the boy and the girl should meet and understand each other well and only then get married, but out of respect for their parents' experiences they married in shyness. Although males have a greater say and a better chance of being heard in the marriage arrangements, none of the respondents exercised this option. For example, Aziz chose to relinquish his right to refuse the marriage. He said, "I could not go against my mother's wishes so I accepted, but if I had not wanted I would have refused. I am a man." For Benamir and Hamid, however, it was not that simple. Benamir's marriage was arranged by his parents. He did not know who his bride was and what she looked like. He said, "You just accept what is given to you. I had no say even if I had wanted to." Hamid chose his own wife; she was his neighbour.

He suggested her to his family but if they had objected he would have not married her. He said, "What would I do with her, where will I take her, if my family could not accept her?"

Female respondents were aware that they could refuse a match but cited various reasons for accepting arranged marriages, such as being too young to understand, scared, shy, and stupid, and others accepted out of choice and respect as dutiful daughters. For example, Arhet said, "I could not go against my family's wishes so I accepted. But if I had not wanted I would have refused." Similarly, Masooda said, "I suppose I could have said no, but then what is there to refuse? This has nothing to do with desiring or not desiring, it has to do with love, respect and honour of parents and those near to you."

It is evident that Eritrean respondents accepted arranged marriages despite having the option to refuse such a union according to Christian and Islamic laws and the Marriage Act of 1977 which stated that the couple must consent to the match. It was also found that male and female respondents hold fast to the belief that appropriate action is that which is in accord with the wishes of their parents and elders in the extended family.

8.3 Personal Expectations from Marriage

8.3.1 Eritrean Sample

Marriage in Hal Hal, Eritrea was commonly associated with being a religious and social duty. There was remarkable consistency across the interviews, where the central themes were reproduction and the performance of a range of socially allocated roles and activities, the importance of children to continue the bloodline and to help and support in old age, and carrying out the traditional roles of breadwinner and homemaker to the best of their capacity as most normal people do.

For female participants in Eritrea, fulfilling religious and societal obligation and thus gaining dignity and honour, as well as finding tranquillity in the matrimonial home, were additional expectations to be achieved. They believed that women are born to fulfil and complement men and to be kept by them to gain respectability and acceptance. However, some female respondents viewed marriage as loss of freedom and a licence to hard labour. The following quotations highlight these expectations:

To have children, to be kept in contentment, and shown kindness (Um Mariam, female, Eritrea).

To have children and live well. For him to work and support me and keep me well and to want for nothing. Also what is the use of being single? There is no aim in life, only in her matrimonial home is a girl protected (Masooda, female, Eritrea).

You marry so you can have someone to look after you, to feed you, to clothe you and to be a husband (make love) to you. She gets someone to chat with, tell stories and have companionship and laughter, that is life. He comes home and I greet him by saying welcome home my lord, glad you are safe and then we will brew our coffee and go to bed. You tell me what is better than that? (Kadija, female, Eritrea).

It is good to be single; you are free from responsibility, you can go to festivities and local dances. You do not marry for companionship because I had a house full of people why would I need him? You see and you hear people talk about marriage and how good it is to have children. So I was no different in my expectation (Aziza, female, Eritrea).

I did not have any expectations from marriage. I married because it is a must. A woman gets nothing from marriage except hard work. Only if you married someone you have seen and know well, and who is good, then you can expect a lot, companionship, love, care, and respect for you and your clan (Nafisa, female, Eritrea).

This respondent summed it up by stating:

We just know that a girl's future is marriage. She has to get married and have children; that is the end of it. What else is she supposed to think about or expect? She is surrounded by married people and married life, she sees her mother and others. She knows what they have/had is what she will have, so that is what she expects. It is not like now where they expect the world (Arhet, female, Eritrea).

Male respondents from Eritrea expected reciprocity and partnership in their marriages. However, having children was the main purpose for marriage and male respondents stated that they would take a second wife or divorce and marry again if the desired number of children were not produced, even if the wife were competent in every other way, as can be concluded from these responses:

She has to take care of the home and the children, host your visitors, and tend to your needs. I go and farm and bring food and take care of the family's needs. I buy her clothes, oil for her hair (Idress, male, Eritrea).

A partner who will look after the needs of her family while I work outside. I fell in love with my wife after she had the first child. She is my partner in everything. I give her full credit for the success of the children. Most men take second wives if the first one is not good to them (Benamir, male, Eritrea).

Well then you just get rid of her, what is she good for? You are not going to be dry (childless) with her. If she has some children but stops having more, then you just leave her hut and go and build another hut and marry again. I want as many children as possible; if you have children you live forever. If this wife of mine who has three children stops having more I will leave her. Look! You and us are different. For you two children are enough and then you take birth control; for us the more children the better. When we are old we can sit and watch our grandchildren play (Idress, male, Eritrea).

It is not right to limit the number of your children, whatever God wants. If it is up to me I would like forty. If I were wealthy then what is the problem? The more children you have the more help you will get. Each child can tackle one job, fetching water, firewood, or look after the goats. So you see out of many a few might end up changing your life (Aziz, male, Eritrea).

There is a widespread belief in Eritrea that producing children is dependant on the female and it is she who has to suffer the consequences of not being able to have children. She is either divorced or kept as a second wife and considered a burden and at times taunted by the co-wife. The woman's family can request divorce on her behalf if she is childless so she can re-marry and maybe have children. But females were found to more accepting of their partners in the event of being childless.

Un Mariam, a female respondent from Eritrea, sums up the views of the sample when she says, “If there are no children in the marriage then there is nothing. It is a big worry for women not having children. But if there is love between the couple even if they are childless they stay together, because they are destined not to have children and they accept that.”

8.3.2 Australian Sample

Except for those who had arranged marriages, all Australian respondents entered marriage seeing it as an institution, and expected it to fulfil their needs for love and partnership, thus the prospects of sharing, companionship, friendship, equality, intimacy and support were strongly indicated. As can be seen, the expectations were quite different for the two sites:

I expected a husband and wife to have common interests, to share special things, to converse on all topics, and share secrets. My dream was to communicate openly with my husband. As a child I always liked it when I saw a husband and wife enjoy each other's company (Zenat, female, Australia, arranged /love marriage).

Well when we were going out, he used to tell me what a man does and he would boast and say I will make love to you four or five times a night. I expected intimacy, friendship and love (Adela, female, Australia, love marriage).

I expect my husband to be my everything. But I also believe he should think of me and treat me the same way I treat him. It does not mean that I sit there and have a book to tick things off but in general it should be reciprocated (Nyla, female, Australia, arranged love marriage).

I expected him to treat me like a queen. I mean to provide everything that I wanted, pamper me, and make my every wish come true. I thought I was going to live in a dream world. But when reality came it was like a fast train hit me on the head. I was very disappointed. After that I did not have any expectations from anybody. I knew that whatever has to happen will only be because of me, I had to make things happen for me. My expectation from my next marriage is partnership. He has to be ambitious, hardworking, visionary (Nura, female, Australia, arranged marriage).

I never thought of gender differences. I never thought that a woman in a marriage will be this way and the man the other. Equal partnership was my vision of marriage. The most important thing is that he should be your best friend. I expected total freedom, acceptance and non-judgmental attitude. To listen to me as my friends do, and let me make up my own mind. More than a lover, I wanted a friend, I also expected appreciation even for the smallest things we do for each other (Amna, female, Australia, love marriage).

8.4 Quality of Marital Life/Marital satisfaction

In Hal Hal, the roles are well defined and very clear. The great part of the husband's time and effort is directed at providing for the material needs of his family and the wife's role is to cook, clean and look after the children (nurturing). Thus, there was less friction and resentment than in the Australian sample and, except for financial problems, this group did not report discontentment in their marital life as a result of being multi-tasked or in role conflict.

He takes decisions outside the house and the woman inside her house and young children play. We are simple people; our worries are that of day-to-day living. Our life is clearly mapped out. You get born, you grow up, you get married, and the cycle continues. All the woman's worry is to grind the grains and cook before he comes home (Um Mariam, female, Eritrea).

Man is the main provider; all responsibility is on his shoulders. A woman takes what he gives her, always at home, looking after her children. However, the leader and teacher of the house is the woman. Now things are different, customs are changing, especially in the city (Benamir, male, Eritrea).

It was found that the Eritrean community in Australia has been changing in recent years, and as a result the husband's role is not merely that of breadwinner and the wife's that of homemaker. Work for wages, cooking, cleaning, shopping and paying bills are now mostly the responsibility of the wife. Clear boundaries or roles that are a result of mutual understanding were viewed as beneficial, but if it is imposed it was detrimental to the relationship. Some of the comments elucidate this:

From every culture people should take the good parts and try to incorporate it with what they already have; some succeed and others do not. Even in our society there are some who are meeting the challenges of the changing roles and succeeding. At home we share; I do what I am good at and he does the things I do not like doing (Asha, female, Australia).

The new phenomenon is that the wife has grown in leaps and bounds since her arrival in Australia and the man is left behind. It was creating a great deal of problems in the marriage; the men were trying to resist and reject it, but now some have come to terms with it and are adjusting. Those who cannot adjust are the ones who are not happy (Mussa, male, Australia).

Most of the men are happy that their wives are at home waiting for them. They go to coffee shops till the odd hours of the night but none take their wives with them. They are happy being with their mates. The Eritrean woman is also happy being denied basic rights; she has accepted it. As far as the roles are concerned they are quite clear: the man does not enter the kitchen, and they still wait for their food to be served. Maybe 5% of them identify with the broader society. Yes every one has a mobile phone, a credit card and a computer, but the mentality is traditional (Yusef, male, Australia).

I must fulfil the role of a housewife first, to go to work and find satisfaction in my job even though what I earn is for the family and not for me alone. I am happy working. The problem is I should not complain about being tired. If I do, he tells me to give up my job but never says let me help you. I feel stressed out because there is no support from him. At such times I take it personally so I just keep comparing his contributions and mine, and come to the conclusion that I am better off without him. The problem is I cannot do anything about it. I have kids, and the culture, you are always outside the circle (own life). There is no control of one's life, and before you take any decision you have to anticipate what the reaction from the outside would be (Amna, female, Australia).

Life changed a great deal in Australia. I came here alone with my children. I was very capable of running my home, my life, and my children without him. So when my husband arrived here it was difficult to adjust. He wanted to take control and that was not possible. He complains that I am the one wearing the pants in the house. I am the one with the driver's licence, and the credit card, and I work while he stays at home. Still I do all that is required of me as a wife, it is my duty. The only thing I am stubborn about is I will not give up my job. I hope God forgives me in this point. I do not have any help from him and I do resent him at times, but it is my choice to work, so I put up with it (Fatma, female, Australia).

Normally he is all for women's freedom and all that but only to a point. My husband says a man should be a man and a woman should be a woman. To him it is a matter of dignity. It is like, no you are not going to dominate me; he is always on the alert. I work and he stays at home but I am still expected to perform all the home duties. He does help but only if he wants to, and when he does it is as if he is doing me a huge favour (Zenat, female, Australia).

Before arriving in Australia I used to have domestic help so there was no issue about housework. Now it is different and the kids don't like to help around the house. He does not like to have arguments with the children; he would rather do it himself. I am the only one who rants and raves. When I am not around they are happy, he listening to his radio and them watching the TV. So there are some disagreements in there. He does not think the housework is important. Everything can wait (Adela, female, Australia).

I have my duty and he has his. His job is to provide for us and mine is to look after my home and the children. I am not required to work outside the house so we do not have problems in that area. I do not interfere in the way he manages the money because whatever I want he gives me. I also do not like a man who interferes in women's business, so it suits me fine (Selma, female, Australia).

Among the Australian sample, the important question was not who is doing what, but how each one felt in playing these roles in the marriage, that had an impact on the quality of marital life. For example, Nura said, "I work, I can look after myself and my children; if he is not to make my life better than what it already is, why do I need a man? That is why I divorced my husband."

8.5 Marital Satisfaction

Marriage is an almost universal experience but culture shapes that experience, giving it meaning. Culture, to some extent, determines what a good marriage is from what is simply an adequate or worse, a poor or dreadful or horrible one. The cultural components of marital satisfaction were found to be specific as well as different. It is important to understand what people mean when they make judgments about the quality of their marital relationship. The findings reveal important gender and cultural differences in judgments, suggesting that people who are in different social classes and places may use a different frame of reference for judgments. To illustrate the process involved in making judgments, I draw on excerpts from the interviews.

Female respondents in Eritrean defined marital satisfaction as a sense of happiness and contentment, influenced by factors such as closeness, successful bearing and rearing of children, respect, understanding, empathy and kindness from spouse, but most of all his ability to provide. When asked the question what does marital happiness mean to you, some of their responses were:

If your in-laws are kind to you, if the tribe is well respected and thought after and your husband is favoured by God (wealthy). You are lucky to be part of this household, your husband loves you and you love him. You speak to each other with respect and you have children, then you are happy in this world (Masooda, female, Eritrea).

A husband and wife do have a relationship other than the children. That is destined, God decides that. You are happy if he is good to you and is kind and gives you what you want and pampers you. Of course it is all material things that we desire.

Sham (love) follows. But even if he has wealth, there has to be empathy and kindness and respect. That is what constitutes marital satisfaction (Nafisa, female, Eritrea).

When I see a family together, with the mother and father and the children around him and some on his lap joking and playing, I get very jealous and envious. To me that is marital satisfaction. Togetherness, closeness, sharing, that is all what life is all about (Hayat, female, Eritrea).

Kindness towards each other, respect, consideration, and if possible, enough money to lead a good life makes one content (Um Mariam, female, Eritrea).

When they laugh and are happy is when they have plenty. If they have nothing the laughter will go. They say 'Wealth and happiness are two different things, you do not need money to be happy' but it is not true. The Arabs say "A wealthy person is loved." His money is for him but he gets respect and love. So I will say even if there is closeness and respect and love, if a person is poor it makes life very difficult; they cannot help but fight (Zenab, female, Eritrea).

You are content if your husband puts you above other people and below God. If he has the means to support you and you want for nothing. If he has nothing, then if your children do well in life and reward your hard work and look after you and spoil you, you thank God because you get rewarded through your children. Children are life (Masooda, female, Eritrea).

Understanding is the basic foundation of a happy marriage, even if you are dirt poor. Empathy, sharing and working together for the betterment of the family creates happiness (Aziza, female, Eritrea).

For male participants in Eritrea, children, their own ability to provide for the family, empathy and understanding by the wife at bad times, the wife's ability to perform timeless traditions such as child bearing and rearing, and housework, obedience and not socialising outside excessively were important contributing factors to marital happiness. This is what some had to say:

Marital satisfaction for me is children that join you together. If you do not have children you cannot carry your family name. There is no satisfaction without children (Benamir, male, Eritrea).

Wealth is important, because if you have nothing no matter what you do life will never be satisfying. Some wives are good and are empathic and they help their husband in whatever capacity they have, like weaving baskets and mats for sale if he is having difficulty making ends meet. But for me children are the most important. If there are no children there is no happiness. You see children are actually more beneficial to the mother. Even if her husband was bad, when her children grow up she gets rewarded, they look after her and might even end up taming the bad husband (Idress, male, Eritrea).

8.5.1 Australian Sample

When asked, what does marital satisfaction mean to you, female respondents from Australia stated that such judgments reflected their level of happiness: a frame of mind that is constructed as a result of commitment, togetherness, openness, real sharing, deep communication, friendship, respect for individuality, mutual recognition, equal rights, and emotional support. The following excerpts highlight this further:

Very important factor in a happy marriage is respect for individuality and compatibility, age-wise, financially, sexually, mentally, all in a neat package. The two people have to be compatible; communication is also important (Nura, female, Australia).

Marital satisfaction to me is when there is mutual respect not for individuality but the couple. Respect for our marriage, for our partnership, for our family (Lula, female, Australia).

When you get to know the other person you begin to see what he sees in our life together, to share his vision. A continuing interchange of perspectives does produce a common vision. Accepting, caring and loving the other person just as they are, should and must happen in a marital relationship for it to be satisfying (Asha, female, Australia).

Marital satisfaction would be how happy and content I am and how happy he tries to make me, despite what is going on around us. It comes down to the way you feel. If I feel valued, respected as an individual, not as a wife, and an equal, obviously I am going to be satisfied. But if you feel otherwise, I mean you have got to try and change it, but

that is harder than it sounds. What I mean is truly hearing what the other has to say. I wouldn't say I am happy at the moment (Amna, female, Australia).

Of course sex is part of it, but marital happiness is relative. It differs from one person to the other. If you communicate easily, understand each other, and meet each other's needs or obligations without any hardships, being together, understanding and mutual respect then you are happy. Nothing to do with material things (Mussa, male, Australia).

Considerable differences were found between the two sites suggesting that there may be a substantial cultural/class basis to judgments of life satisfaction. Marital satisfaction for these Australian participants equates with respect for individuality, being heard and valued and open communication. By contrast, financial security, intimacy or social support, and the quality of close personal relationships were found to be the main determinants of quality of life for Hal Hal participants. It is evident, from the different responses of the two sites, that cultural factors are involved in this judgement process.

Warmth and nurturance, and sexual satisfaction were found to have a great impact in marital satisfaction for male respondents in Australia. Sexual satisfaction never entered the equation of marital satisfaction for female participants. However, females who had close ties with their partner and received support from him reported high levels of romantic love despite low levels of sexual satisfaction. These findings suggest that couples in different types of marriages have varying needs.

8.6 Factors Impacting on Marital Satisfaction Judgements

Positive thinking or optimism consistently appears to be associated with a better quality of life and less psychological distress than pessimism. It was found that maintaining hope was another way of coping with unhappy or stressful marital relationships. For example, females in objectively poor physical conditions, such as Masooda, reported a good quality of life. The female Eritrean sample tended to have the view that suffering and (lower/different status) were integral parts of life, and therefore were less likely than the Australian sample to place emphasis on fighting for equality and change. They coped with the stress in their marital relationship with prayer, and their faith provided a tremendous source of strength. They said, “We pray to God for strength and he will give it to us, he created us and he will not abandon us.” They also mentioned healthy and obedient children and supportive family and in-laws, as can be ascertained from the following response:

When you are in a situation like this you sort of seem to think of things and live one day at a time, because you do not know what tomorrow will bring. But you just feel and hope that you can put up with it a little bit longer for the sake of your children, and then a bit longer to see your grandchildren grow up (Hayat, female, Eritrea).

It was found that acceptance of destiny was seen as social construct that contributed to the quality of marital life, as is demonstrated by what Asha said:

Insistence on the best or nothing, you live in a barren house (without any pleasure). Many divorces result from focusing on what is lacking in a relationship when compared to the ideal, rather than building on the good that already exists. Eritreans most of the times are thankful for what they have got and tend to live in relationships that are less than perfect (Asha, female Australia).

Because bearing the cross (marital life) with grace and hope is positively valued in the Eritrean culture, people will portray themselves as coping well in order to remain socially acceptable. A positive self-perception in this context is potentially adaptive. It provides a means of presenting the self to others so that interaction with friends and family is less painful and more supportive. As Fatma, a female respondent from Australia, said:

There is no pressure to be happy, but to be accepting. If you are not happy you get support by being listened to, and advised, by being told that it will get better when the children grow, that your children will support you, tears are always the lot of women and you are no different, and that they are/have been in similar situations and have survived and have done well.

In rural Eritrea, the extended family is more likely to continue in its support of a family member who is not able to cope. Furthermore, the demands of life are generally not as complicated as those in Australia, and the ability of the Eritrean sample to endure hardship, as defined in the West, is considerably greater than among the Australian sample. The former have learned to accept things exactly as they are, as everyone else has had to do the same. There are no other options, as this is one of the primary facts of life in rural Eritrea.

Most female respondents in Australia showed a growing tendency towards individualism as a result of economic independence, and some regarded loving selflessly as futile and tried to exercise control, to maintain a tight grip on their lives.

The majority of respondents referred to terms such as respect, understanding, empathy, kindness, and ability to provide financially as the building blocks of a happy marital relationship. It is evident from these interviews relationship is worth sustaining despite the ups and downs. It also begins to illustrate the ways in which different factors can have an impact on such judgments, making the process truly dynamic. While it is clear that views about the quality of marital life change that judgments on the quality of marital life were more than the

simple sum of different domains of life. As the following responses illustrate, good marital life in this context means that the over time, the time frames here indicate how very quickly such change can occur.

I imagine marital happiness. . . it's whether it is worth it to stay in the marriage whether there is some intrinsic value in it, there is something tangible that you can reach out and say, yes that was worth it. You know that it is worth it regardless of the unhappiness, pain or sacrifice. It doesn't have to be a continuum that says, well this is how happy I used to be when I first got married and if it is anything less than that, I would rather end it. Satisfaction changes, it is something that varies over time. If you and your partner live in conflict life is lousy, but if he is good with the children and they benefit from us being together, then even if I am not as happy as I used to be, it is still better than seeing my children hurt (Amna, female, Australia).

Rural female participants stated that there was some intrinsic goodness to marriage even though they were powerless, and despite the fact that some of them had been treated unkindly. In this case the intrinsic goodness came from their children and the social and spiritual support they received, which were fundamental to their judgments of the quality of marital life. Social support and spirituality were found to be important factors associated with judgments of quality of life. Masooda, a female respondent from Eritrea, summed it up by saying “Whatever the truth about life may be, viewing it as an inevitable vale of tears does not encourage laughter and joy.”

8.7 Marital Sexual Relations

Sexual intercourse was seen by all respondents as part of natural relations. The male within the sexual (marital) relationship is considered biologically driven. Consequently, his behaviour has implications in that it is considered ‘instinctual’ or ‘natural’ and such motives are not controlled by a rational mind. Most female respondents legitimated the male sex drive as active and in need of constant relief. The suggestion was that men have to have sexual intercourse when and

where they need it, due to their natural, instinctive sexual desires. The old myth of male sexuality based on sexual instinct and gratification still exists for most rural participants.

Eritrean women who marry must be sexually available to their husbands, and the belief that, upon marriage, a woman is considered to have consented to sexual relations with her husband for the rest of her married life is common among male and female subjects in Hal Hal. The notion that, once married, Eritrean women are sexually available to their husbands was found to be endorsed by social norms and the legal and religious frameworks.

However, the sexual reformation has ushered in a questioning of traditional/religious marital morals by some female participants in Australia. The view that wives must submit to the sexual needs of their husbands is seen as the source of oppression and discontent (Give yourself no matter what). Thus, some female respondents in Australia have started to deny sexual favours, if they are not in the mood, rejecting theories of male natural instincts and religious obligations of compliance or availability. Respondents in Eritrea did not echo these sentiments. They still abide by their religious and cultural teachings where sexual compliance is concerned. In Islam, one of the requirements for a woman to go to heaven is that she obeys her husband in every way, and especially in bed, although there were some Hal Hal respondents who do not comply with sex on demand, as these excerpts demonstrate:

I was married to a man I did not respect, he was stupid and I never wanted to go to bed with him so most of the times I refused him and if that is the way a woman goes to heaven then I am sure going to hell (Jamih, female, Eritrea).

I know that I am not supposed to refuse him because I am religiously his wife, but if I did not want I would make an excuse. Most of the times I pretended I had my periods. He would say how come you have it continuously, and I would say that is the way it is. That is the only permissible excuse (Nafisa, female, Eritrea).

He was not pushy sexually, and if I was not in the mood he would not force me. But I know I will be punished by God so I must. You know God said that a woman is not equal to a man, she must obey. Only if she genuinely sick then she is excused. But when I was not religiously aware, I did not know all these things. So if I was not in the mood I refused (Baraka, female, Eritrea).

For some Australian respondents, it was not an issue since they negotiated frequency to their advantage as shown below:

What I believe is if one partner wants to have sex the other has to make it available; what I see around is when one needs it the other one does not want it and that creates big problems. That is where they go wrong, that makes people seek it in other places. You have to negotiate frequency. It has to, what I mean is you have to be physically and psychologically ready, you have to want it, or make yourself want it and then you might enjoy it (Asha, female, Australia).

You see I have already made up my mind that sex was normal, so I made time available for it; it was scheduled. In my case we never had an argument about sex; I just took it as part of life and it was never a pressure and when it happened which was let us say three days a week I was ready for it and enjoyed it. You can say I had four nights where I could watch TV, stay up late or go to bed early. I think for us knowing the days was really good. It gave us something to look forward to (Selma, female, Australia).

Apart from religious obligations, rural respondents' strategies for cultivating a loving husband and avoiding a co-wife was through compliance. Intercourse, as a means to have children, and as means to influence their husbands in their favour, was their most effective weapon in the battle for security and respect in their husband's house. This was acknowledged by most males, as these vignettes illustrate:

A wife's role is reproduction and sexual gratification. Her most important role is satisfying her husband and bringing up his children (Ibrahim, male, Eritrea).

It is her marital and religious duty. She wants to make sure that he is not going elsewhere to get it because she knows he is a man and cannot control himself. For her intercourse means children so she lets him share the bed. To have children and bring up children, if she refuses he might go somewhere else and then she will suffer financially and her children will also suffer (Mussa, male, Australia).

For all female respondents who had to submit to coitus on demand, feelings of closeness, tenderness, sexual excitement, pleasure, affection and comfort were replaced with hate anger, bitterness, and anxiety. The sexual activity was replaced by its mere performance. Men appeared to be seen as nothing else but horny, selfish and not in control of their sexual urges.

8.7.1 Male View

Male sexual behaviour was classified by most respondents as instinct-driven. This may have given the following male respondents some legitimacy for their part in initiating and forcing the sexual activity. The responses to the question "What if she is upset, sick, tired, or not in the mood to make love?" clarifies this point:

I have a right to force her if I want sex. Her most important role is satisfying her husband; it is part of her duty. Only if she has her periods I do not touch her. If she says she is tired, I tell her sex will relax her. Then I go and ask her where it hurts and start massaging her and that way I get what I want. If she is upset I try to find out why (Ibrahim, male, Eritrea).

If she refuses God will be cursing her all night. She will go straight to hell. If she is clean (not menstruating) she should not refuse. If she is tired he can tell and he should not impose himself on her, but otherwise she has no reason. If she is upset she has to tell what the matter is. You can tell if she is being cunning or pretending. The truth is a man never takes into account that she could be tired. He is tired as well but that does not stop him from wanting her, so he thinks of it that way (Hamid, male, Eritrea).

The only time she can refuse is if she has her periods. But if I see she is upset, I myself will not go near her until she calms down; there is no such thing as forcing her. Forget the Islamic teaching, if you give her enough time she will come back herself. If she says she is tired I leave her alone. But one thing is for sure if she is saying it to avoid me I can tell (Idress, male, Eritrea)

No such thing as forcing your wife to have sex with you. I do not touch my wife or force her if she has good reason, such as periods, tired, upset. The last two reasons only up to a point. He can tell if she is genuine or not. If she is not genuine, then you have a right to force her. But one does not feel welcome when his partner does not want him so you also do not approach. I do believe in women's rights according to the Qu'ran. Women are to be protected and

their wishes fulfilled not abused. If one obeys God's word then one should not harm his partner; if he cannot keep her happy then they should part in peace (Benamir, male, Eritrea)

8.8 Duration of Marriage and Marital and Sexual Satisfaction

Psychological and social factors were found to exert a strong impact on the quality of sexual life of most respondents. Some of them tended to change their comparison standards in response to changing life events and narrow or modify their expectations of quality of life in accordance with their current experiences. There was considerable evidence of the influence of this type of process amongst participants, as can be ascertained from the following comments:

When it was fun and rewarding we would have sex four or five times a day, so if I did not reach orgasm one time I would do it again after a few hours. Reaching orgasm is not a problem for me; 99% of the time I will orgasm if it is what I want. When I see it as a job or duty I do not put my mind to it. When I was in love, even before my husband, I would orgasm just by being held and kissed. I felt loved, cherished, special and wanted. I will say for me it was the excitement that triggered orgasm. Now everything is the same, the husband is the same, the place is the same, and there is no excitement. If I was to meet a new person I am sure it will be automatic, but I am not looking for that. What is the point? (Amna, female, Australia).

Amna (female, Australia) compared her life in the first few years of marriage with what it is now, following children, work, mortgage, and personal growth. She said:

We used to socialise, go on holidays, spend time exploring each other, and being thoughtful and trying to please each other. When our first child was born we cut down on our time together. Since the second child arrived those things started to diminish, and with the arrival of the third child they disappeared

I would not say I am not happy now, it is simply different. I am happy that I have my children but the sexual/marital relationship is dead.

Intimacy is a slow delicate unravelling of self, a stripping of self for the one I love. It takes time and each day there is a new page of a chapter in the story. I become transformed by total acceptance of my self. I am so different from what I started out to be in life and marriage that I don't recognize myself (Asha, female, Australia).

I am having fun, much more fun now after nearly twenty years of marriage. I am much more in love with him than the day I married him. We are best friends. And sex is wonderful, although the frequency has decreased (Adela, female, Australia).

For male subjects in Australia, the main factors causing marital unhappiness were shortage of finances, memories of how it used to be, and unmet psychological, sexual and emotional-intimacy needs which increased their loneliness. These issues were found to have produced tension between the partners resulting in conflicts, as illustrated by these extracts:

We were more open and communicated freely about sex in the beginning of our marriage. Now we don't discuss sex. In the beginning there was a lot of touching, kissing and cuddling that lead to sex, now the gap is huge. We do not have the same closeness or style we did then. My wife became a feminist (Yusef, male, Australia).

In the initial stages of marriage the couple are getting to know each other and as time goes by they get closer sexually. We have a very close sexual relationship and it got better with time as far as the technicalities go. But now we have more social obligations so you can say sexual frequency is less. Psychologically, as well, your wife thinks you are getting old and your urges should decrease, which conflicts with what I feel (Mussa, male, Australia).

Married life gets better as the years go; likewise we are lucky that we came to Australia and that we are participating fully in the workforce. We are exposed to new ideas and so we are constantly growing and coming closer (Bakri, male, Australia).

Two male respondents from Australia reported a marked decline in coital frequency which has impacted on their sexual satisfaction with the passage of time. The most important explanatory factors for these changes were a spouse's general attitude toward sexuality and her unwillingness to participate in sexual activity on demand. Some female participants also reported a significant decline in their sexual activity and sexual satisfaction as a consequence of a decline in relationship quality.

Now there is not time to joke around and fool around with your wife; time is spent tending to your daily life, the farm, the animals and at night you are surrounded by your children. Who has the time or peace of mind for other things? (Idress, male Eritrea).

To have peace at home you compromise and have consideration. Now we are more open with each other. But when we were younger I used to be very romantic and say nice things to my wife; when youth is over there are no such things. Married life was much more rewarding sexually then. Now it is different, you are more content (Benamir, male, Eritrea).

Life was sweeter when we were younger. Now I am old and things are not the same, priorities change. As far as companionship and sharing goes it is better now, we have children and grandchildren but in the sexual department it was better then (Hamid, male, Eritrea).

Before the children were born married life was a lot sweeter. There was fooling around, teasing and so on. Don't be silly, sexual life is more pleasurable and satisfying in the earlier years of life.

Where is fun when the vagina is loose and stretched by repeated intercourse and childbirth? That is why some women in my daughter's age group who live in the Sudan started to be refibulated after childbirth. Also, they say the other women (birth attendants) will make fun of them by saying "Their vaginas are as wide as a cow's vagina" otherwise. It is not the case in Eritrea (Kadija, female, Eritrea).

Now I am more open with him and I am not coy or bashful, we talk openly; in the beginning it was different. I was very shy and afraid of him I did not say much. We share everything; He is easy to converse with (Masooda, female, Eritrea).

Life is good when you are young, you have beauty, life, energy, time. Once you have children then you do not have time for yourself. The first few years of married life are the best. Maybe if you grow old together (no divorce) you might regain what you had (Zenab, female, Eritrea).

When I first got married, sex was new for me. I was learning, it was exciting. I was young. It does not mean I am old now (33), but things were different then. Especially when you are in love before you get married. The first three years were perfect; you give your whole self and all your time. Also, there was no commitment of children or mortgage, we were free. I could approach him and try new things. Now I am not as open, things have changed. With time the relationship is, maybe, like brother sister, more than a sexual relationship. After that things change slowly and it comes down (Amna, female, Australia).

My sexual response is much more stronger and I am more satisfied sexually now. In the olden days my sexual desire might have been greater, but the pleasure is much greater now. I think it is the way we do it now. I changed the way and it is very satisfying; now if we do what we used to do in the beginning I don't enjoy it. Sexually I am closer to him, that is, I am more sexually satisfied than when we got married. Of course he says we were closer before. He says in certain ways I have changed. That is his opinion. In one way he is right- the first few years I suppose we used to make love more often (Zenat, female, Australia).

8.9 Sexual Communication

It was found that the duration of marriage resulted in increased sexual communication and sexual disclosure and for some female respondents increased levels of sexual satisfaction.

We never talked about sex, and we do not now. But as time goes you get to know the moods of your partner and also what pleases them. For me with time the desire has diminished (Fatma, female, Australia).

We always discussed our lovemaking afterwards, like was it good for you and so on. Actually he loved talking about sex. He was forever eager to learn what pleased me and so on, but I was not very open about it. I just did not feel the need; he was very good. Ask me later on when I am with someone I love in my second marriage (Nura, female, Australia).

Our communication got to be more open as time went by. In the beginning I used to pretend to come just to please him and I never got anything out of sex. Now it is a very comfortable relationship and we are very open. I am happy even if sex is not that great because I can make it great (Asha, female, Australia).

In the beginning it was difficult. It is not normal to say too much, especially to speak romantically to each other; you feel like you are not yourself. After the initial stage it was easy, now it is normal. We do communicate about sex; he always finds out how it was for me, was I tired, was I in the mood, did I relax (orgasm) and so on. So you can say with time we are more open (Nyla, female, Australia).

We are very open sexually, we discuss positions and try different ones; we experiment a lot. It was never like this when we first got married. But I still go to bed with my knickers on which irritates my husband. I am quite open with him now; I please myself and am not hesitant to show my frustrations. Now the situation is different, even if he is not happy with the position he does it for me; I have become very assertive and quite demanding (Zenat, female, Australia).

It is only after I had the children that I am open about my orgasms. When we were newly married I never let him know that I enjoyed sex. I was shy with him; I was not very open. It is only now that we talk about these things, especially when we came to Australia. I am a lot better than the other women in terms of openness; I can say I need a breezer (sex); I haven't had sex for a while, in front of people (Adela, female, Australia).

8.10 Privacy

Lack of privacy (space) was found to have an impact on sexual frequency for most Eritrean participants. Adela, a female respondent from Australia said, “The people in our country used to sleep in the courtyard when it was very hot, and the poor husband and wife used to be the last ones to go to sleep so they can make love.” The following quotation provides a clear picture of the problem:

The children, him and I sleep on the same “arkay” (a wall to wall wooden platform that covers half of the hut). in a row. He is first in the row, I sleep next to him and all the kids are behind me. The children do not know what goes on, because we only do it when they are asleep, also we do not make noise. Even if they were to know what can you do about it? In the later stages he had a bed of his own and I slept with all the children. If he wants me he calls out and I go and if the children wake up, tough luck to them. He tells them to shut up and go back to sleep and he goes back to his business. We did not get embarrassed about it, can one be embarrassed about life? (Kadija, female, Eritrea).

However, lack of privacy did not always curtail the sexual activities of respondents as can be gathered from Hassina’s response:

The parents build a big hut. This is divided into parts one side for the mother, father, children, and the other for the new bride and groom. At night everybody covers in their blanket and do their job. They did not care much; they pretend not hear. There is not much noise because the arkay is made of wood and is very firm it does not make much noise when you move (Hassina, female, Australia).

I tell you it was quite difficult. You have one hut where everybody sleeps in the same arkay. Husband, wife, children, and even guests share it. I do not know how we did it. I think God used to put the kids under heavy sleep; they never woke up or maybe they knew and kept quiet. If he has a separate bed she comes after she puts the kids to sleep. I like today’s arrangements (people sleep separately). We had no choice but to make love in those conditions. It is not because we did not care. That is why I say married life was sweeter when there were no children or in the earlier stages (Benamir, male, Eritrea).

Lack of privacy, due to intrusion from family and community members and a busy social calendar, were found to have an impact on the marital life of male respondents in Australia.

Again from my experience I believe in privacy; our community however, does not believe in it. Even if you are sitting with your wife having coffee, they interfere, they want to know your business and this annoys me very much. My wife does not seem to be affected by it as much as I am. She does not reject what I call this interference. The concept of privacy is not so clear or so concrete in our community. I am totally against poking my nose into others' business, I cannot understand it. They ring any time, and they come to visit any time. You are supposed to be open and have an open house. You are tired from work and want to relax in your home with your children and wife and you cannot. I am sure this has an impact in your marital life (Mussa, male, Australia).

You come home from work or from being out and there is always someone in the house. You cannot relax or be yourself, I hate it. There is always something happening, e.g. somebody gives birth, somebody gets engaged/married, somebody's mother dies in Eritrea. She is always going out and when she comes home she is too tired to do anything. This pisses me off (Yusef, male, Australia).

I want to keep things between my wife and I, and do not like to tell my business, but she has all her family here and even if we sneeze they have to know about it. It is as if I married the whole clan and I resent it. Most of our conflict comes from this area (Hussein, male, Australia).

This chapter detailed personal responses of respondents in relation to marriage and marital life. Their views and experiences of the marriage process, their expectations and that of the community, quality of their marital life and what constitutes marital satisfaction is reported in detail using quotes from participants. Marital dissatisfaction was found to be one of the most important factors affecting the sexual relationship of female respondents as will be shown in the next chapter. As alluded to in the previous chapter, these findings are discussed in chapter eleven. The next results chapter deals with sexual views and experiences.

CHAPTER 9 : SEXUAL VIEWS AND EXPERIENCES

9.1 Female Sexual Response and Orgasm

The previous chapters presented the study results. The objective of this chapter is to also to provide results pertaining to the area of sexual life. Based on the analysis of responses of female respondents, it appears that there were four categories of behavioural sexual responses. Of the four categories there clearly were some women who believed that they have a right to sexual satisfaction and asserted this right, while there were others who believed in their right to sexual pleasure, but seemed to be resigned to denying their pleasure. Members of this group were prepared to make sacrifices for the good of the marriage and family and the rewards they would eventually reap. A third category was comprised of those who believed in sexual satisfaction but were afraid or embarrassed to openly demand that they be satisfied or to satisfy themselves. Lastly, the fourth category was comprised of women who simply did not believe or know they should get any personal satisfaction from sex other than that of producing children or fulfilling their marital duties.

9.1.2 Actively Seek Sexual Satisfaction

Respondents located in the category of those who actively seek sexual satisfaction were found to have achieved personal fulfilment by being financially independent, or were totally fulfilled by their role of wife and mother. They had been exposed to foreign views of sexuality and or religious teaching regarding sexuality and were able to incorporate it in their sexual lives. Sexual satisfaction was a right, which they actively pursued by directing their energies in the sexual act, and consequently derived personal satisfaction or a sense of achievement. As Nura a participant from Australia, said, “You have to make it happen for you.”

9.1.3 Actively Relinquish Right to Sexual Satisfaction

It was found that respondents who actively relinquished their right to sexual satisfaction did not necessarily enjoy not being sexually satisfied, but nevertheless were happy as they had taken a positive approach to make the most of their sexual lives. Likewise, they were found to be very subtle in asserting their right to sexual pleasure. This group concentrated on their marital relationships which act as a psychological buffer against the failure of their sexual lives. They were prepared to suppress their own satisfaction for the sake of their marriage. Women who are actively resigned to life without sexual satisfaction for example, said, "I know I have a right and if it is fulfilled fine, if not fine" (Fatma, Asha).

The passive resignation of these women to life without sexual satisfaction was a survival and coping mechanism. The readiness of women to respond to the needs of others in the context of the family, "is seen as a social construction which is psychologically seriously unbalancing to the women...she may want to be nurtured herself,... but cannot gain such nurturing: it remains a need which cannot be fulfilled" (Leonard, 1984:157).

Eritrean women get such nurturing from family and friends and thus are able to cope better.

9.1.4 Subtly Seek Satisfaction

There were some respondents who believed that they have a right to sexual satisfaction and if possible subtly asserted this right. Their view was that a woman who is not sexually satisfied keeps quiet, otherwise she will be viewed as deviant and as not complying with the norms of the community which accept that women should not show desire. This was especially the belief of the more traditionally-oriented respondents.

These respondents have developed a consciousness, which Leonard (1984) calls “concept of contradictory consciousness” in response to the incongruence which has existed for them between the expectations of the social order in relation to sexuality and their personal beliefs. Such commitment to family (tradition) and denial of self-interest is consistent with Leonard’s assertion that “families are predominantly experienced as contradictory in that they are often the location of both subordination and self-fulfilment, depending in part on class and gender position, (they are) an arena of both love and hate” (1984:112).

9.1.5 No Right to Sexual Satisfaction

This category consists of women who clearly expressed the view that only men are destined to enjoy sexual activities and that the women should make it available. These informants did not view coitus as personally motivating, physically fulfilling and rewarding for themselves. Choice is essential for an individual to have agency and accept responsibility for themselves. Without agency there is no full subject status and therefore no autonomy (Davies, 1993), which can result in feelings of powerlessness, low self-esteem, and an inability to make decisions affecting their own lives. These women were not lacking projects which were personally rewarding and enjoyable for them. They had satisfying leisure activity. They had agency. They were not in a limbo eternally waiting to do what they really wanted to do, while feeling that their lives were dominated by boredom or others.

9.2 Women’s Right to Sexual Satisfaction

The recent emergence of the Islamic fundamentalist movement has introduced subtle changes in the way women and, for that matter, men view female sexuality. However, knowing that you have a right and asserting that right are different things. The consequences of the transformations were found to be different in Eritrea and Australia.

While some women welcomed this change, the majority retained the old orientation. Suffocation of female sexual wishes and desire in shame and diffidence was exhibited among Hal Hal and some Australian respondents as some of following responses indicate:

I know I have a right to sexual satisfaction, but it is not up to me to fulfil it. God created us to fulfil each other's needs. I am fulfilling my duty towards him and he has to do the same; if not he will have to bear the consequences. You cannot go and complain that you are not sexually satisfied; it is his duty to see your mood and feel your emotions, to gauge if he has done the right thing. If he falls short then he will have to answer for it (to God) (Lula, female, Australia).

We have a right to be sexually fulfilled; in fact a woman can divorce her husband if he does not sleep with her for more than 15 days. Also it says he must not ejaculate before she is fully satisfied. But only those women who are of low morals will assert or mention (demand) this right (Baraka, female, Eritrea).

For some respondents in Australia, the religious insight gained from the movement has helped them to foster the emergence of new constructs, which have eliminated old tensions, doubts, and fears in order to provide room for growth. It does seem clear that most female respondents believe that they have a right to sexual satisfaction as part of the natural course of things.

Male respondents in Australia stated that sexual activity is normal and that a woman has a right to sexual fulfilment; she should desire coitus as much as a man and should also enjoy it as much as he does:

It is normal she should enjoy it. It is part of life and she should make it good for him and for herself. It is very exciting for a man to see his partner enjoying herself, but the Eritrean woman tries very hard to hide the fact that she even thinks about sex (Abdu, male, Australia).

A woman should interact during lovemaking. She just lies under me like a log; she does not interact. I want some action; she should move and do things to make sex enjoyable; she should put her body and soul in it (Yusef, male, Australia).

Some women in Australia are now under great pressure to perform by enjoying sexual activity and having orgasm; if not they are seen as abnormal/ deviant and as not behaving according to the wishes of their liberators (religious teachers, their spouses, feminists, who have given them the permission).

9.3 Female Orgasm

9.3.1 Orgasm Frequency

Due to cultural and practical reasons, it was not possible, nor was it the purpose of this study, to objectively measure the effect of infibulation on women's ability to achieve orgasm in a controlled setting. On questioning, however, most female participants claimed to regularly achieve or to have achieved orgasm in their sexual relationships. Women from both sites made clear and definitive statements about orgasm, frequency of orgasm, and conditions under which it was attained and not attained.

It was found that Hal Hal women viewed sexual intercourse as natural and had fewer sexual inhibitions than the Australian sample. Most claimed to have strong and frequent orgasms in the first years of their marriage. The arrival of children, lack of privacy, added responsibility, and age were cited as reasons for a decrease in coital frequency, as well as of orgasm. For example, Zenab said, "Sex is great before the children come and life gets tough."

Female participants in Australia reported experiencing orgasm during most of the sexual intercourse episodes in their current relationship, if the environment was conducive.

The factors found to be most critical in reaching orgasm were: state of mind, interpersonal relationship and degree of emotional involvement with partner, context and conditions under which sexual activity was taking place, purpose and motive for sexual interaction (act of love, an expression of commitment, duty), perceived positive value to human sexuality, and training in sensuality and relaxation.

Female participants who have a greater tendency to actively take charge of sexual encounters, those who use sexual aids such as vibrators, and those who enjoy erotica reported a higher frequency of coital orgasm. Some female participants, as can be seen from the following responses, recognized sexual behaviours, including the nature and duration of foreplay, as significant contributors to orgasm:

Every Eritrean girl gets the message that she is allowed to express her sexuality only after the wedding, only with her husband, and only in a certain way: being receptive. The capacity for orgasm involves a number of learned responses and a woman needs to know about her body and must receive emotional and physical stimulation. I learned (Adela, female, Australia).

A woman is not going to achieve orgasm by lying under a man. But most of us suffered like innocent victims, good little girls who believed what we were tacitly told. Also it takes more than religious permission (Islam states women's right to sexual satisfaction) which is tokenistic to turn us into passion's playthings. I know for sure that most Eritrean women could orgasm if they are willing to make it happen for themselves. You have to make it happen for you (Nura, female, Australia).

After reading about sexuality, I decided to make friends with my body and embarked on the journey of sexual discovery.

I learned about my body and what gave it pleasure. It was weird at first, and I felt stupid and I did not tell my husband. But now it is fine, and finally I can achieve orgasm on demand (by masturbation). I honestly believe that women who really want to enjoy sex can begin to take positive action to achieve it (Asha, female, Australia).

Sex is like food; you have to enjoy eating it. It starts with the ingredients; the atmosphere has to be right. It is indulgence of the five senses and not only the vagina/clitoris. The nose has to smell, the eyes have to see, the mouth has to taste, the hands have to feel, and the ears have to hear nice things. When all these are working together you have perfection. It is not a last minute thing; you have to prepare for it that is why I have set days for sex (Selma, female, Australia).

9.3.2 Descriptions of Orgasm

Culture and religion may inhibit public discussion of sex in Eritrea and among Eritreans abroad, but a more fundamental problem is language. For example in Tigre and Tigrenia, the two major languages in Eritrea, there is no word for orgasm. Participants in Australia were found to have adopted an Arabic word (Raha) which means relaxation. Nevertheless, there was little ambiguity in respondents' understanding of orgasm.

Most respondents were aware of when they were experiencing orgasm. Although the physiological experiences during intercourse were similar, these sexual experiences were expressed by what participants expected or knew, producing considerable variation in their stories. Descriptions of orgasm were explicit and often vivid and words used included tingly, alive, warm, emotionally and physically relaxed, floating, fullness, and ejaculation. The following responses are illustrative:

When I finish I gasp, it is a total letting-go, the experience is deeper, it is a feeling like collapsing inside. It is so intense (Nura, female, Australia).

When you start, you feel like you are up there very high and then a moment of floating. I feel as if I am losing all my senses, and I seem to love him most intensely at that moment. I feel something chewing me inside which gives me intense pleasure. Then my whole body is relaxed, and I fall asleep like a baby (Nyla, female, Australia).

I feel as if I am losing all consciousness and my eyes and ears lose their senses. It is such a strong feeling. My body vibrates and my vagina contracts very strongly. My husband can tell. I feel very light and seem to float and at the end I am relaxed all over (Asha, female, Australia).

You get stiff and at times your heart stops beating. You do not even know what you are saying. Your whole body crumbles into a heap. When we are making love, I want to swallow him inside me. But after I come I push him aside. I don't want him to touch me, I discard him (Adela, female, Australia).

I tremble all over. I experience strong vaginal contractions and all that. When I finish I ejaculate, it is a total letting-go (Lula, female, Australia).

I never thought about it consciously, so it is difficult to describe what it feels like. Also in our time we used to try very hard not to let the man know that we are enjoying sex. Even if there was something happening we hide it. All I remember is how my body relaxes (Aziza, female, Eritrea).

It feels like my uterus is expelling something rhythmically. I told you it feels sweet and nice, very pleasurable, I cannot describe it (Kadija, female, Eritrea).

It feels like electric shock going through your body. Down there it feels as if you have little ants inside and they are biting you in a sweet teasing way (Baraka, female, Eritrea).

9.3.3 The Orgasm Imperative

Female participants in this survey stated that they engaged in the sexual act to be close and loving towards their partner, because it seemed like a good idea, to please their husband, to pave the way for a request, and as a duty. The results indicate that most participants were not distressed if they failed to reach orgasm. It was found that orgasm was taken out of the equation; it was not a goal to be attained, as can be gathered from the following responses:

I don't have sex in order to have an orgasm. I just enjoy the sensation of the act and it almost always leads to orgasm. All the publicity about orgasm makes me sick (Nyla, female, Australia).

Sometime back I read sex books and said to myself I should be experiencing this and that. On those days I viewed orgasm as a goal. I felt badly when I did not orgasm and started to doubt my womanhood. Yet in my head I knew that isn't true. I think I was striving for much less than what I already had. I can say that leads to disappointment and may prevent the desired experience from occurring. Good sex is like sleep, if you try hard it does not happen (Asha, female, Australia).

I am fed up right up to here with all the emphasis on orgasm nowadays. It is absolutely sickening; after thirty years of marriage and four lovely children, I certainly do not see anything so great about orgasm. Thank goodness that I am old (early fifties) and can go to bed and just sleep instead of having to wrestle with a lustful man if I do not want to. I feel sorry for all the young girls who are led to believe they are in for a great experience, a goal to be achieved (Fatma, female, Australia).

This orgasm bit is nonsense. Sometimes I come, sometimes I don't. It depends on a lot of things; also one does not make love with orgasm in their minds (Amna, female, Australia).

9.3.4 Failure to Achieve Orgasm

The data analyses concerning feelings if orgasm was absent during coitus revealed that female participants did not attribute their lack of orgasm either to their ability, their femininity or FC. Although some reported annoyance, anger and frustration at being left behind, these emotions were mostly directed at interpersonal (partners) and situational factors. “What is there to feel bad about? He can only do what he can, or he is satisfied and you have fulfilled your duty,” was the response of most female participants in rural Eritrea. Since Eritrean women are not expected to achieve orgasm or have pleasure from sex and labels such as “female sexual dysfunction”, which may increase anxiety and guilt for those women who lack orgasms during coitus, are not known or used by the wider community, the responses are not surprising. The following extracts illustrate this further:

I have no problem sexually, but if I do not orgasm I do not resent him because he fulfils most of my desires, so it gives me pleasure to satisfy him (Lula, female, Australia).

The only thing between him and me is the semen and when that comes there is nothing left, so what is there to ask for? Why should I be upset if he comes? I am only supposed to get what he gives me and he has given his semen (Kadija, female, Eritrea).

Our men are strong and hardly leave you behind, but if it happens there is nothing to feel bad about. He couldn't do any better (Baraka, female, Eritrea).

Only if a man is weak will he come before you. Then you give him good food and some herbal medicine and he gets better. Other than that, your bad luck (Um Mariam, female, Eritrea).

I do not think orgasm is in your hands. But in our religion it tells him to take care that he does not ejaculate before her, because it is understood how frustrating it could be for her (Fatma, female, Australia).

He loves me and we have a good marriage, but the poor man is very inadequate in bed; he does not know much about what a woman needs. I am not really worried about not coming and if I want I can come by creating the mood for it, otherwise it is no big deal (Asha, female, Australia).

Total acceptance of her partner, the knowledge that she is loved and cared for, and the belief in her ability to achieve orgasm provided a tremendous source of strength for Asha. Female participants in good relationships, those with high self-esteem, and who felt good about their sexuality, viewed lack of orgasm as a problem to be solved if indeed that was the goal. And while some of them discussed their lack of satisfaction with their partners, others kept quiet about it, as can be seen in the following responses:

Sometimes you give up because they know what you want and what pleases you but they forget or simply do not care. You can't force them so you just give up (Hassina female, Australia).

It is annoying if you were in the mood and you get left behind. But you feel embarrassed to say anything; you do not want him to think that you are enjoying yourself or worse that you are a nymphomaniac. If I don't orgasm I keep quiet. Also he knows if he has not satisfied me (Fatma, female, Australia).

He is very experienced so I have no problem, but if I don't climax, it will not worry me. What I am going to say? I am not going to tell him (Zenab, female, Eritrea).

When asked what made sex more enjoyable or what excites them sexually, some Australian respondents were able articulate some of the contributing factors:

For me the connection is with my breasts; once he starts playing with my nipples it is like turning the electric circuit on. I always wonder why? That is a sure way to get me started (Zenat, female, Australia).

Men have to know what to do with their wives; he is not just going to come and jump on you without any foreplay, it is not on, I don't believe that is the way it is. How can it be? This is the 20th century, everybody knows how to arouse a woman before intercourse (Nura, female, Australia).

I watch movies and also friends share their sexual experiences and tricks with me and I try them, but I do not actively go and read about sex (Nyla, female, Australia).

I want to feel wanted and desired, to be chased for sex. I do not like to approach or be the one who has to initiate lovemaking. Also I like cuddling and holding hands (Asha, female, Australia).

Seeing my wife nice and always immaculate. I hate it when she is in her cleaning or cooking gear (Yusef, male, Australia).

9.4 Strategies Adopted to Facilitate Sexual Satisfaction

Although social constructs are adversarial to Eritrean women's sexual satisfaction, many women nonetheless stated that they were sexually satisfied. The mitigating factors that helped reduce the effects of negative social constructs, and which enabled women to be sexually satisfied, were assertiveness, information, acceptance of own sexuality and positive attitudes toward sexuality.

Some Australian participants took an active role during sexual intercourse to facilitate orgasm. When subjects were asked to describe their conscious actions to facilitate sexual satisfaction, some of the responses were as follows:

In a sexual encounter, I take charge of the situation and work for myself like getting into the right position and controlling movements (Amna, female, Australia).

In bed my husband always tells me about the things he used to do before he met me, about his women and so on. I really enjoy hearing his stories in bed; it turns me on and I am forever pushing him in a subtle way to get him started. I also like watching x rated movies (Zenat, female, Australia).

I wait for my partner to decide all sexual moves and techniques because he knows what I want. And most of the times I tell him what pleases and what does not and I rarely have problems having orgasms (Adela, female, Australia).

We make love twice a few hours apart. The first one is for him and he can do what he wants. After he rests we start again, this time it is mine. He stays longer and is mostly thinking of me, so there is no resentment or trouble (Zenat, female, Australia).

We have set days and I know when we are going to make love so I am ready mentally and physically. I am in the mood, clean and relaxed. This makes it easier for us.

This way I do not have to make love when I am not in the mood, and because the frequency was negotiated I am happy with it. I do orgasm most of the times (Nura, female, Australia).

We have set days, and I find this rewarding. Knowing gives me time to organize my day and chores. This also gives me an opportunity to concentrate on the relationship and my husband, and to rid my mind of other things so I can enjoy myself. There is no hurry or resentment and I do orgasm 90% of the times (Selma, female, Australia).

I think Eritrean people should learn about what a woman needs and for the man to know what a woman wants. For example, having a shower and a shave being well perfumed and well dressed before he approaches her. She in her turn should stop the housework before his arrival and receive him in a happy mood looking her best. What is the point of buying nice clothes and perfumes if he was never to see her in it? So I think they all need to learn how to create the mood. All they have to do is turn to the teachings of the prophet and also watch TV for ideas. The problem is they want things to be like they see it in the movies without any effort from their side (Lula, female, Australia).

9.5 Sex Role Expectations and Sexual Guilt

All female respondents in this study have been tacitly trained from a very early age not to touch their genitals, as this is seen as sinful and immoral. The societal message is, “Do not look”, “Do not touch”, and “Do not feel”. The concept of intimacy and closeness shown by touching the genitalia is absent. The vagina is an unmentionable part, and all female respondents referred to it as “privates”, “down there”, “you- know-where” or “it”. As can be ascertained from the following responses, female respondents felt guilty for indulging in what is seen as forbidden sexual behaviours:

I am very sensitive in my private parts and tried masturbation and liked it. I came many times this way, but somehow felt it was wrong. Now being touched spoils sex for me; it is as if something new is happening to me. Touching my private parts does not give me any pleasure; it gives me more stress. If I want to satisfy myself I work for it; I make sure that I move in a certain direction and so on (Amna, female, Australia).

We have tried some of the things you see in the sex movies. He used to go down on me. I enjoyed it. It was something new. After a while I did not want it any more, because all those old thoughts came back. I am not very religious but I do believe in what I hear and what the religious people say. Our religion clearly states that things like masturbation/stimulation, cunnilingus, touching, and so on should not be done, even with one's spouse (Amna, female, Australia).

You see, in my mind, foreplay is what men do with prostitutes; it is not what one does with a spouse. I feel touching or cunnilingus is child's play and I tell him to grow up and act like a married man and go straight for it (Zenat, female, Australia).

I do not look at my body and I never take my clothes off and walk naked, even in the bathroom. The body is not for exposure. Even during intercourse I cover my body. So during intercourse, instead of enjoying his hands on my body, I am busy stopping him subtly from venturing there (Amna, female, Australia).

I never knew and still do not know much about my private parts and how they function. I never thought it was important. I do not like to be touched in my private parts and I do not like to have fingers inside. I do not feel safe to be touched. I do not touch myself or let him touch me (Fatma, female, Australia).

The western culture teaches people that they are to wash their hands after handling their private parts, yet some think nothing of stroking, handling, and putting the same items in their mouth. That is sick and immoral. I do not think about touching myself or being touched; it is not our culture. See we are not obsessed with our genitalis. God has shown us the way to do it and we follow that (Lula, female, Australia).

We grow up being told all the negative things about our private parts: we should not do this or that. The way they talk about it makes you believe that that part of your body does not belong to you. It is not a matter of you should or you shouldn't touch or be touched there. It automatically means it (genital area) does not exist (Nura, female, Australia).

However, rural respondents were found to be are much less sexually inhibited and took sexual activity as more natural and part of life than did the Australian sample. For example, Kadija said:

There is fondling of the breasts and general horsing around. The history of women in the bed is similar all over the world. We are not very demonstrative outside the bedroom and at times he might not even see her face, but at night it is different (Kadija, female, Eritrea).

9.6 Impact of Non-Eritrean (Western & Other) Views

Some respondents exposed to Western views reported experiencing contradictions between the Western and the traditional constructions of their bodies. The former seems to push them to be seductive, sexy and sexual, the later to be prudish, conservative, and asexual. For example, Asha learned to masturbate to orgasm after her divorce. However, after re-marrying she felt it was wrong to ask her husband to please her in this fashion and convinced that she would betray her cultural upbringing, she lived denying her sexuality for sometime.

For every woman like Asha, there are many more who have been similarly influenced without being aware of it. In contrast to Asha, there is Lula who said, “I do not like him to touch or kiss my genitals, and that is what I am supposed to like.” Lula felt abnormal because she did not like clitoral stimulation, and Asha felt uncomfortable because she did. The fears of both women are perpetuated, if not generated, by the conflicting popular beliefs of their cultures. Some male respondents confirmed these confusions:

I am sure every Eritrean woman is watching TV and videos with sex scenes but she does not dare ask her husband to try some of the things she sees, and he will not either. They are controlled by hypocrisy, and by fear of change. We are in a state of transition; we cannot handle this new culture or our own culture correctly (Mussa, male, Australia).

It is a great problem for us men, we are confused because we do not know which wife is going to greet us every time we step into our homes. It could be the Egyptian (bossy), the Sudanese (sexual, indulgent), the Australian (independent and sexually liberated) or the Eritrean (dependant and submissive). These women (wives) have adopted many things from other cultures and whenever it suits them they display the appropriate characteristics. They want equality and independence like the Australian, yet they do not want to take responsibility. They want to be homemakers like their mothers, yet they want to control. It is very confusing and a source of many marital problems in our community (Abdu, male, Australia).

Eritrean children do not see their parents together; they do not witness intimacy, hugging and kissing, and we have a lot of challenges. There is no way women are going to allow you to touch them down there let alone touch it themselves or even touch you (Yusef, male, Australia).

You know in our country the men do not show affection or kid around; they keep their distance. No kissing or cuddling like you see in the West. He comes to her at night, shares the bed and goes (Hassina, female, Australia).

In our community we do not show affection in public; we do not hold hands, in the bedroom there are some people who do not kiss. That is part of our culture. There was this man who tried to kiss his wife and she was very angry and told him that he can go and do that with prostitutes, because she thinks this is done only with prostitutes. The concept of intimacy and closeness by touching the genitalia is not in our culture (Mussa, male, Australia).

Exploration of areas of sexual behaviour, for example, masturbation, kissing, touching are confined to the category of sin or vice. However, as demonstrated by the following responses, questioning the nature of such practices by some Australian respondents has contributed to the possibility that they may come to be regarded as normal.

There are some respondents who have incorporated this new information to enhance their sexual lives. They see developing their sexuality and self-esteem as a means of independence and self-reliance, as the following responses indicate:

If I don't orgasm I know it has nothing to do with me but with him, because I can orgasm by other means (Asha, female, Australia).

I learned some new things about sex that I did not know before and decided to see if they work for me, and it created new heights for our relationship. I am always learning and trying new things. I feel no longer different (Nyla, female, Australia).

After my divorce I started to explore my non-existent clitoris. I have a hand massager which I use for my neck pain and one day I tried it down there around my pubic bone. I moved it around and it gave me some sensations, after a few minutes it was so intense my whole body was jerking.

It started deep inside my vagina and the contractions were so strong you could actually see it. I can come this way in a second, but it is very intense and I only do it if I want to be evil. I also use a vibrator to stimulate my pubic area; it will take longer but it is good. I could never use my hands; it feels weird. I am not worried that my husband is no good in bed (Asha, female, Australia).

In our culture we believe women have sex for the sake of the man, and men have sex because they need to. This is not so; it is not a one-way traffic, both have to enjoy it. The men also know and feel that we are only tolerating it for their sake. I read and learned a lot about sex and sexuality. Earlier on I used to get impatient and could not wait for him to finish, but now I taught myself to enjoy it, because I know I have a right to it (Nura, female, Australia).

9.7 Sexual Satisfaction

A sense of enjoyment or satisfaction with one's sexual life was found to be a highly personal sentiment and many respondents had different notions of what a good sexual relationship is. Asking women who believe they have no right to sexual satisfaction to make judgments about the quality of their sexual life requires them to articulate thoughts and feelings that are not usually the subject of their conscious reflection, and in fact are opposite to their beliefs, as is demonstrated by the following quotations:

I haven't really thought about it. In fact I do not think about it at all. I just plod on, just going about my wifely duties from day to day. I don't ever think about what sexual life or satisfaction is (Aziza, female, Eritrea).

I probably don't think about it. But when I am forced and not in the mood, I do think this is really cruel and I'm not enjoying myself, I am being used here. I want to stop playing this sort of game. So in those terms yes, I do think of it (Amna, female, Australia).

The results demonstrate the importance of considering several psychosocial dimensions when attempting to understand the meaning of a reported level of sexual satisfaction. For most male participants, physical release was the primary motive for sexual intercourse, and frequency of intercourse was positively related to sexual satisfaction. Although all male subjects reported being satisfied with their sexual lives and had positive attitudes toward their partners, three Australian respondents, who are married to women who do not comply with sex on demand, reported a desire for more physical contact.

The meaning of the sexual act was whatever meaning the two people concerned gave to it. It was nothing more than a physical act or a loving response. It made some respondents feel wanted and loved and others used and abused. For some coition became merely the release of passion, energies or tensions; for others it became a routine because it had lost its dimension of honesty.

Affection and closeness were the motivational factors for all female respondents to desire to engage in sexual intercourse. Caring, openness of communication (sharing), warmth, empathy, and respect were found to have a positive impact on sexual satisfaction for females, whereas conflict avoidance was related to sexual dissatisfaction. When lovemaking was viewed as a sharing experience it was reported as being pleasurable, but when it was experienced as taking, it was distressful for female respondents in Australia. As Amna (female, Australia) said:

Most of the times I just sleep with him to keep peace so I want it to be over as soon as possible. I do it because it is a thing that has to be done between a husband and wife. On moments like these there is no pleasure.

Intercourse was seen as much more than the act itself; it was about dialogue, about listening, being kind and loving, and being thoughtful. Asha, a female respondent from Australia reinforces this view when she says:

The penis is not a magic wand that creates great sex. Sexual satisfaction depends less on the way the man's penis touches the woman's privates and more on the way the man's spirit touches the

woman's spirit. The key to sexual satisfaction is above the eyebrows, not below the pubis (Asha, female, Australia).

Sexual satisfaction involved more than the physical release or orgasm. How it was achieved was important. Sexual satisfaction was claimed to come from being in the mood and in tune with one's partner. As Adela, a female respondent from Australia stated:

Good sex expresses love, relaxation and letting go, and body pleasure that is related to the amount of tender or heart feelings. Not a relief of sexual tension, but a more deep satisfaction that can only be experienced when the heart is involved.

Sexual satisfaction, as defined by the following respondents, is a psychological construct of subjective fulfilment. The responses demonstrate the individual's capacity to experience subjective contentment, happiness, and satisfaction despite not achieving orgasm, as well as dissatisfaction despite climaxing:

Orgasm cannot be taken as the sole criterion for determining the degree of satisfaction a female derives from sexual activity. Whether or not she herself reaches orgasm, many a female finds satisfaction in knowing that her husband has enjoyed the contact, and realising that she has contributed to his pleasure (Kadija, female, Eritrea).

We were married back home when it was still too early for any women to think about sex, let alone enjoy it. I was happy to have a husband who loved me and took care of me. I do not care one way or the other about my pleasure. I get my pleasure seeing the happiness and tranquillity in his face after sex (Hassina, female, Australia).

When I was in a good and happy mood, it gave me great pleasure to make love to him even if it did not lead to orgasm. I was very satisfied to see him satisfied.

It was as if I came only much more. You can say, being close, giving myself and receiving him unconditionally is sexual satisfaction for me. But when I was not in the mood and I came, I was not satisfied in my mind. I would not call this sexual satisfaction (Amna, female, Australia).

If I had orgasm when I was not in the mood, which is after making love because he wanted to, I do not think of it as satisfaction. It was something that happened because my body betrayed me. I feel vulnerable and exposed. He gets rewarded, and it makes him feel good. He does not feel guilty for forcing me (Zenat, female, Australia).

9.7.1 Subjective Meaning of Quality of Sexual Relationship

Female respondents perceived sexual satisfaction as a steady state of mind about their own sexuality, reached in a process in which biopsychosociological sensations of sexual-self tend to be positive. Orgasm (pleasure), on the other hand, was defined as a momentary situation which may or may not lead to satisfaction and may even have a negative effect in terms of self-esteem, emotional growth, and overall sexual situation.

I have reached climax through my husband stroking me down there, but much more satisfying for me is that delicious melting sensation that I experience when we make love and everything in our life is right. I mean when the relationship is good. It's very rare that I experience orgasm under these circumstances, but I would choose this experience any day over the other one (Amna, female, Australia).

Hayat stated that she consents to sex to help him relief his tension and to fulfil her religious her duty as a wife and said:

“When he is finished I go back to my hut to sleep with my son. I don’t really desire sex at all, because there is no closeness between us I do not desire intimacy at all, I have just shut my mind to those feelings”.

9.7.2 Impact of Sexual Satisfaction on Marital Happiness

Female participants did not perceive sex, orgasm or sexual satisfaction as the epitome of the potential of marital satisfaction. On the contrary, some participants viewed sex as a source of guilt, “ He is a good man and I feel bad to refuse”; fear, “He might take a second wife or mistress”; punishment , “ The tortures of hell for breaking a religious (obligation) contract”; and oppressive (inequality), “Since frequency and duration of the sexual activity is almost always decided by the male.”

Female participants who reported being happily married indicated that having an orgasm was important and desirable, but that not having one was not devastating and did not impact on the quality of their marital life. On the contrary, marital satisfaction had an impact on sexual dissatisfaction. The following responses reinforce this view:

Sex was excellent between my first husband and I, but he was a jealous man, so I divorced him. See, fantastic sex did not lead to a happy marriage. Now I am married to a wonderful man, but he is useless in bed. My sex life is lousy, sometimes I fake to please him, but I have a happy marriage and I am satisfied (Asha, female, Australia).

Many parts of marriage need to work to make it happy and satisfying. Sex is one part, but it is not the only part. Personally, if all other aspects of my marriage were good and the sexual part was not satisfying, I would have worked at it. I had an excellent and physically satisfying sexual life, but that did not keep me married to him. The other parts of the relationship were not right, so we divorced (Nura, female, Australia).

If she is always busy looking after the family and does not have time for herself or her hobbies, then even sex becomes routine and she will not enjoy it. So all the things are related to each other. Sexual satisfaction might not be very important in creating a happy marriage for her as long as there is caring, sharing, love and respect (Mussa, male, Australia).

For some male subjects sexual satisfaction was equated with marital satisfaction; they were found to be more sexually driven while females were more relationship-oriented, thus setting up continuous tension between them:

In our culture and tradition we never learn to do things for our pleasure sexually but to please our husbands, so maybe it is important for males to be sexually satisfied to be satisfied in their marriage. For women happy homes are more important than good sex (Amna, female, Australia).

If you have harmony in the home, making love even to please your partner gives you satisfaction. All the happiness for a woman comes from the relationship; for him it comes from sex. All I can say is that may God reward women for all they have to put up with to keep the marriage intact (Fatma, female, Australia).

In a scale of marital happiness, I would put respect for individuality first followed by friendship and sex last. Because if I have all those things, I do not mean material things, then I would be able to work in my sexual relationship if it was not satisfying. For him sex comes first; if he has sex he will give you all the rest. I know I should just give sex and get all the respect and friendship, but I cannot. It is not as if you are doing the housework and your mum rewarding you by letting you go out to play with your friends.

Sex is emotional, you cannot give yourself and feel good about it. Friendship and respect do not require as much emotion as sex. In my scale sex is big, so why doesn't he give respect and friendship to get good sex? (Amna, female, Australia).

Relationship problems were recognised as strong determinants of female respondents' sexual dissatisfaction. It was found that sexual satisfaction could be affected by transient factors such as conflict, not being well, not in the mood, but also by deterioration of the relationship. While marital problems equated with sexual problems for females, the opposite was found to be true for males. When the women lost interest or rejected sex the men withdrew from the relationship.

9.7.3 Marital Dissatisfaction and Sexual Relationship

The accounts of the following respondents reflect their struggles to come to terms with decreasing levels of sexual satisfaction in their marriages, due to the deterioration of the relationship.

Sexual life has lost its excitement and pleasantness, so I seek to avoid it, like going to bed late and pretending to be upset or sick. When I do it (submit to sex) I say to myself, good, now I will be at peace for a few days. I also feel guilty for having these thoughts. I know I am supposed to be accommodating. But when it is a washout almost all the time it becomes a chore. I will be happy to live with him without sex at least that will be one less area of conflict. I just do not feel the same as I did when we first got together. I cannot leave because I have three children and my family will kill me (Amna, female, Australia).

You do not miss a sexual opportunity because you are not in the mood and not loving a person or having a bad marital relationship does not preclude having great sex with your wife (Abdu, male, Australia).

I want her to feel the same as I do about our sexual life, but that is not the case. It does not make you feel good just to do it for yourself. So most of the times I resist approaching her for a couple of days, but she will never notice or care if I am upset or not about it. I am sure she will be happy with no sex forever. I am a man and I cannot do without sex so I approach her hoping that it will be good for her as well. I do get satisfied and that is why I swallow my pride and approach all the time. The satisfaction might not be as much as when she enjoys herself with me, but nevertheless it is satisfying (Yusef, male, Australia).

9.8 Impact of Sexual Communication

For participants where it was only one partner who made the sexual decisions and to whose benefit the sexual relationship was directed, pleasure exchange or communication of sexual needs played no major role. Custom dictates that Eritrean women remain uninterested and totally passive during the sex act, and most women interviewed reported that showing sexual interest and pleasure openly is extremely shameful. Some participants stated that they never discussed their sex lives, claiming that it was culturally inappropriate, and two others believed their religious teachings forbade them from discussing what takes place in their marital bed. There were nonetheless some exceptions. Among couples who were in deep accord with one another, females with high self-esteem, and those who felt good about their sexuality, communication on every facet of the mutual experience was open:

The most unfulfilling part of marriage for many couples is sex. This is the direct result of poor communication, of not sharing their deeper feelings about a myriad of daily experiences. It is rare that a couple will sit down and honestly discuss their feelings about their sex life, their inhibitions and so on.

This is because most people feel uncomfortable discussing sex. Often there is nil or a poor background from family and schooling in sexual matters. Early in marriage there is often uncertainty about what to expect sexually (Mussa, male, Australia).

Sexual and nonsexual self-disclosure by females was related to relationship and sexual satisfaction for the Australian sample, suggesting that self-disclosure might affect sexual satisfaction by increasing sexual rewards in the relationship as well as overall relationship satisfaction. Both increased sexual rewards and increased relationship satisfaction, in turn, enhance sexual satisfaction as can be seen in the following extracts:

In the bed it does not take me long to orgasm (if I want) I think but I do not know what my husband will say to this. We communicate and I tell him to slow down or to move faster. I work for myself (Amna, female, Australia).

We do communicate about sex; he always finds out how it was for me, was I tired, was I in the mood, and did I relax and so on. If you cannot tell how you feel sexually, it is not fair. In sex you should feel nice about it. You feel like a baby taken care of (Nyla, female, Australia).

There were times when he would ask me if I came and I would say yes, so you could say that I fake sometimes. But that was when I was stupid. Then I discovered that I had to be honest about my feelings to have a good sexual life. I tell him what I like and also he can tell by my responses. He always checks with me before he comes to make sure that I have come (Nura, female, Australia).

We have a wonderful and fulfilling marriage (sex). But God help him if he made the wrong move or comes before me. My husband knows what I like and do not like. I am very open, I never pretend because I get very nervous and angry if I am not satisfied.

I do not like to be left behind (not orgasming) and I let him know (Adela, female, Australia).

9.8.1 Sex Information/education

It was found that lack of information leads to less sexual satisfaction. Lack of privacy, and lack of time, due to social obligations and housework, makes sexual activity difficult to accomplish or to be enjoyed. Some responses to remedy this situation as shared by participants are:

This needs a long-term education and communication and knowing about the subject. As you said some of the women are becoming aware of their sexual rights and needs. We need to take it further and educate them how to achieve it, even the techniques. Let the couple learn together, I am sure he is not much more aware than she is about what sex is (Mussa, male, Australia).

Both of them should be involved in learning about sex and sexuality. If both are not exposed to sex education they will not learn. But you know, most Eritrean women are shy and are not assertive when it comes to sex (Nyla, female, Australia).

It is a very difficult issue to discuss even though it is the one thing that is making married life difficult for most men. We need to find a novel way of bringing the issue to the open (Mussa, male, Australia).

What will a woman do with all the new techniques she learns to enhance her sexual life? She is not going to tell him how to please her; he will automatically think that she must have been with someone else, so I think he should be there to learn as well then they can both try different ways of pleasing each other (Zenat, female, Australia).

All these comments suggest that it is inconclusive and doubtful that infibulation impedes sexual gratification. For example, sexual frigidity in some cases might be a result of either conventional morality or else because the particular man with whom she has had intercourse has not succeeded in awakening her erotic sensibility. It was closely related to participants' past sexual experiences, current expectations, and future aspirations.

This chapter has attempted to provide an insight into the life experiences of the respondents. Several key theme areas were identified and utilised as basis of exploration and exposure of thoughts, feelings, and experiences of these people. It is acknowledged that other theme areas might also be relevant to the lives of these respondents; however, for the purpose of this study those drawn upon are considered to be the most significant.

CHAPTER 10 : INFIBULATION AND SEXUAL EXPERIENCES

10.1 Introduction

Although some Eritrean youth, both males and females, know about FC, most of them are ignorant of the different types and what the procedures entail. When I was in the USA a young Eritrean man, who is aware of FC being practised in Eritrea, photocopied some literature on the topic for me. When he saw a picture of an infibulated genitalia he said, "This is impossible, I wonder in what part of Africa is this practised?" I informed him that he had a good chance of marrying a girl who has undergone infibulation if he were to marry an Eritrean from his region. There was shock and disbelief in his face. This chapter, as are the previous three chapters, is related to the findings of the research and will look into the impact of infibulation and sexual gratification, the main focus of the research question.

10.2 Prior Sexual Knowledge and Wedding Night Experiences

Female anatomy and its functions are generally a total mystery to most Eritreans and remain so even after marriage. The Eritrean culture requires women and men to be innocent about these matters, and most newly married couples commence their sexual life in ignorance, especially the women. This was reported by some female respondents.

My sister in-law gave me some advice for my wedding night, but what you experience no one can prepare you for it (Adela, female, Australia).

When we first got married, I always slept in his arms. If he did not put his arms around me all night I used to get very upset. I used to feel rejected and think, he does not want me, I am not desirable and so on. I used to think that couples have to have sex daily, but I am sure it had nothing to do with my pleasure or desire.

I was very young and inexperienced; I did not know that there were days when one just sleeps without making love. I would never ask him to make love to me but he would sense that I was not happy (Zenat, female, Australia).

I didn't know anything about sex or what husbands and wives did. I was thinking that the husband and wife sleep together the whole night tied to each other. I was always wondering how they turned from side to side, and how difficult it must be.

Because I thought they have to be stuck to each other to align their organs and that they never let go (Nura, female, Australia).

We village girls see animals mate so we have some idea of what to expect. My aunty advised me not to say a word to him. Also to wash my hair and body taha'ra (purify) after intercourse (before sunrise or before having any food). So you keep a bucket of water and a big tub by the bedside every night (Kadija, female, Eritrea).

All female respondents were found to be anxious and frightened (especially those who married very young between 12-14 years) on their first wedding night. They did not know what to expect. Some received advice on the rituals of marriage, such as ablution after intercourse, abstinence from sex while menstruating and compliance with sexual advances by husband, as well as on traditional norms of being feminine, such as keeping conversation to the minimum, not having your voice heard, and covering the face to avoid familiarity. The following are some of the recollections:

I was petrified. I honestly do not remember what he was saying. They tell you he is your husband and you just accept it. I knew the family, so I was not very nervous or scared of not knowing how I was to be treated by his people, but he was a different story; he was a stranger (Hayat, female, Eritrea).

I was very scared for myself. I did not know what was to happen to me, what was to become of me. He was speaking to me but I did not answer. I was shy and afraid; what do you say to someone you have never met, and that too a man? Also I wanted him to know that I was a decent girl (Masooda, female, Eritrea).

I was so scared that I wrapped the tob (five-metres of material worn over a dress and used to cover the body and the head) all over my body and face and would not let him see my face. There was no way one could get me. It was the next morning that I opened my face (Baraka, female, Eritrea).

I was very worried I was thinking is it (marriage) going to work? Marriage is a life-long commitment. I just did not know what to expect; you imagine a lot of things. It was not anxiety about being circumcised; that did not enter my mind. It was more about what I am supposed to do, how am I going to kiss him and so on. I did not know how to act in bed (Nyla, female, Australia).

I was petrified that night. A man you have never seen, a stranger sharing your bed, things you have never thought of, things like sex. He came to the room at night; he did not say a word to me he just jumped in the bed. Imagine sharing a bed with a person you do not know, and that too a man? It was fearful. Just imagine, you do not know the man, it is your first time, you are infibulated and he attacks you (Fatma, female, Australia, but married in Eritrea).

One month before the wedding I started to worry and I used to cry. I did not know what was to happen to me. I did not know if he was going to beat me up or what (Kadija, female, Eritrea).

First wedding night experiences were different for all female respondents in Eritrea and the Australian sample who married in Eritrea, compared with the female Australian sample who married after leaving Eritrea. The former had to observe (wedding) traditional norms, as well as to worry about the kind of treatment they were to receive by their in-laws and the husband who was a stranger. For female participants who had love marriages and arranged love marriages, the equation was different. There was familiarity and some level of comfort.

10.3 Defibulation Process

According to Kadija, a female respondent from Hal Hal who also was a circumciser, if the bride is a virgin it takes more than a week of “pecking” by the man to defibulate which leaves him sore. She argues that the best thing to do is to get the circumciser to start the process and the man to complete it. Kadija stated that this does not mean that he is less of a man and, while it spares the girl much pain, it gives him respect, as the whole town knows that his bride was a virgin. She said, “You see we can tell if a man made love to a virgin - his face will glow, but if she was not then he is ashen-faced.”

Apparently, being defibulated by a circumciser is less painful and less complicated. As Hassina, who had undergone the process said, “There is nothing to it; the ladies know what to do.” Kadija had defibulated many new brides and explains the procedure:

I use my finger as a measurement for the opening. They do not tell me the size, a man is a man, the size is pretty much the same, but if he is very tiny he will have to swim in it. I insert a malel, (a knitting needle about 20cm long and 1.5 cm in diameter with rounded ends made of silver used to apply kohl in the eyes), to lift the scar and, using a razor blade, make a small cut to widen the vaginal opening. The poor girl, the moment one hears her voice, all the women around ululate to cover it up.

Afterwards, a pretend erect penis, made from lamb's hide (shank area which is cylinder), stiffened with cotton materials, is inserted in the opening to stop it from closing up. It is removed during intercourse and voiding only.

When asked what she felt while performing these operations, Kadija said:

I was a brave woman; the only thing God denied me was the gift of being a midwife. I wish that was so because that would have brought me closer to heaven. I repented for infibulating girls when I went to Hajj. After that I have not performed any circumcision or marital defibulations.

10.4 Subjective Rating of Wedding Month Pain

Almost all female respondents remembered their first sexual encounters with lucid clarity and described them as pure ordeal. However, there were marked differences in the degree of pain experienced depending on the process. Respondents who were defibulated by repeated intercourse experienced the most pain, followed by those respondents whose husbands took it very easy, those who used local anaesthetics such as creams and sprays, and those who were defibulated by circumcisers. The least painful was defibulation by a medically trained person (doctor). The following memories highlight the varying experiences:

It hurts very much but one cannot scream; it is a shame to do so, you just put up with it. Some girls get de-fibulated by circumcisers, but mine he did it naturally (intercourse). We also used to bathe the wound with boiled tea. You do not see a doctor; it is shame to do so for such things (Hayat, female, Eritrea).

I do not remember it as painful, but even if it was traumatic, you do not think about it.

All you think of is having children and filling the yard. There was trust in God. God used to look after us during such times and during childbirth (Um Mariam, female, Eritrea).

He wrestled with me but I could not scream - it is embarrassing, I cried quietly. It hurts like hell and I cried my heart out. He did not take pity on me. Would a hyena leave meat? A man is like an animal, he just goes for it. I struggled but he was stronger. So while I sob my heart out he struggles down there. It took him seven days of chipping to open it. His penis swelled and got sore. They treat him only and not me because the semen is medicine for her. The wound is only for a few days but after that it gets good. Even though sex afterwards is great, I would not go through the first few months for anything (Kadija, female, Eritrea).

He pinned me down and held me tight; he was claiming his property. I couldn't scream. I was tightly infibulated; he could not manage it, so after a week the circumciser (Kadija) came and defibulated me; it was not that bad. He gave me a ring after that. I did not scream when she cut me. I couldn't - it is not the done thing, so I bit my lips instead. These old women are very smart; when they hear a whimper, they start ululating so that your cries get lost in their joyous voices. I did not get angry at the woman or my husband because it is not their fault. It is a tradition. Something that every woman goes through, something you have to put up with. If you ever have a girl, do not infibulate her. It is so bad (Zenab, female, Eritrea).

It does hurt, but I did not make any noises, you cannot scream; it is shame. It is very difficult; one is torn between wanting to be graceful and pain. It is tough; you just whimper like a wounded animal. He does not take any notice of you when you are in pain.

Who is he to you? There is no empathy or kindness at this point; he just goes for his life. Some men ask the elderly ladies to de-inffibulate the bride; others to do it themselves, to show their manhood which is stupid (Masooda, female, Eritrea).

I screamed and screamed till I lost my voice. I was scared; I knew my husband he was my love, but this was different. It hurt so bad. Imagine something tugging at you. Of course it hurts. Whenever I screamed, he will leave me, and then he will start again. It took about one month. I think my infibulation was very tight. I was not aware that I was screaming, and people were sleeping. My friends till this day tease me about it (Adela, female, Australia).

Mine was worse, I screamed and screamed and the whole wedding party knew about it. He couldn't manage it, so after a month I went the doctor to be defibulated. I remember my younger sister used to ask me why I had a funny walk and why I was sitting in a strange way like a circumcised girl. I also remember my mother turning the fan on for me to cool down there (Zenat, female, Australia).

The pain was not the way people explain it to be, it was not that bad. New brides have difficulty walking due to the raw wound; that did not happen to me. Sure I had pain but the process was very gradual. We did not do it in one night. He used to leave me if I couldn't take it. Also we used creams, local anaesthetic, vaseline and so on (Nyla, female, Australia, married in Australia).

I was only a child when I got married so he did not come near me for nearly one year. He did the job himself. I was scared and embarrassed to scream. I was shaking with fear every time, but he was very kind and tried to make it better as much as he possibly could.

But I was still petrified of him. Even now when I see a new bride I get worried and scared for her. Because I always remember what it was like and what awaits her (Nafisa, female, Eritrea).

I was only 14 when I got married and I used to cry whenever he came near me. He told his sisters and they brought a lady to defibulate me. I could not scream; I could not shame myself or my family, they would have thought of me as weak and stupid, someone who couldn't tolerate pain, a spoilt brat. I had a tough time with the wound but that is normal. You cannot even go to the doctor for things like that. He also gets abrasions from constant thrusting to make the hole bigger. Because when they cut, they only do a little cut. The rest he has to do. The fear is before the opening after that it is not that bad; I was not scared (Hassina, female, Australia).

There was pain but that is our tradition; there is nothing one can do about it. Of course there is fear and anxiety. Every girl goes through it. My husband was very thoughtful and if I was in pain he would leave me (Aziza, female, Eritrea).

The actual process took about two weeks. It was not very painful, but there was a little bit of pain in last stage. I thought I was going to "die" so I was going to write a letter to my family telling them what had happened. I did not resent him or anything; I just thought he has to do it, and that is what he is doing. He was very kind; as I said, it took over a month and half, a little bit at a time, to have proper sex; he did not hurry it at all (Nura, female, Australia).

I can say my wedding night was the darkest day of my life. Even to this day when I remember it I feel bad. He was very rough and forceful and if I was ever to scream it would have been that night. I haemorrhaged all night, but stupid me thought it was the semen and that it was normal.

When I woke up in the morning I was soaked in blood and, when I walked, clots of blood dropped. I just collected the clots on the bed sheet and I sent it home to my mother. Then my elder sisters must have thought that there was something wrong and brought the nurse with them. She gave me an injection and said that I had miscarried. When I heard that I was shocked. I have never been with a man and also I just had my periods one week before I got married, so unless I was the Virgin Marry it was not possible. And for three months it was torture every time we had sex (Fatma, female, Australia).

My husband was very understanding and he was very gentle, so I did not suffer as much as you hear. He was 15 years older and he had lived in the West, so I am sure he knew about women and especially infibulated women (Lula, Australia).

Sex for the first time is horrible. It takes a long time and causes a lot of pain, but what can one do? It is part of our culture; it is what my mother and her mother had to endure, and I am no better than them. I did not scream; one just holds back. The Beni Amir tribe scream, but we do not it; it is shame (Jamih, Eritrea).

He does not stop even if you beg him. He did not come to the bed to be kind to me. I don't think it has any thing to do with being kind. I am sure at that time, all men think about is doing the job. Kindness or empathy might come later. So I do not blame him; he is only doing what he has to do. I was in pain for weeks, but what can one do, where can you go? So you put up with it. It took over a week to finish the job. I dreaded the nights, because I knew what was waiting for me. A girl knows that when she gets married that is what she is going to encounter, but still it is not easy (Baraka, female, Eritrea).

Mine was a breeze, one week after the wedding I checked myself into a hospital and had the operation under full anaesthetic and within a few days it was as good as gold (Asha, Australia, married in Germany).

Female respondents from Eritrea believed that if it was a love marriage, the process would be less painful and traumatic, but Kadija said, “Whether it is mutual consent or not, it still hurt like hell and gets very sore. But if you are in love, it hurts not as much.”

In addition to its physiological basis, pain can be affected by situational factors as well as by psychological processes, which in turn are affected by cultural, ethnic and linguistic influences (Shweder and Sullivan, 1993). Most respondents endured defibulation stoically and avoided overt condemnation of FC as harmful. The common themes reflected were that pain is part of being a new bride (symbolic), is short-lived, nonlife threatening, and that no other viable options exist. Thinking of the future also seemed to diminish the magnitude of the pain.

10.4.1 Feelings towards Husbands

It was found that female respondents have been tacitly taught that they must expect to suffer pain in the initial stages of their sexual relations, and that men have no choice but to inflict it. These roles were not questioned as will be seen in the following responses:

It is true every time you see him something happens to you. I think it is fear; your body starts to shake a little and so on. When men want to have sex they are not kind, they do not have the chance to be kind. They get overpowered by their desire. Some men are so rough that some women get torn inside (fistulae) and end up being incontinent (Hassina, female, Australia).

After the first time till you get used to the person or the act (sex), you are always on the alert. You are scared of him, that he is going to repeat the act again every time he comes near you. I was scared of him till I got used to him (Masooda, female, Eritrea).

I was still petrified of him; if I saw him coming through the door I would shiver, although he was very kind. He was a soldier and used to be away for long periods of time, and the day he comes back I used to be fearful. I know he was kind so I did not hate him (Nafisa, female, Eritrea).

I dreaded the nights, because I knew what was awaiting me. Till I got better I hated and resented him. A girl knows that when she gets married that is what she is going to encounter, but still it is not easy (Baraka, female, Eritrea).

You get scared of him because you do not know when he is going to do it again. Till you get used to each other (Fatma, female, Australia).

10.4.2 Male Experience

The anxieties and apprehensions of some male respondents were of a different nature. Not only did they report severe abrasions of the penis as a result of repeated attempts to penetrate, but also fear of potency failure which affects their self-image. The wedding month was described as physically and mentally taxing, but also rewarding:

It was very difficult because she really resists sleeping with you. It is quite frustrating (forced intercourse or rape). People are different and some men are kind and others are not when defibulating the bride. The poor girl suffers but what can you do?

That is the only way. You try to make her feel better by saying that this is normal, that we will be happy because we will multiply and have children (Benamir, male, Eritrea).

The man also suffers in the process. It is horrible, but it is something that has to be done. As a new groom you are fed energy foods to give you strength to keep going. Ever morning and night the groom takes a few tablespoons of honey and butter mixture prepared by the bride's family (Idress, male, Eritrea).

I was prepared for it mentally and physically. We know what we have to do, and pain for the girl is part of it, otherwise why did she get married? Also your mates are waiting for you every morning to find out if you have done it, so it is a matter of honour to do it as quick as you can (Hamid, male, Eritrea).

Bakri, Yusef, and Abdu, who married in Australia, took more than a month to complete the process. They said they negotiated frequency and used local anaesthetic to help ease the pain for their partners.

10.5 Views on Virginity

A universal preoccupation with chastity exists in all Eritrean social ranks and in all ethnic groups. Because the marriage of a girl found not to be a virgin might be cancelled, the virginity of a bride was/is a matter of great anxiety. Nevertheless, according to law, a bride's lack of virginity is not reason enough for dissolving the marriage. Although some groups do not return the bride, she may be forced to flee her marital home empty-handed because of ill treatment, as the following responses indicate:

We don't send her back to her family if she is not a virgin, but his friends make life miserable for her.

They pour water and urine on her. He does not have to tell them that she was not a virgin; they can see from his face and they take action, but if he wants to keep her he pretends that she was (Kadija, female Eritrea).

We in the village don't return the disgraced girl back, but we taunt her; we call her names, such as football field, common water well, and generally make life difficult for her. Naturally she ends up leaving of her own accord, empty-handed (Idress, male, Eritrea).

We, Bilein, are not that strict; they do not return her back, because it is very rare that such a thing (not being a virgin) happens. But if it happens, she does not live happily ever after. He gives her a hard time (Aziza, female, Eritrea).

It is not in our custom to return her back. The man does not believe she is not a virgin; he thinks that maybe the infibulation did not hold. He can never be sure that she was not a virgin, so he gives her the benefit of the doubt and leaves the rest to God. Some seamstresses sew well, others don't, so the person who infibulated the girl might have not been that good. And this is taken from religious teachings. There was also sacrifice (keeping quiet about it) for the sake and honour of her family (Benamir, male, Eritrea).

In my tribe they send her home in disgrace, but if the in-laws are good and want to respect and protect the honour of the girl's family, they keep her for some time before sending her home to stop people from gossiping (Um Mariam, female, Eritrea).

God help her if she is not a virgin. They announce it to the whole world. They say all of you out there, come around we have found a well here, come and drink. If she is a virgin they go to the bride's home to announce it.

They take a pot of honey and a white hanky stained in blood as a symbol. The honey is tasted by all the guests and they celebrate (Hassina, female, Australia).

While some female respondents in Australia felt that women are no longer expected to be virgins when they marry, they still fear that no man would wish to marry a woman who has lost her virginity to another.

10.6 Views on Second wife and Extra Marital Affairs

The question, why do men go to prostitutes, keep mistresses or have several wives was asked to assess male sexual satisfaction.

In back home most people have no privacy. There is only one room shared by all. The woman shares the arkay with her children. So maybe lack of privacy makes some men seek extra marital affairs. One thing is for sure though, those men who are decent and well-respected do not indulge in those things, only the scums and drunks do (Fatma, female, Australia).

Only because he is stupid and a fool. Even if the wife is not good he should not get a second wife, because only God is good and marriage is “kismet” (destiny) (Um Mariam, female, Eritrea).

Well! In the olden days housewives were not very clean and they were not educated; they did not have any sexual knowledge. Now they are well versed in religious teachings regarding their sexual needs; they know what a man needs and what they need. The only thing a prostitute has is cleanliness; she is not overworked (like the wife) and nothing else; she is no better in bed. And it is her job to be clean and ready. Men who go to prostitutes are crazy; they are cursed by the Gods (Zenab, female, Eritrea).

There are some mad men who want their wives' and other women's pussies, but there are others who are happy with their wives. Also there are some mad women, who want many men, then there are others who ration their pussy; these women have integrity they are not greedy (Kadija, female, Eritrea).

What else does the other woman do? Is she going to bite him or what?(Spoken very defensively to stress the point). She will not give him much more than what his wife will; it is the same path (vagina). Don't forget a husband will never refuse his wife if she is available (Hassina, female, Australia, second wife).

Men who have two or three wives are primitive, illiterate and also greedy. It is like not wanting to eat the same food every day, they want to taste different things. They want change, and they always think the grass is greener on the other side. It is not because his wife is not keeping him happy; it is just a matter of habit. Some people smoke, others drink and others change partners. Men are like dogs they want to sniff this and that (Nafisa, female, Eritrea).

To say a man cannot control himself is not true; men and women are the same in that matter. It is only the way they are brought up. If they are of good character then they control themselves. Some women are worse than men. If a man follows his religious teaching he should be satisfied with one woman, even if he is allowed to marry four times, because he can never be equally true to all (Benamir, male, Eritrea).

10.7 Infibulation and Sexual Health

10.7.1 Views and Experiences of Female Participants

The general belief of the female sample was that infibulation might have an impact on sexual desire, but they did not believe that it affected sexual satisfaction. As can be gathered from the following responses, some respondents reported sensitivity in the clitoral area, making the extent of sexual damage due to infibulation questionable and difficult to assess:

I have a lot of sensation down there, if touched; it is enough to send me to orgasm. I know it is stitched, but his finger can get there, trust me. I know that most men do stimulate their women this way, otherwise how will he arouse her? Mine is stitched right down, but I love to be stimulated there. No matter what, I always reach orgasm. We always find the spot; there is no worry in that department, I can assure you (Adela, female, Australia).

I have sensations in different areas down there, like the opening but more in one spot, so I guess that must be my clitoris; I cannot see it. I discovered that I can orgasm by pressing the spot and by stimulating the opening (Nyla, female, Australia).

I can tell you, I have two different types of orgasms. One is when I use a vibrator down there, and the other when I sleep with my husband. But as far as the literature goes I am not supposed to feel anything in my clitoris. I swear you will hear me scream (orgasm) when I play with myself, which makes me think I must be weird (Asha, female, Australia)

The testimonies of the three respondents who have tried masturbation or clitoral stimulation demonstrate that they have achieved orgasm one hundred percent of the time with great ease. It is possible that the remaining respondents might achieve orgasm if they were to experiment with stimulation of the clitoris.

When respondents were asked whether infibulation impedes sexual satisfaction, some women reported the state of the mind, quality of marital relationship, and technical expertise of the partner had a greater impact on sexual satisfaction. Others believed culture and not infibulation to be the culprit, as can be deduced from the following vignettes:

I orgasm almost all the time and I had no idea about circumcision and the clitoris before I came here (Australia). Circumcision is not the problem; it is the lack of caring, sharing, and respect in the marriage, which creates conflict and that is the end of marital satisfaction and sexual satisfaction (Lula, female, Australia).

I do not think I am different to other women in what happens inside or outside my private parts. I have orgasms like the ones they describe in magazines, so where is the harm? You need a good mind, not good sexual organ (Amna, female, Australia).

To me it does not matter whether one is infibulated or not. What is so different about being circumcised? The hole is there; the body is there, so, what has changed? Trust me, it is the person and your relationship with that person that matters. It is not only the missing clitoris, or the stitched labia that give women pleasure; there are so many other parts of the body that increase pleasure. If you lack a little bit down there, you increase on the lips, you touch the boobs, and that compensates.

The only thing I can say is, it depends on the man if he is very experienced and knows how to please a woman and does not finish quick (Asha, female, Australia).

Take me for example; I was married to someone I did not love, someone I was going to leave one day. In spite of that I had a great sexual life; I always came. Imagine how wonderful it would be to do it with someone you really love; I think you would hit the roof with pleasure. Really, circumcision has nothing to do with it; when someone you love touches you, you melt like butter, so you are going to melt before he reaches inside or touches inside. When you are in love all parts of your body are like electricity. Don't worry about the circumcision, that is beside the point. When he reaches there (penetrates) it is the final stage so it is easy. I often wonder what it would be like to experience sex with someone I am madly in love with. I would love to know if it would make a difference or not. When I do I will let you know! (Nura, female, Australia).

When I attended community education (voluntary FGM-eradication programmes in the Sudan and Australia) regarding the harmful effects of circumcision, I got very angry because all the educators there were making me believe that the clitoris is the most important part. For me, I have orgasms most of the time when my husband makes love to me in a certain position and touches what I call my pit. But at times it does not happen for me; I see that as normal (Zenat, female, Australia).

Female participants did not appear to believe that an uncircumcised woman consistently experiences sexual ecstasy while they are missing out due to infibulation. The following quotations are apt:

I can experience orgasm even by pressing hard down there. I'm sure my clitoris is not affected from inside. All the talk about us being somewhat less sexual is rubbish and has been damaging to some extent. We are creatures of variety in sexual matters as in all other areas (Adela, female, Australia).

I had no idea about circumcision and the clitoris, I just thought everybody was the same and that women could only orgasm if they slept with men. It was only when I started to see things on television about circumcision that I started to think about it. Then I started to read about it and the damage it can do. I also heard that the clitoris is the only sensitive place on a woman and that puzzles me (Lula, female, Australia).

I think if I was brought up in the West and was circumcised it would not make much difference sexually. We are this way because of the way we were brought up, and the way they make us think about sex and sexual organs (Selma, female, Australia).

I do not think so because the place (clitoris) does have a lot of feelings and gives me great pleasure. But logically, if it was there or exposed the pleasure should be greater, I think (Nyla, female, Australia).

Before I came to Australia, I have heard one woman in Saudi Arabia say that a circumcised woman has to be turned around many times before she gets satisfied. But it has never been the case with me. All you hear is circumcised women find it difficult to orgasm; I will say this is not true from my own experience (Fatma, female, Australia).

Lula felt that there is need to caution those who speak about the clitoris/circumcision and lack of satisfaction about the possible negative effects this might have on people who are perfectly happy with their sexual lives. She said that instead of helping, it might add more pressure to the strained personal situations many women experience sexually and socially, due to other reasons. This could explain why some Australian participants felt lost because they are portrayed as being sexually different from what they thought they ought to be. The responses below clarify some of their feelings. Adela, a female respondent from Australia, believes that her equilibrium had been disturbed by all she heard and read. She said,

I was happy with my sex life; I could orgasm without stimulation. They said the clitoris is important, so I embarked on finding the area and succeeded. We experimented and in a flash I can orgasm by being stimulated there, but I felt that was wrong. The thing was I started to try very hard to reach climax through intercourse without stimulation, but it got to be difficult because I got used to the other way (stimulation). So what do you think I did? I started blaming him secretly and started avoiding making love, and when we did, it was in my mind that I was not going to climax. Thank God, I gave up those foolish thoughts and started to listen to my body.

Now that I am married to another man having an inside orgasm (through intercourse) like I experienced before hasn't been easy. I love him and care about him but he has never reached that spot inside. At times I think I am abnormal because I find it difficult to orgasm through intercourse only (without stimulation) but I do not have any problems reaching orgasm when I use my neck massager for masturbation (Asha, female, Australia).

10.7.2 Views of Male Participants

This study revealed the importance of commitment, communication, tenderness, and caring as paramount in the sexual satisfaction of female participants. As can be gathered from the following responses of male respondents, the role of infibulation in sexual gratification was not recognised as the main factor impeding sexual satisfaction for them or their spouses:

The loss of the clitoris will not be the main obstacle for her satisfaction; there are other more important factors. If you were to put the circumcised woman in a healthy atmosphere, she has the same chance as the uncircumcised woman. You see, even the perfect woman, the one that is not circumcised, might not get there. I cannot generalise and say that these two women have the same rate of response. The English woman is different to the French woman. It has to do with the way they are reared. For example, Amhara girls are supposed to have a great appetite for sex. It might be their diet or upbringing. So, you see, every woman is different (Mussa, male, Australia).

I call a woman who has not been circumcised “ever ready”, because she is ready in a flash. Some of them cannot control themselves. Most of the times it is very exciting, it makes you feel good and big, but at times it makes you feel uneasy. I do not find that with the circumcised woman; she is as cool as they come. One has to handle her very differently in the initial stages, but once we are making love I do not find much difference. I do not think the circumcised woman is missing out if only she would let herself go (Hussein, male, Australia).

I have been with uncircumcised women, and I would say circumcision does not impede sexual satisfaction. My circumcised wife has been the best sexual partner, especially in the initial stages of our married life. There is one difference, however: all things being equal, the uncircumcised woman will reach orgasm quicker if stimulated clitorally and she seems to lose much more control during orgasm (Abdu, male, Australia).

I have had many relationships with uncircumcised women, and I was worried that my sex life would be unsatisfying after marriage. My wife was infibulated, but to my surprise she was really good and was willing to experiment. She is the best; she knows how to please herself and is not shy to ask for what she wants. I do not know if other circumcised women are like her, but I would have to say circumcision has not affected her at all (Bakri, male, Australia).

From my own experience, I would say sexual satisfaction does not come only from intercourse; there are other factors as well. And if one was to approach the other areas as well, then she will be satisfied. Circumcision is one of the factors that might impede sexual satisfaction, but it is not so, if the other parts of the relationship are right (Yusef, male, Australia).

A clear link between an unsatisfying sexual life and infibulation was absent, but most female participants stated that circumcision might attenuate sexual desire. However, this was viewed as beneficial since it helped them keep their sexual desires and lustfulness under control and aided them in projecting the desired feminine image.

FC helps women concentrate on other important things instead of sex. I have seen Arab and white women who just have to sex come what may. In Saudi Arabia, most unmarried women and even those with husbands have lesbian relationships. So tell me is that good? Where is the respect in that? (Lula, female, Australia).

Oh yes if that thing (clitoris) is still standing between the legs, the woman will run after any man, she will be uncontrollable. Haven't you seen those dirty Saudi women? They will do anything to cool (gratify) themselves (Baraka, female, Eritrea).

I remember hearing stories about our boys, the soldiers who went to Ethiopia. The Ethiopian girls used to run after them for sex, because their clitorises harbour worms which make them chase men (Kadija, female, Eritrea).

I am 100% sure FC reduces lustfulness but does not affect orgasm. I am saying this for one reason because I have many friends from different walks of life and for them if they kiss and hug they want sex and all they think about is sex, while with us sex is the last thing in our mind, but when it is it is good (Amna, female, Australia).

When I was in love even the touch of my boy friend would send warm feelings inside me and I think even I used to want to make love. We never went all the way but there was heavy petting. I cannot really say if I was controlling my desire or what. But I believe women are similar sexually, circumcised or not (Nyla, female, Australia).

10.8 Sexual Desire

In the Eritrean community, it is believed that the sexual desires of women who have undergone circumcision and are well brought up are minimal or non-existent, and those who are unfortunate enough to have more desire than what they are allowed to, should be able to control it. The virtues of overcoming pleasures are stressed, and lack of sexual desire is/was seen as an important aspect of femininity. The expectation is that women should attend to being dutiful wives and mothers. However, women in general, and especially rural women, were reported by both male and female respondents to be very lustful and insatiable, as can be ascertained from the following responses:

It is a sociological fact that the female has more sexual energy (appetite) than the male. But she can go without sex for a long time unlike the man (Mussa, male, Australia).

Females have more sexual potential packed into their pelvis than a corral full of wild stallions. They are can have intercourse three times a night seven days a week. Fortunately for men God granted them modesty and shame; that is why they do not actively seek to satisfy this need (Ibrahim, male, Eritrea).

Women are insatiable, they never get satisfied. God and the prophet showed us the way to control our lust, not to run after men. God loved us so as not to grab every man in sight and burn in hell; he gave us circumcision (Kadija, female, Eritrea).

Contrary to their views with respect to male sexual instincts being natural and in need of instant gratification, most female respondents viewed female sexual desire that cannot be controlled as unnatural. Women who seek to satisfy their sexual desires were seen as deviant and sexually aggressive, and considered to be sexually on a par with men. They are talked about as being shameless, and as belonging to the lower echelons of society as is demonstrated below:

It is only loose women who chase penises, those who are not circumcised like the Amhara (an ethnic group in Ethiopia) forever chasing men and indulging in sex. Our soldiers who went to fight in the Second World War used to tell stories about them. Disgraceful! (Kadija, female, Eritrea).

10.8.1 Strategies Adopted

Custom puts severe penalties on women's initiation into sexual intercourse. A woman who gives herself away and shows interest or pleasure openly is generally thought of as being licentious and lewd and is dealt with accordingly. However, some female respondents reported conveying their desire and receptivity openly, while others did so by way of a series of manoeuvres and signals. It was found that most male respondents wished for openness from their spouses, as is seen:

That is what is supposed to be, she should desire him. She should come to him; it is better that way. There are some who approach directly, and others use signals. For example, she will ruffle your pillow, turn to face you, permeate her skin with scented oils (Hamid, male, Eritrea).

She does approach, but only when they get to know each other well. All she does is come and touch him and he makes room for her (Ibrahim, male, Eritrea).

Yes she should, and he can tell by looking at her and her actions. They play, and joke and tease each other till they get each other (Benamir, male, Eritrea).

Male respondents in Australia stated that they wished their wives would approach them; as Mussa said "One wants to feel wanted and needed and it would be nice if she was to approach me." Two female respondents from Australia also reported that their husbands often express the wish and desire to be approached. Nyla said, "My husband often tells me that

he wished to see me approach him, the poor guy.” Zenat believes men also want to feel wanted and needed. She said, “My husband always complains that it is him who has to initiate lovemaking.”

Despite “We are normal and we do desire intimacy” and “Why not, women desire even those who are not their husbands if they are not decent” being the reflected central theme, most stated that they would not approach their husbands directly if they were desirous of intimacy or sex. Of those who desired sex, some waited to be approached, as they were aware that sexual frequency is not under their control; they also feared rejection and humiliation, and others signalled their desire subtly.

A woman doesn't approach directly, it is shameful. It is not good to be too open about wanting sex; they lose respect for you. One should act aloof and unavailable (Fatma, female, Australia).

There is nothing wrong with approaching my husband, but I do not feel comfortable. I do not do it (Nyla, female, Australia).

If I wanted him I would not go to him, because who knows he might not want it. So I wait for him to approach me. It doesn't matter if the woman wants sex; it is not up to her, and he is the one who decides the timing (Baraka, female, Eritrea).

When he got his own bed he would come and tap my shoulder, and I would join him. If I do not want to go I just keep quiet, or pinch the baby to make it cry. I never went to his bed even if I wanted it. I waited be approached; I want him only when he wants me (Kadija, female, Eritrea).

When I am in the mood I know how to get it. I might not say it in words but I have certain ways. For example, putting my head on his belly, saying I have a headache; he know that sex cures it (Adela, female, Australia).

If I want him I just turn to him and start a conversation, like saying Oh! You look uncomfortable, let me adjust your pillow, am I crowding you, and so on (Selma, female, Australia).

He knows, he can tell by looking at her face. She does not have to ask. She will put kohl on her eyes, perfume herself and so on before she goes to bed. So sometimes he will turn his head to her and sometimes she will turn her head to him; they are sharing a bed you know (Hassina, female, Australia).

There are times when I want sex, but I would not approach him. A woman doesn't do that; it is shameful. We have ways and means of conveying our needs. She wears nice clothes, puts on perfume and cooks nice food (Aziza, female Eritrea).

Few females reported that the men did not give them a chance to approach and there were two female respondents from Australia who reported approaching their partners if they so desired. Benamir sums up the prevailing views of female respondents by saying:

In our culture the one who begs for sex is always the man; a woman never does. Only God knows if she desires sex or not but she projects otherwise. Culture is very strong; sometimes one would rather die than go against the norm and women are not supposed to show interest in sex, it is a shame. Some traditions are very strong. Women do not raise their voices if there are men around.

So imagine if you are not allowed to hear their voices what hope have you got of hearing their inner voices? (Benamir, male, Eritrea).

Idress, a male respondent from Eritrea claimed that women can and do demand that you sleep with them. He said:

The marriage contract states that the man should look after his wife well in the bed, if not God help him. She has a right and can complain to the elders if he doesn't satisfy her. She says, "I did not come to this home to be a servant; I came to have children" as a figure of speech (Idress, male, Eritrea).

10.9 Sexual Pleasure

Inherent in Eritrean culture is the presumption that women are passive receptors of male sexual activity and as such do not, and should not, have the desire or the capacity to respond as sexual beings. However, almost all female respondents in the study stated that they did get pleasure from sex, but tried to underplay it and, despite their efforts to conceal orgasm or sexual pleasure, most men reported knowing when their wives were experiencing orgasm or when they were satisfied. When respondents were asked whether women enjoy sexual intercourse, the answer was a unanimous yes as the following responses indicate:

There is personal enjoyment from sex for both. I do know that she gets enjoyment out of sex. It is very obvious; I can tell (Hamid, male, Eritrea)

Of course she gets sexual enjoyment; what is the use of marriage if there is no satisfaction? I can tell when she gets satisfied. Partners can tell. Why would she lie under a man night in and night out if she gets nothing out of sex? Religion or not she would not oblige otherwise.

It is natural that a woman gets as much out of sex as a man does. Trust me, you can see it in her face. If a woman is without a man, her skin gets dull and she is miserable (Ibrahim, male, Eritrea).

All those who say we do not like sex are telling a lie. Women enjoy and want sex; the only thing that stops them might be embarrassment or modesty (Idriess, male, Eritrea).

The history of women in the bedroom is universal; a body is a body, Eritrean, black or white one, circumcised or not circumcised. The only difference is the condition they are in (Asha, female, Australia).

I told you women do get pleasure of their own. Also when he is pleased he gives you a kiss on the cheek for making him happy, and I feel really good and loved then. In the sexual act the man works hard for both (Kadija, female, Eritrea).

Yes a woman does get pleasure from sex. The thing is it comes quick and it goes quick (Fatma, female, Australia).

You do get satisfaction from sex, but you do not go and look for it (Baraka, female, Eritrea).

Yes a woman gets pleasure from sex. But I did not like sleeping with a man. I disliked everything about a man. My body rejected him. Even though I got nothing out of sex it was part of my wifely duty and I took it as a matter of fact (Nafisa, female, Eritrea).

10.10 Impact of Infibulation on Male Sexual Satisfaction

Contrary to popular belief, it appears that female participants did not believe that a narrow orifice enhances male sexual pleasure. Only two of the respondents, who have lived in the Sudan and the Persian Gulf, related stories they have heard about infibulation enhancing sexual pleasure for males. One of them said:

They say that a small orifice is pleasing for the male in the Sudan; the Eritreans do not have the same beliefs. In the Sudan it is a matter of pride: the narrower the orifice, the higher the woman's self-esteem and value. That is why they reinfibulate after each childbirth. Eritreans who live in the Sudan are also doing the same thing, because they do not want the birth attendant to talk about their open vaginas (Hassina, female, Australia).

Where is fun when the vagina is loose and stretched by repeated intercourse and childbirth? That is why Sudanese women get reinfibulated after each childbirth. The new vagina is nice for the man but painful for her; but don't forget he rewards her for being tight (Kadija, female, Eritrea).

The general belief of the female sample was that infibulation decreases sexual desire, but they did not believe it affected sexual satisfaction or marital relationship. A clear link between infibulation, unsatisfying sex life and marital disharmony was absent.

All male respondents from Hal Hal stated that they knew what the initial stages of sexual encounters entailed, as can be ascertained from Hamid's (male, Eritrea) comment, "I was prepared for it mentally and physically. We know what we have to do and pain for the girl is part of it, otherwise why did she get married?"

As noted earlier, in certain cultures, such as Eritrea, it is assumed that women should remain pure, innocent and ignorant about sex; they are not supposed to admit enjoying body-centred sexuality as the focus is on function and not sensation (Brown, 1986). However, despite their efforts to conceal sexual pleasure, most reported that their spouses knew when they were satisfied.

The findings presented in chapters seven, eight, nine, and this chapter which are ordered according to thematic headings were indicative of not just the main points as they have emerged, but of the main points after a full analysis of all the findings. Quotations in italics denoted spoken responses from data collected throughout the interview process. The next chapter focuses on discussion of the major findings of this research raised in this chapter, as well as findings of the previous chapters, specifically, discussion of the experiences and effects of infibulation on sexual gratification and the implications of this on marital satisfaction. It is important to note that issues discussed under particular topic headings are themselves interrelated.

CHAPTER 11: DISCUSSION

11.1 Introduction

In the previous chapters the sexual experiences and cultural beliefs of circumcised (infibulated) Eritrean women, and men who are or have been married to women who are infibulated, in Hal Hal, Eritrea, and Melbourne, Australia have been presented in some detail. There are, however, still some ambiguities to be explained. For example, the conviction with which women and men hold their views, insights, and feelings of cultural election is clearly evident, but what is the basis for this? The discussion in this chapter, which is presented in three sections, aims to unravel these ambiguities.

The first section is related to Research Aim One: to explore and examine social constructs/beliefs and attitudes towards female circumcision from Eritrean perspectives. Also within this section many myths are exposed and dispelled. Although the dispelling of myths is a research aim in itself, it is considered that the vignettes, the shared experiences, and the essence of the person that emerges in the results section, has aided in dispelling a number of the myths that the reader and the wider community may have internalised in relation to FGC and those who practise it.

Section Two deals with Research Aim Two: to examine the impact of FGC (infibulation) on sexual gratification, and the implications of this for marital relationships. Section Three deals with Research Aim Three: to ascertain if Western views on sexuality impact on the sexual attitudes of Eritreans living in Australia and Hal, Hal, Eritrea, and if so how? Research Aim Four: to provide data on the impact of infibulation on relationships, and to inform the development of theory, and recommendations and implications for Social Work Practice, and conclusions of the study, will be discussed in the following, final chapter.

11.2 Research Aim One: to explore and examine social constructs/beliefs and attitudes towards female circumcision from Eritrean perspectives.

11.2.1 Why Circumcision is Performed

Identifying culture and tradition as the motivating factors for supporting FGC supports previously reported studies (Orubuloye, Caldwell and Caldwell, 2000; Dugger, 1996; Gallo, 1985). Equally, most respondents in this study lacked clarity or conscious rationale as to why the operations take place, and their knowledge was based on hearsay similar to that found by El Dareer (1982), Koso-Thomas (1987) and van der Kwaak (1992). Kadija, a female respondent from Eritrea, who was a circumciser said, “it was there when I was born and I continued with it. I did not ask why”. The similarities with previous studies demonstrate that existing attitudes and beliefs within some societies remain unchanged and unchallenged. It would appear that the women are powerless to challenge the social order through their understanding of their situation because, as Howe (1978) has argued, they are not conscious of the all-encompassing power of society to shape beliefs, control values and create needs. It could also be argued that the challenge was not made because FGC operates to establish in a women a sense of self-congruency with the cultural image of women as pure, submissive, passive, and keepers of family and community honour (Kressel, 1992). An alternative suggestion is that they are looking for connectedness because as noted by Fromm (1941), they fear the loneliness that may follow from making autonomous decisions.

As Eritreans, some respondents felt that an Eritrean girl (Christian and Muslim) should be different. Eritrean women have a keen sense of who they are and how they differ from outsiders, such as uncircumcised Ethiopians and Western women, thus circumcision may be seen as the differentiating factor, as is the case among the Mandinga (Johnson, 2000) and Kono women (Ahmadu, 2000).

The reward for adherence to the prescribed code of modesty is honour to the family and improved marriage prospects for the girl and her sisters and that is justification enough, considering the status of women in Eritrea. As Touri, an Eritrean woman living in Melbourne, said in a previous study, “What will a woman do, where will she go if not to her in-laws?” (Dopico, 1997: 99).

The finding of religion as a reason indicated by respondents for the practice of FGC endorses previously cited studies (Johnson, 2000; Lane and Rubinstein, 1996; El Dareer, 1982). Muslim and Christian respondents alike were under the impression that FGC is prescribed by their respective religions. The similarities between the findings of the studies could be attributed to the segregation and seclusion of women from public, economic, political and formal religious life which still continues. Lack of relevant information makes challenging religious justifications for the practice difficult. Further, the women might think that they are acting in accordance with a cultural/religious tradition that in their minds carries the weight of a law that they are bound to obey (Winter, 1994). It is also possible that, by accepting religious and traditional reasons, they may be meeting their integrative needs, that is, their needs for psychological security, social harmony, and purpose in life that are met by systems of knowledge, the law, religion, magic and myth (Malinowski, 1954). However, it is important to state that Australian respondents in this study did not associate infibulation with religion or tradition. On the contrary, infibulation was seen as mutilation of the body and therefore un-Islamic. This contradicts findings by El Dareer (1982) where religion and tradition were cited as the main reasons for the non-sunna types of circumcision as well as for infibulation.

There is some support from this study for the proposition of Solomon (1976) that a group or community becomes entrapped in a cycle of powerlessness when the larger system fails to provide it with needed resources.

Most Eritrean mothers were young and not very well-educated when their daughters were born. Lack of participation in the market place (lack of resources), lack of relevant information in relation to FC and especially infibulation, might have blocked community members (mothers, fathers) in their efforts to understand the issues and to make an informed decisions in relation to circumcising their children.

The identification of sexual attenuation as a motivating factor for practising FGC is consistent with findings from previous studies by Hosken (1993), Talle (1993), Toubia (1993), van der Kwaak (1992), Koso-Thomas (1987) and El Dareer (1982). It is not surprising that sexual attenuation was cited as one of the primary motivating factors, since it is believed that excision encourages fidelity and moral purity (important concepts in Eritrean life) and corresponds with English thinking in the Victorian Era: that circumcision prevents mania caused by excessive sexual desire which females experience before the operation (Baker Brown, 1866).

With regard to the refusal of men to marry uncircumcised girls, there is a discrepancy between this study and the general view (Boddy, 1982; Mackie, 2000). Male and female respondents in Australia cited moral reputation and not circumcision status as a prerequisite to marriage. Mussa, a male participant from Australia, stated that men would not know the difference between a circumcised and an uncircumcised woman, if she had not been infibulated. He said, “The younger generation (in Australia) I am sure do not even know what circumcision is and that girls go through it”. It is possible to assume that, since FGC is not freely discussed, and is not taking place among Eritreans in Australia, they have no exposure to the preparations and ceremonies, unlike their counterparts in Eritrea. When the question of marriageability was directed at male respondents from Hal Hal, the results were somewhat reflective of the general view. Some men could not imagine marrying an uncircumcised (un-infibulated/open) woman.

It goes against the marriage tradition and rituals. The response was, "What will a man do in his wedding night, if the door is wide open?"

It has already been shown that among Eritreans in Hal Hal and Australia, purity (virginity) is a prerequisite for marriage and that the ultimate position for a woman in society is that of a wife and a mother. By preserving virginity, circumcision is said to provide an avenue for equal participation in the marriage market. Therefore, it can be argued that a mother is acting in the best interest of her girl child when she arranges the so-called mutilation of her daughter. In this case it is possible to posit that the act of circumcision demonstrates that the mother is assuming a pattern of behaviour with the intention of increasing social rewards and reducing difficulties for her child (Kelly and Thibaut, 1958).

Circumciser 1 cited in Walker and Parmar (1993) stated that she would not associate with uncircumcised women. A similar situation exists in Eritrea, where uncircumcised girls are mocked and laughed at and, as noted in chapter 3, the Eritrean Orthodox Churches will not baptise a girl child unless she has been circumcised. Thus what better motivating factor does a mother have to circumcise her female child than the psychological well-being of that child?

11.2.2 Views on FGC: Eradication or Modification

The level of exposure to information rather than educational attainment was found to be indicative of intent to circumcise or not. This finding is to some extent different from those of Assad (1980), El Dareer (1982) and Koso-Thomas (1987), where educational background was related to support for the practice. Conversely, in this study educational level was associated with the type of FGC; those with higher educational levels opting for Type I, the milder sunna.

In this thesis, responses pertaining to views about circumcision are somewhat different from those found in previous research.

A higher percentage was found to be in favour of abolishing infibulation compared with that in studies by Arbesman, Kahler, and Buck (1993) and El Dareer (1982). Whilst 23% of infibulated respondents (El Dareer, 1982) and 71% (Arbesman et al) preferred infibulation, all Australian participants in the present study were against infibulation. Some of the variations could be accounted for by the impact of systemic factors to individual experience as observed by Dopico (1997), Gruenbaum (1982) and Kennedy (1970), although this may not wholly explain it. The passage of time between the studies might be a relevant factor together with Western influences of industrialisation and urbanisation as in Egypt (Hosken, 1993) and the Sudan (El Dareer, 1982). Another plausible explanation is the emergence of Islamic modernity, which is giving women advanced religious training and information on sexuality and sexual rights, as well as difference in education level of the samples, since type of circumcision was positively associated with education level (Assad, 1980; El Dareer, 1982). According to Social Exchange Theory, people often analyse the costs and benefits of an intended action prior to implementing that action (Kelly and Thibaut, 1978). Thus, it can be postulated that participants in this study in Australia are more willing to abandon or consider abandoning infibulation because they have their basic needs of food, shelter and safety met more adequately than people in war-torn third world countries like Egypt, Eritrea, Ethiopia, Somalia and the Sudan, and feel there is a better alternative available to them.

Although most respondents from Hal Hal also were in favour of abandoning infibulation, they stated that they would not be the first to do so due to the potential societal backlash. It would seem that the negative effects of infibulation are outweighed by the cultural and personal forces of identity which enhance self-esteem as posited by Deutsch and Gerard (1955). Additionally, affiliation and social bonds have long been considered essential to psychological well-being (Pervin, 1993) and, since self-esteem indicates the level of psychological well-being (Steele, 1988; Tesser, 1988), this may be a reason for some respondents' choosing to maintain the status quo.

A generally held opinion that sunna circumcision is harmless was found in this study, with only two respondents in favour of abandoning sunna circumcision. This supports the study of Gruenbaum (1991) where only one positive response was found. Sunna was defined as an operation with no demonstrably negative effects on the physical and psychological integrity of children, and was considered in the same light as male circumcision; hence there was active support for the practice by some, and reluctance to abolish it by other respondents.

11.2.3 Summary: Research Aim One

One of the major findings of this study was the total support for abandoning infibulation on humanitarian, medical, and religious grounds. All Australian respondents claimed that this practice is un-religious and has been outdated by some twenty years. The attitude change was largely the result of exposure to relevant health and religious information and education. However, concurrent support for the sunna type of circumcision indicates that attitude change is not extended to the milder form of circumcision, because it is considered to be a safe practice.

Reasons of sexual attenuation, religion and tradition were given for the prevalence of the practice. However, on closer analysis many of the reasons given to justify FC indicate an underlying patriarchal ideology and subordination of women in these communities as reflected in the perceived need to suppress female sexuality. Honour in the woman is an essential prerequisite for marriage, and FC is used to chastise, prevent and discourage sexual activity and provide evidence of purity on marriage.

11.3 Research Aim Two: to explore the impact of FGC (infibulation) on sexual gratification, and the implications of this for marital relationships.

This section discusses the experienced effect of infibulation on sexual response, orgasm and sexual satisfaction by comparing and contrasting the findings with studies reviewed in chapter four.

This section also weaves the sexual experiences of respondents into their marital lives to understand the link between infibulation and marital functioning.

11.3.1 Subjective Rating of Wedding Month

Pain during the initial stages of first sexual intercourse was reported by all respondents, supporting previous findings by El Dareer (1982), El Saadawi (1980), Hosken (1993) and Johnstodter (2002). Although most respondents remembered and described their first sexual encounters as pure ordeal, there were marked differences in the degree of severity of reported pain. For some “it was a breeze” for others it was “torture”. The differences in experience can be attributed to the possible variations in the deinfibulating process: defibulation by repeated penetration, defibulation by repeated penetration with the use of local anaesthetics, defibulation by circumcisers, and defibulation by a doctor. Further consideration for the difference in results is the age of respondents and type of marriage: the younger the age of the respondent, the greater the probability that they had love or "arranged-love" marriages and thus were able to negotiate the deinfibulating process (frequency, intensity, duration, method) and possibly had access to knowledge and resources to decrease the impact of the pain.

Most respondents endured the deinfibulating process stoically. The explanation might be found in the fact that female respondents believed that pain and suffering is part of being a new bride (symbolic), is short-lived and non-life threatening, but mostly that no other viable options exist; this is in line with Lightfoot-Klein's (1989) report. The findings also support the suggestion that, in addition to its physiological basis, pain can be affected by situational factors as well as by psychological processes, which in turn are affected by cultural, ethnic and linguistic influences (Shweder and Sullivan, 1993). It could be that the negative effects of FGC on first sexual encounters, that is pain and suffering, are outweighed by cultural and personal forces of identity.

It would seem, as Katz (1960) suggested, that respondents are adopting a positive attitude because it helps them to achieve a desired goal or meet specific needs. A further consideration is that female participants were not aware of the severity of the pain and were expecting the worst which supports the findings by Catania, Verde, Sirigatti, Casale and Omar Hussen (2004). It is also probable that since some respondents were utilising diversionary tactics i.e. thinking of the future and pleasant things such as "having children and filling the yard" (Um Mariam, Eritrea) these might have aided in diminishing the magnitude of the pain.

There were discrepancies between the way respondents described their experiences and their subjective rating of the pain. Most said the pain was not that bad. One factor could be memory recall, or the passage of time between the incident and the study. Further, perhaps they were adopting a militant stance as a self-proclaimed member of a distinct group (Goffman cited in Minichiello, Aroni, Timewell and Alexander 1995) as a mechanism to preserve social appearances. Denial and distancing also demonstrate women's ability to embody, embrace, and reinforce the dominant cultural ideology that women are born to endure pain (Walker and Parmar, 1993:179).

It is important to emphasise that female respondents did not exhibit any signs of post-traumatic stress disorder. There was laughter and humour while recalling their experiences; they likened the experience to "labour pain"- natural torture but rewarding. It has been reported that there is a chemical in the brain that makes humans forget pain and that this chemical helps women forget childbirth (McGraw, 2001). Thus, it is possible that this chemical also made these women forget the pain associated with the first few sexual encounters.

When female respondents were asked how they felt about their husbands afterwards, there were discrepancies in their responses. Although the men were viewed as animals, selfish and cruel, a sense of anger, and of not being able to trust the husband was not conveyed, despite the pain and suffering experienced.

It is probable that female respondents are tacitly taught to expect to suffer pain in the initial stages of their sexual relations, and to believe that men have no choice but to inflict it. Another explanation might be that the women are using denial and self-deception to avoid anxiety, depression or anger (Pervin, 1993). It could also be argued that participants may have been utilising transference strategies, that is, diverting attitudes and feelings (Pervin, 1993) towards other acceptable targets. In this case they may have developed an attitude towards a culturally appropriate safer target: the custom/tradition and infibulation, because they believed they should not hate their partners.

11.3.2 Male Experience

Abrasions of the penis as a result of repeated attempts at penetration were similar to those previously reported for example, van der Kwaak, (1992), Dirie and Lindmark (1991) and Almroth (2002). Most male respondents had been aware that their brides were in pain, due to the repeated attempts at penetration, but they interpreted their behaviour as an acceptable act of the deinfibulating process and inevitable; some reported being in turmoil for causing pain to another person, but had to stop being sympathetic. It is possible that they were rationalising the behaviour; perceiving the action but not the resulting pain. Through the defence of rationalisation, they could be cruel while performing the traditionally ascribed role of a new groom (Pervin, 1993:89). Furthermore, they might have been assuming total erasure of responsibility, that is choosing to believe that they were acting “under orders”, or following “tradition”, allowing the self or role carrier to commit acts which the personal/private self would find frightening or evil (Daly, 1984:132).

11.4 Infibulation and Clitoral Orgasm

The findings of this study challenge the assertion that women who have undergone FGC or infibulation cannot achieve orgasm through clitoral stimulation.

The testimonies of the three respondents who have tried clitoral stimulation demonstrate that they achieved orgasm one hundred percent of the time with great ease. These testimonies reinforce those of other reported studies, for example, Catania, Verde, Sirigatti, Casale and Hussen, (2004), Ahmadu (2000) and Badawi (1989). Similarly, the findings support Ellis's argument that "the loss of the clitoris or of any of the structures involves no correspondingly serious disability for women" (1933:132). The results also lend weight to Catania et al's and Weijmar, Schultz, Van de Wiel, Klatter, Sturm and Nauta's (1989) claim that radical vulvectomy patients, without their clitoris, could experience orgasm with elaborate foreplay.

It could be hypothesised that, had the remaining female sample experimented with masturbation they too would have achieved orgasm. A situation which might have prevented many participants from allowing themselves to indulge in masturbation could be the double-standard in sexual matters (Masters and Johnson, 1970), fear of societal (husband) response (De Beixedon, 1995; Reiss and Lee, 1988; Travis and Offir, 1984) and sexual guilt, which results from prohibitions and idealised goals (Wyatt and Dunn, 1991). Most female respondents in this study had been tacitly trained from a very early age not to touch their genitals as it is sinful and immoral, which is in line with Simpson and Gangestad's (1991) and Dickinson's (1932) assertions that sexual behaviour is dependent on socio-sexual orientation. This, as Hurbert (1993) claimed, might have had a strong inhibiting influence on the sexual development of respondents. That some female respondents felt guilty for indulging in masturbation (forbidden sexual behaviours) concurs with the results of previous studies (Purcell, 1984; Daniluk, 1993) which found religious rigidity including guilt and inhibition to be a contributing factor in impaired marital sexual functioning,

11.4.1 Descriptions of Orgasm

To ascertain that female respondents were actually experiencing orgasm it was necessary to ask respondents to describe orgasm.

Some respondents stated that it is difficult to describe orgasm, others used phrases such as, a total letting-go, a feeling like collapsing inside, losing all senses, something chewing, vagina contracts very strongly, electric shock going through your body, feels like having little ants inside biting you in a sweet teasing way, like uterus is expelling something rhythmically for a short period of time, tingly, alive, warm, emotionally and physically relaxed, floating, fullness, and ejaculation to describe what they felt, which are similar descriptions to those given by respondents in the studies by Hite (1976), Lightfoot-Kleine, (1989) and Catania, Verde, Sirigatti, Casale and Hussen (2004).

11.5 Reason for Achieving Clitoral Orgasm

It is probable that female respondents who achieved clitoral orgasm have the clitoris or part of the clitoris still remaining, which supports those reported studies where much of the clitoral (erectile) tissue was found intact beneath the infibulation (Grover, 2005; Somali nurse cited by Catania, Verde, Sirigatti, Casale and Hussen's, 2004; Austveg, Johansen, Hersi, Mader and Rye, cited in Shell-Duncan and Hernlund, 2000; Gruenbaum, 1996). Eritrean circumcisers might have left part or the whole clitoris intact which could explain the high frequency among participants in this study of women achieving clitoral orgasm by masturbation.

Hite (1976) argues that the external clitoris constitutes a small fraction of the total nerve endings that produce sensation for the entire clitoral system. Thus, the explanation as to why these women achieve orgasm by clitoral stimulation might be found in the fact that the erect organs of the cavernosus bodies of the clitoris are cut away at a level which can be compared to the tip of an iceberg and that the long roots (crura) of the clitoris remain tightly connected to the rami of the ischium-pubis as reported by Catania, Verde, Sirigatti, Casale and Omar Hussen (2004) and Toubia (2002).

It is also likely that female respondents achieved orgasm by masturbation because the clitoral system includes not only the glans, shaft, and hood, but all other parts of “the organ of female orgasm”, including the crura, labia minora,

perineal sponge and the urethral sponge (Murray, 1983:58); because the clitoris is a large, expanding highly sensitive structure with legs which extend up to 13 cm and curves around the vagina (O'Connell, 2002); or because the orgasmic crescent is composed of erectile tissue, including the clitoris, and the part of the clitoris that extends into the body (Douglas and Douglas, 1997). Other suggestions are that the spongy erectile tissue found right through the clitoral system is richly innervated and capable of detecting vibrations and touch (Blackledge, 2003). Masters and Johnson (1966) noted that only rarely do women prefer direct stimulation of the clitoris. Thus, female participants might have been stimulating the area around the surgical site (Murray, 1983), the shaft of the clitoris or the mons in the area of the clitoris (Weisberg, 1984) or participants might be endowed with clitorises that are sensitive to touch (Murray, 1983).

More women in Australia are now exposed to or are attending religious training as a result of Islamic modernity and fundamentalism, which might have resulted in a change in spiritual status and attitudes to sexuality. It is possible that respondents are orgasmic because of their religious status, which is in line with claims made by Levin and Levin (1975) and Travis and Sadd (1977) that religiosity in women is associated with higher frequencies of orgasm and greater levels of sexual satisfaction; it could be argued that these women are ascertaining their religious rights to sexual satisfaction, that is respondents who wanted to relate to their sexual selves, were able to achieve satisfaction. This concurs with the study by Sholty, Ephross, Plant, Fischman, Charnas and Cody (1984) which found some level of conscious control over whether or not respondents reached orgasm.

Orgasm and satisfaction are a "head" thing as much as or more than a "body" phenomenon. When asked whether infibulation impedes sexual satisfaction, Amna, a female respondent from Australia summed it up by saying, "You need a good mind not good sexual organs", a sentiment echoed by one of Johnsdotter's (2002) informants.

Considering such responses, the results could be explained in terms of the neurology of orgasm which involves an elaborate collaboration between the genitals, the spine and the brain (Marmor, 1954; Perry and Whipple, 1981; Bohlen, Held, Sanderson and Boyer, 1982; Cole, and Wagner, both cited in Gallagher, 1986).

11.6 FGC and Sexual Health

This study negates the negative impact of FGC on sexual responses and orgasm. Most respondents in the present study did not equate infibulation with sexual impairment or sexual dissatisfaction. The results of the impact of FGC on orgasm challenge previous studies by El-Defrawi, Lotfy, Dandash, Refaat and Eyada (2001), Thabet and Thabet (2003), Kere and Tapsoba (1994), El Dareer (1982) and Shandall (1967) that found lack of orgasm or sexual gratification due to FGC. It concurs with other studies, for example those of Ahmadu (2000), Orubuloye, Caldwell and Caldwell (2000), Khattab (1996) and Edgerton (1989) which reported no decrease in orgasmic capacity or frequency after circumcision. Findings in the area of orgasm attainment are also in line with Knudsen's (1994) Ghanaian study which found that 70% of women experienced orgasm. Additionally, this study supports findings by Okonofu, Larsen, Oronsaye, Snow and Slinger (2002) who observed no significant difference between circumcised and non-circumcised women in the reported frequency of experience of orgasm and by Megafu (1983) who found this difference to be around 10%. It is possible that the relationship between FGC and lack of sexual satisfaction had been grossly exaggerated, as Ahmadu (2000) contended, and that the interpretations might be prejudiced by the insistence on the biological role of the clitoris on orgasm.

11.6.1 Why Female Respondents Achieve Orgasm

Freud hypothesised there are two kinds of orgasm, one resulting from clitoral stimulation, and the other resulting from vaginal penetration, a theory supported by other researchers: Fisher (1973), Singer (1973), Fox and Fox (1971), Whipple and Perry (1982) and Singer and Singer (1972). Failure to achieve vaginal orgasm in adulthood, Freud argued,

signaled psychological immaturity. A female Somali doctor (quoted by Catania, Verde, Sirigatti, Casale and Omar Hussen, 2004) and Ahmadu (2000) maintained that, for circumcised women, sexuality is focused in the vagina. Therefore, as it is reasonable to posit that female respondents are experiencing vaginal orgasms, it could also be assumed that they are mature, a desirable quality in a women according to Eritrean ideology.

It is possible that female respondents experience orgasm because there is not one ideal way to experience orgasm (Blackledge, 2003) or as Newcomb and Bentler (1983) suggested due to the existence of different reflexive pathways for types of orgasm, a claim also made by Perry and Whipple (1981) and Tordjman (1980). Similarly, the anterior vaginal wall and the adjacent deeper located structures, together with the clitoris, constitute the sensory arm of the female genital orgasmic reflex (Hoch, 1980a, 1980b; Douglas and Douglas, 1997; Murray, 1983). Respondents might possess an erotic and sensitive vagina, a feature which is well documented (Alzate, 1985a, 1985b; Alzate and Londono, 1948; Alzate, Useche and Villegas, 1989; Hoch, 1980, 1986; Gräfenberg, 1950; Ladas, Perry and Whipple, 1982; Perry and Whipple, 1981, 1982). A plausible explanation might also be that the deep pressure receptors in the vaginal walls are touched during coitus, which might have produced orgasm in the subject group of this study

Orgasmic ability in circumcised respondents could also be attributed to the possibility of the vagina being capable of experiencing the phenomenon known as "blindsight" (Whipple and Komisaruk, 2002). Somehow the vagus nerve is receiving sensations even though the women cannot feel anything, a response which points to supraspinal facilitation (Mould, 1980), and the critical evolutionary role of the pleasure and orgasm experienced through the vagus nerve (Blackledge, 2003).

Ideologies and discourses on sexuality create certain expectations and affect the way individuals experience their own sexuality (Leavitt, 1991); for example women have been told that they had no orgasms at all; then two kinds, one of which was neurotic; then only one kind; then three or more kinds, which may explain why sometimes women report that they do not know whether they have orgasms or not (Yaffe and Fenwick, 1988). Most Eritrean women are not exposed to such conflicting sexual ideologies and discourses. They only know one type of orgasm: the one they experience. Therefore, it is possible they are orgasmic because they are free from cortical inhibitions which affect sexual response (Marmor, 1954).

11.6.2 Infibulation and Orgasm

The results pertaining to infibulation and orgasm contradict theories that infibulation has a negative effect on sexuality. There was a higher percentage of respondents who reported achieving orgasm compared with that of previous studies by Thabet and Thabet (2003), El Dareer (1982) and Shandall (1967). Disparity in the findings between the studies could be attributed to cultural (Sudanese and Eritreans), temporal and methodological differences between the studies. Some elucidation for the variations in the participants' ability to experience orgasm may also lie in their awareness of and sensitivity to erotic stimulation of the vagina (Brody, Laan and Van Lunsen, 2003), their ability to surrender to sensation and on the idiosyncrasies of their physiology (Krantz, 1958), that is, the differences in pattern and distribution of nerves that transmit and receive impulses (Fisher, 1973), vaginal erotic sensitivity and personal stimulation threshold (Alzate, 1985a; Jayne, 1981). Further factors causing differences between the studies could be participants' attention to sensations and appreciation of having a vagina, differences in nerve pathways to the brain from the vagina and clitoris, issues of anatomical fit, including size and shape of the penis (Brody, Laan and Van Lunsen, 2003), having a skilled lover, and duration and nature of sexual foreplay (Hurlbert, Apt, and Rabehl, 1993; Bardwick, 1971).

Discrepancies between the orgasmic ability of female respondents in the various study samples could be explained in terms of learned sexual inhibitions (Bardwick, 1971), positive value of sexuality, and sensuality and relaxation (Crooks and Bauer, 1996; Bardwick, 1971), sexual techniques used (Hurlbert and Whittaker, 1991; Bentler and Peeler, 1979), the degree of happiness or satisfaction in the relationship (Trudel, Boulos, and Matte, 1993), sexual motivation (Basson, 2000), expectation on both cultural and personal levels (Ahmadu, 2002; Davidson and Moore, 1994), and not being indoctrinated by anti-intercourse propaganda (Brody, Laan and Van Lunsen 2003).

The findings of this study in the area of orgasm frequency are largely supported by Johnsdotter (2002), Boddy (1996), Gruenbaum, (1996), Badawi (1989), Lightfoot-Klein (1989) and Assaad (1980). Other clinical studies of women who have undergone all types of FGC with which this study concurs, are those by Karim and Ammar (1966) which reported that 41% that achieved orgasm frequently and by Catania, Verde, Sirigatti, Casale and Omar Hussen (2004) which found that 69.23% achieved orgasm always.

Most female respondents claimed to have strong and frequent orgasms in the first few years of marriage, which supports findings reported by Lightfoot-Klein (1989). This could be explained by the degree of happiness or satisfaction in the relationship (Trudel, Boulos and Matte, 1993), or that the women trusted and admired their husbands (Seaman cited in Loewenstien, 1978). The first few years of marriage were described as being the happiest. It is possible that it was so perceived because one is considered a new bride and has higher status, and the couple might be getting to know each other (honeymoon period). There might have been freedom from psychological tension or anxiety in the sexual act, and a high degree of tender affection, love, and psychological excitement, which enhance cortical facilitation and result in orgasmic response (Marmor, 1954).

Additionally, it is possible that issues which impact on sexual relationship (lack of privacy and the responsibility of raising children and, for respondents living in Australia, the additional worry of mortgage) were absent in these early stages.

Most female participants did not seem to experience grief and loss of their sexuality due to circumcision, which is in line with results reported by Essén (2001) and Essén, Johnsdotter, Hovelius, Gudmundsson, Sjöberg, Friedman and Östergren (2000). All respondents in Hal Hal and some respondents in Australia were unaware of the anti-FGM drives in the mass media. Thus, it could be argued that they were uninfluenced by messages about sexual impairment presented in the global anti-FGM literature, a conclusion reached by Essén (2001) and Essén et al (2000) in relation to Somali women.

Female participants who reported orgasmic experiences did not appear to believe that other women (uncircumcised) were experiencing sexual ecstasy while they were missing out due to infibulation. Most female respondents believed that they were on a par with the female population in regard to their sexuality, and that perhaps they were even more sexual but chose not to act on their sexual desires or impulses as it is socially desirable to deny the flesh. This is in line with the study by Johnsdotter (2002) where older Somali women living in Sweden were found to be quite uninfluenced by messages about lost sexuality presented in Swedish anti-FGM drives in the mass media.

11.6.3 Pleasure from Sexual Encounters

Almost all-female respondents in the study stated that they did get pleasure from sexual intercourse but tried to underplay it, which is similar to findings reported by Johnsdotter (2000) and Omer, Elmi, Johnsdotter and Carlbom (2001).

When male respondents were asked, in order to validate the women's claims, whether women who have undergone infibulation enjoy coitus, Ibrahim, a male respondent from Eritrea summed it up neatly by saying:

Of course she gets sexual enjoyment. I can tell when she gets satisfied. Partners can tell. Also why would she lie under a man night after night if she gets nothing out of it? Duty or not, she would not oblige if she gets nothing out of sex. It is natural that a woman gets as much out of sex as a man does.

This could be taken as a further demonstration that infibulation and impaired sexual functioning are not synonymous.

The percentage of infibulated women who reported not achieving orgasm in this study is comparable to that of the general female population in the West. For example, it has been reported that 43% of women, young and old had problems with their sex lives (Laumann, Paik and Rosen, 1999). Similarly, the estimate range for women who never experience orgasm in coitus is between 5-25% (Butler, 1976; Fisher, 1973; Hite, 1976; Hunt, 1974; Wallin, 1960). Therefore, it is possible to conclude that FGC (infibulation) has very little negative impact on psychosexual life (fantasies, desire and pleasure, ability to experience orgasm) which is in accordance with contentions made by Okonofu, Larsen, Oronsaye, Snow and Slanger (2002) and Catania, Verde, Sirigatti, Casale and Omar Hussen (2004).

11.6.4 Views of Men Married to Women who have Undergone FGC

There was no support for the assertion that sexual relationships with women who have undergone FGC or infibulation are unsatisfactory. Almost all male respondents stated that both spouses had an enjoyable sexual life, which is in line with findings reported by El Darrer (1982a), Edgerton (1989) and Orubuloye, Caldwell and Caldwell (2000).

Most male subjects felt that their wives were compatible sexual partners, as Bakri, a male participant from Australia said, and “My wife is infibulated. She is the best; she knows how to please herself and is not shy to ask for what she wants”. It would seem that open communication is an impacting factor.

In this research the results obtained in the area of FGC and unsatisfactory sexual relationships refute male respondents’ claims of sexual dissatisfaction with their circumcised spouses reported in studies by Karim (1994), Shandall (1967) and Kere and Tapsoba (1994). The contention that men often seek extramarital affairs with uncircumcised women because they are deemed to be complete and more satisfying, were not sustained. A plausible explanation for these contradictions might be that male respondents in these studies might have been exposed to anti-FGC literature and the discourse about the clitoris, vagina and orgasm. That is, the clitoris serves as a receptor and transformer of all sexual stimulation, and that it is the main focus of female erotic arousal and orgasm. The reported lack of sexual satisfaction by the male respondents of Shandall, Karim and Kere and Tapsoba could also be the result of a possible lack of sexual techniques (inhibitions), lack of sexual communication between spouses, their inability to arouse their partner to be sexually responsive, decline in coital frequency, and spouses’ unwillingness to comply with sex on demand. Further, it is also possible to assume that these respondents were dissatisfied in their marital relationships and needed to justify taking a second or third wife, keeping a mistress, and/or engaging in extra marital activities.

11.6.5 Women's Views on Multiple Wives and Extra Marital Affairs

Lack of privacy, lack of time and attention to planning and preparing for sexual encounters by the wife, as a result of carrying out daily chores, was cited as a reason why men in Eritrea might seek other women. Women viewed men who indulged in extra-marital activities or had second wives as animals who had little self-control.

The male sex drive as active and in need of constant relief, which was legitimated by Darwin through such notions as biological determinism (Carpenter, 1992), was affirmed by the women, allowing male behaviour to be classified as instinct driven, thus giving the Eritrean male credence and some legitimacy for his part in extra marital activity.

11.7 The Orgasm Imperative

Female participants cited numerous reasons for engaging in the sexual act, for example to fulfil marital obligation, to be close and loving towards their partner, because it seemed like a good idea, to please their husband, and to pave the way for a request. These results are in line with those reported by D'Emilio and Freedman (1988) and Bardwick (1971).

Similarly, most female subjects were not distressed if they failed to reach orgasm. Darling and Davidson (1986) reported a majority of women admitting to pretending to experience orgasm during coitus. Most female respondents in this study did not report this. It is possible that females were not indoctrinated by the orgasm propaganda of the West and thus did not attribute their lack of orgasm either to sexuality (internally) or to infibulation. Lack of self-blame could be attributed to the fact that labels such as “frigid” or “sexual dysfunction”, which may increase anxiety, are not known or used by the wider Eritrean community. As can be gathered from Nyla's (female, Australia) comment, "I don't have sex in order to have an orgasm. All the publicity about orgasm makes me sick", orgasm was not viewed as a goal to be attained. Therefore, it could be argued that most female respondents were free from psychological tension and did not feel guilt or a sense of failure in not achieving this goal (Davidson and Moore, 1994), which might have eventually led to loss of sexual desire (Hurbert, 1993). Another explanation for the lack of distress in not achieving orgasm by female respondents might lie in cultural sexual ideology, that is, the double standard in sexual matters (Masters and Johnson, 1970) which offers a set of restrictive sexual attitudes for females. Most Eritreans believe the major goal of coitus to be physical pleasure for the male.

It is possible that they are holders of non-equalitarian ideology, which concurs with Reiss's (1986) suggestion that the primary sexual goals are different for cultural groups that possess an equalitarian ideology and for those that do not.

11.8 Decrease in Coital and Orgasmic Frequency

Lack of time, domesticity and, motherhood were cited as reasons for a decrease in coital frequency as well as orgasm. Amna (female, Australia) compared the first few years of her sexual life with the current period and concluded, "In the olden days people used to take a long time in making love, it was not hurried. There was no commitment of children or mortgage, we were free. Now it is instant like everything else". This concurs with many Western studies, such as those by Unddenberg (1974) and Ellison (2000), that reported variables currently operating in a woman's life to be associated with her sexual relations (being too tired, too busy running a home and raising children and working full time).

Similarly, age was identified as a factor in the decrease of orgasm frequency. A plausible explanation is that most respondents had given birth to an average of four children which might have affected the strength of their pubococcygeus (PC) muscle, a factor in vaginal anaesthesia, a relationship (between PC muscle strength and orgasmic capacity) that has been supported by many studies, such as those of Sherfey (1966), Graber and Kline Graber (1979) and Lads, Perry and Whipple (1982).

11.9 Subjective Meaning of Quality of Sexual Relationship

The findings, in relation to assessment of the subjective meaning of quality of sexual life, demonstrate that the process of defining a healthy, well-functioning sexual relationship is infused with sociocultural values (Heiman and LoPiccolo, 1986). Respondents had different notions as to what constituted a good sexual relationship.

The findings could be explained by the fact that sexual self-awareness is not only unimportant, but for some groups may even be dangerous, which is what Reiss (1986) and Welch and Kartub (1978) found when they explored cultural differences and sexual responses. Although the quality of sexual life was found to be a latent concept, one that most female respondents did not commonly relate to, on close examination it appeared to be related to their quality of interpersonal relationship and marital life, past sexual experiences, current expectations, and future aspirations, which concurs with Davidson, Darling and Norton's (1995) findings.

11.9.1 Sexual Satisfaction and the Role of Orgasm

The results of this study support previous findings that demonstrate the importance of considering several psychosocial dimensions when attempting to understand the meaning of a reported level of sexual satisfaction. The sexual experience was reported as being pleasurable when seen as sharing. Sexual satisfaction involved more than the physical release or achievement of orgasm, which is similar to findings reported by Ogden (1994), Tiefer (1995) and Blackwell (1972).

Emotional intimacy, tenderness, closeness and sharing deep feelings with a loved one are the most frequently given responses as to why women rate themselves as satisfied or dissatisfied in their sexual life in various studies (Hurlbert, 1991; Davidson and Darling, 1988; Carroll, Volk and Hyde, 1985; Hite, 1976; Bell and Bell, 1972). It was not surprising, therefore, to discover that the quality of the relationship with the partner was closely associated with female subjects' ratings of satisfaction. It is possible that sexual satisfaction for most female respondents was dependent on how they felt about the quality of the relationship at that particular point in time.

Sexual satisfaction, as defined by some respondents, was a psychological construct of subjective fulfillment, which concurs with Blackwell's (1972:13) hypothesis that, for humans, sex is more a "mental passion" than a physical instinct. The findings of this study demonstrate the individual's capacity to experience subjective contentment, happiness and satisfaction despite not achieving orgasm, and support De Beixedon's (1995) assertion that consent, equality, positive regard for one's partner, trust, and feelings of safety are key elements of sexual pleasure. This is also in line with Hurlbert's (1991) supposition that sexual assertiveness and the degree of emotional involvement with the sexual partner mediate sexual satisfaction. Complying with sex on demand was experienced as distressing for some female respondents in Australia, a finding which supports Popenoe's (1993) claim that the strongest predictor of sexual dissatisfaction for females is sexual aggressiveness by the husband.

Some female participants stated that they had learned to make do without being sexually satisfied, just as, for centuries, women in Western society were socially conditioned to be sexually passive and to focus on male satisfaction during sexual intercourse (Hurlbert, 1991). Eritrean society still holds a similar attitude, which discourages some women from articulating their sexual desires and needs. This could be attributed to the fact that sexual satisfaction is relative; many women report full satisfaction with their sex lives and yet never experience orgasm. Kaplan (1974) postulated that sexual responsiveness that does not include orgasm may be normal for a sizeable group of women; therefore it is possible that these respondents may fall under this category. Additionally, traditional sexuality for Eritrean women has more to do with procreation and pleasure for the male, than personal fulfillment; Eritrean women are conditioned not to notice and/or attend to their sexual or other needs.

It would seem that, by accepting religious and traditional views of their sexuality, they may be meeting their integrative needs, that is, their needs for psychological security, social harmony, and purpose in life that are met by systems of knowledge, the law, religion, magic and myth (Malinowski, 1954). If Muslim religious leaders were to enlighten their followers that they have a religious right to sexual satisfaction, women would explore different aspects of their sexuality much more readily, because, as Weber (1962) contends, religion is a force of social change. The revelation of religious tenets to members of the faith, in this case female participants in this study, might have resulted in the adoption of new beliefs and values which could lead to celebrating female sexuality.

In this study lack of orgasm was not equated with sexual dissatisfaction, and lack of sexual satisfaction was not considered a problem by female respondents. A possible explanation could be that the problem is an ideological construct, which supports contentions made by Lavee (1991) and Reiss (1986). It is also possible that these women had satisfying marital relationships factors recognised as strong determinants of female sexuality problems by Rosen, Taylor, Leiblum and Bachmann (1993) and Rainwater (1966).

11.10 Marital Life and Marital Happiness

Marital satisfaction judgments, to borrow Fox-Rushby and Parker's (1995) phrase, are culture-full, that is, they reflect the cultures within which they have been made, as well as the values and beliefs of the environments responsible for their development. In this study the cultural components of marital satisfaction were found to be specific as well as different for the two sites; findings indicate important gender and cultural differences in judgments.

Maslow's (1968) hierarchy of needs illustrates the concept that, until satisfied, some motives are more compelling than others.

In this case, Maslow's hierarchy of needs theory could be used to explain why women in Hal Hal, who are in a different economic and social class from that of the Australian sample, believed their financial situation to have a major impact on their marital satisfaction. It is possible that the motive to have enough money for survival and/or a comfortable lifestyle is more compelling than other converse motives, such as respect for individuality, sexual satisfaction and equality, factors that were important for the marital satisfaction of Australian respondents. However, it is plausible that, despite abject poverty, most of these participants reported being happy and satisfied in their marriages, because they had found successful means of meeting their expectations (Campbell, Converse and Rogers, 1976).

In the opinion of female participants in Hal Hal, women are born to fulfil and complement men and to be kept by them for economic reasons as well as respectability and acceptance. However, those women who were economically independent before marriage viewed marriage as loss of freedom and a licence to hard labour. Despite this belief, all were clear as to what was traditionally expected of them as females. Their view was "We just know that a girl's future is marriage and children; that is the end of it. What else is she supposed to think about or expect?" This could be explained by the fact that the female is surrounded by married people and married life; she sees her mother and others. According to sex role development theory, children begin to acquire a sense of the behaviours that are inappropriate for their gender identity (Callan, Gallois, Noller and Kashima, 1991). The Eritrean girl knows that what her elders have had is what she will have, so that is what she expects, which is in line with the assumption that the quality of life is related to past experiences, current expectations and future aspirations (Davidson, Darling and Norton, 1995). Further, it is possible they would report being happy in their marital relationships, since they believed they had fulfilled their sex role expectations (child bearing and rearing, housework, obedience), factors that impact on marital relationships favourably (Jayne, 1981).

Most males reported successful long-term marriages. The explanation might lie in the fact that women in Hal Hal and some Eritrean women in Australia have clearly defined roles which have an impact on marital relationships (Jayne, 1981), since clear boundaries or roles, as a result of mutual understanding were viewed as beneficial. It is possible that this was responsible for their accurate perception of their spouses, for example, knowing how their spouses felt about important areas of their lives, and so they were able to be empathic, because, as Greenson (1978) claims people who are accurate in their perceptions of their spouses are also able to respond empathetically toward them. Among the Australian sample, the important question was not who was doing what, but how each one felt in playing these roles in the marriage, that had an impact on the quality of marital life, which is in line with Jayne's (1981) contention that sex role expectations are contributing factors in marital relationships.

11.10.1 Impact of Sexual Satisfaction on Marital Happiness of Participants

This study revealed that male respondents expected to be sexually satisfied in their marital relationships and women expected respect and to be taken care of financially. Female respondents from Australia who reported being happily married indicated that having orgasm was important or desirable, but that not having one was not devastating and did not have an impact on the quality of their marital life. On the contrary, marital satisfaction had an impact on sexual dissatisfaction. Female participants did not perceive sexual intercourse, orgasm or sexual satisfaction as the epitome of the potential for marital satisfaction. Male sexual dissatisfaction as a result of the lack of sexual accessibility of the wife was found to be central to some men's marital dissatisfaction. A plausible explanation could be the failure on the woman's part, as perceived by her husband to carry out her prescribed roles and marital obligations. The study found differences in the expectations and perspectives on the marital relationship, which supports Larson, Anderson, Holman, and Niemann's, (1998) findings.

It is likely that most male respondents reported healthy marital relationships as a result of being sexually satisfied, because some studies have found strong male preference for intimacy, and that the sexual relationship has an impact on the quality of satisfaction experienced in the marriage (Craddock, 1994; Fields, 1983; Lederer and Jackson, 1968). That respondents are sexually satisfied may be due in part to the stereotypical role of the man as the initiator and the woman as the complier. It should be noted that these happy men were able to negotiate the frequency of sexual encounters and that their wives complied, because, as Smith, Becker, Byrne, and Przybyla (1993) found, the wife's sexual attitudes predict higher levels of male sexual satisfaction.

Additionally, in Eritrea the obedience, chastity and sexual morality of females are the prerequisites of being a good wife and a good community member. Thus, it is possible that satisfied males trusted their partners, a factor which would concur with the significant relationship evidenced between trust and marital relationship and between trust and sexual satisfaction found in studies by Fields (1983), Kaplan (1974) and Lederer and Jackson (1968). The marital satisfaction reported by most males could also be attributed to the fact that Eritrean women rarely initiate divorce and have learned to compromise. This supports Levinger's (cited in Goleman, 1985) claim that it is not how compatible people are, but how they deal with incompatibility that counts in making a happy marriage.

The growth in marital sexual satisfaction over time, particularly in women, observed by Haavio-Mannila and Kontula (1997) was supported in this study. Almost all female respondents stated that they were much more satisfied with their marital life currently than they had been formerly. It is possible that female respondents reported being happy and satisfied because they were more secure in their marriages and the prospect of being divorced or having a co-wife was reduced as a result of producing children.

Most female respondents did not express the belief that their marriages have suffered or would suffer due to lack of sexual satisfaction. This could be explained by the assumption that women would never complain or talk publicly about themselves, about their sexuality, or problems encountered in their intimate lives. It is culturally inappropriate to complain of marital problems as a result of sexual dissatisfaction. They stated that the importance of sex in marital success is exaggerated, which is in line with the findings of Lederer and Jackson (1968) and Wallin, Gebhard, Swieczkowski and Walker (cited in White and Reamy, 1982). Most female respondents who reported happy marriages related their satisfaction to the climate of the relationship or to their relationship with their partners. Respect and empathic communication from their husbands was one explanation offered. This is in line with Everaerd and Decker's (1981) suggestion that the quality of the couple's communication is a significantly better predictor of marital satisfaction than is orgasm.

11.11 Comparing the two samples

Marital happiness is relative; it differs from community to community and from one person to another. For some it is being together, sharing, understanding and mutual respect, and has nothing to do with material things: yet for those in poor conditions material comfort is paramount. Considerable differences were found between the two sites in this, study suggesting that there may be a substantial cultural basis to judgments of life satisfaction.

All respondents from Hal Hal referred to terms such as respect, understanding, empathy, kindness, the ability to provide financially and acceptance of destiny as the building blocks of a happy marital relationship. When asked, what does marital satisfaction mean to you, some female respondents from Australia stated that such factors reflected their levels of happiness. Most female respondents in Australia also showed a growing tendency towards individualism.

Marital satisfaction for these participants equates to being seen as an equal, being respected as an individual not just as a wife. It is evident, from the data, that social change due to economic independence and exposure to religious teachings (Islam), that preach equality, are factors involved in these judgement processes.

11.11.1 Why They Reported Happy Marriages

It is possible that these women coped with the stresses in their marital relationships because their faith provided a tremendous source of strength, and their healthy and obedient children and supportive family and in-laws acted as buffers, which is in line with the contention that intimacy or social support and the quality of close personal relationships are the main determinants of quality of life (Cummins, 1996; Najman and Levine, 1981).

Most Eritrean women have very clear and set roles in society and have a strong sense of self, even if it is in relation to others. Therefore, it is possible that this sense of self in relation to others might be what helps Eritrean women cope with the difficulties of married life.

11.12 Research Aim Three: to ascertain if Western views on sexuality impact on sexual attitudes of Eritreans living in Australia and Hal Hal, Eritrea, and if so how?

11.12.1 Impact of non-Eritrean (Western and other) Views on Respondents

The Eritrean community in Australia has not remained static and has witnessed varying degrees of change in values, norms, attitudes and behaviours regarding sexual relations due to migration and exposure to Western views. Despite the absence of a clear link between an unsatisfying sexual life and infibulation, some female participants who have been exposed to global anti-FGM discourse stated that circumcision might have an impact on sexual desire.

Although these respondents were not very sure, their views are somewhat similar to those reported in by Johnsdotter, Aregai, Carlbom, Moussa and Essèn (forthcoming). These researchers found that many of their Eritrean and Ethiopian subjects were firmly convinced that FGC had ruined the possibility of their having a truly enjoyable sexual life. It is safe to assume that respondents knew nothing about the link between FGC and sexual pleasure prior to being exposed to Western views about the clitoris, the practice of FGC and its impact on sexual satisfaction. For example one respondent said “Before coming to Australia, you think it is natural. But then, being told by the media and reading about it, you realise that it is might be different for the others.”

Tajfel’s (1982) Social Identity Theory proposed that people classify themselves into social categories (e.g. sex, race, nationality or socio-economic status) and compare their own social categories with others. This theory could be used to explain the dilemma experienced by some respondents who may not be sure where they belong, or who their in-groups are. They know that because of FGC, the Eritrean community is not seen in a positive light. Therefore, it is possible that they would hesitate to identify with it as doing so might impact negatively on their identity and self-esteem. Adhering to the perceived behavioural and attitudinal expectations for their gender also plays an important role in how individuals interact sexually (Byers and Heinlein, 1989). It is plausible to assume that women who reported not achieving orgasm are behaving in the manner expected of them; they are trying to assimilate and conform to Western views of their sexuality. It would seem that they are motivated to distance themselves from the practice to enhance or protect their own self-esteem.

This validates Ahmadu's (2002) assessment that those not achieving orgasm are women who had been educated in the West and who had heard criticism of the practice of mutilation and had become very angry about what had been done to them (Johnsdotter, Aregai, Carlbom, Moussa and Essèn (forthcoming) and therefore they might be exercising some level of conscious control over whether or not to reach orgasm (Sholty, Ephross, Plant, Fischman, Charnas and Cody, 1984). Thus it could also be hypothesised that, had the sample consisted of Eritrean women born in the West and having Western views of sexuality, the findings might have been consistent with the global anti-FGM opinion: no clitoris, no orgasm.

Female respondents in Australia reported experiencing contradictions between the Western and the traditional constructions of their bodies which supports the hypothesis posed by Johnsdotter (2004) that young Somali women in Sweden might be affected by two conflicting ideologies on sexuality: the traditional values demanding chastity and modesty, and the public sexual ideology in their adopted country emphasising sexual liberty and the dismissal of sexual taboos. For example, some respondents in this study felt abnormal because they did not like clitoral stimulation, and others felt uncomfortable because they did. The fears of both women are perpetuated, if not generated, by the conflicting popular sexual beliefs of their cultures.

Some Australian respondents who had questioned the taboos associated with some areas of sexual behaviour, for example masturbation, kissing, touching, came to regard these activities as normal and incorporated the new information to enhance their sexual lives. These reported changes in sexual behaviour support the assertion that sexual scripts continue to evolve in relationships with others (Engel, Saracino and Bergen, 1993) and that sexual normalcy changes across cultures and over time (Reiss, 1986; Welch and Kartub, 1978).

Another plausible explanation could be found in the political, economic, and social influences which might have produced significant changes in respondents' sexual attitudes and behaviours (DeLamater and MacCorquodale, 1979; Sprecher and Hatfield, 1993). Additionally, it could be suggested that migrating to Australia, a country which is large and literate, and where anonymity and escape from social sanctioning are easier to obtain, encouraged respondents to participate in activities such as masturbation and use of sexual aids that they previously would have avoided (Gebhard, 1971).

11.13 Conclusion

This chapter concludes the discussion of the research findings which featured the specific issues and responses with respect to the sexual experiences of Eritrean women who have undergone infibulation and men who have been or are married to such women in Hal Hal and Australia, and the impact of infibulation on their marital relationship. The chapter discussed the findings of the analysis of the current study by comparing and contrasting it with those from a number of other research projects, which have also examined the impact of infibulation as well as other types of FGC on sexual gratification. Although those studies used varying techniques and variables in their analysis there is, nevertheless, a great degree of consistency between the earlier studies and this thesis. However, the current research has reviewed a greater diversity of literature from various disciplines and examined more multiple variables than has earlier research. A principal conclusion of the analysis is that personal physiology, psychology and the marital environment are the main determinants of sexual satisfaction and marital happiness. The next chapter is focused on concluding the thesis and discussion of the macro policy and practice implications with respect to the findings as revealed in chapters 7, 8, 9 and 10 and discussed in this chapter.

CHAPTER 12: CONCLUSION AND IMPLICATIONS

12.1 Introduction

This chapter provides a conclusion to the thesis and discusses comprehensive policy and practice responses to the needs of Eritrean women in Australia and Eritrea. Specifically, the research findings are now re-contextualised within broad policy and practice domains. Issues such as expedient responses to the need for basic necessities such as food, clean water, basic health care, ensuring women have access to education, and empowerment of women in Eritrea through their inclusion in the planning and development of policies and practices affecting their well-being are detailed in this chapter.

12.2 In Summary

The dominant literature on female sexuality demonstrates the importance of considering a variety of factors, such as biological, sociological, psychological, and interpersonal relationship issues related to the sexual satisfaction of women. Nevertheless, much of the literature used to support the negative impact of FGC on sexual health focuses narrowly on erogenous zones and tends to trivialise the importance of other factors.

Knowledge of the physiology of sex facilitates an understanding of female sexual responses that involve the entire body as well as the emotions. Ellis argued that “While the clitoris remains the most exquisitely sensitive of the sexual centres in woman, voluptuous sensitivity is much more widely diffused in woman, and the loss of the clitoris or of any of the structures involves no correspondingly serious disability for women” (1933:132). Ellis continued to assert that orgasm in women is a sensation localised in different regions: some women indicate the genital region or part of it as the centre of this sensation; some report quite different parts of the body; and others again claim they feel it everywhere.

Some women consider the cervix or the uterus to be the centre of the sensation; others affirm equally strong orgasms even after the removal of both organs.

Some women cite the clitoris as the zone of maximum pleasure, but women who have undergone cauterisation of their clitorises are found not to have their orgasmic ability damaged. As early as 1948, Elkan and Pinner posited that orgasmic production in a woman is not linked with any special part of her body (the clitoris) as it is in the man, thus the existence of such different experience should not be surprising. Female respondents in this study reported a similar variety of sexual experiences to these.

The term “orgasm” reflects a physical phenomenon, whose absolute impact on sexual pleasure might be questionable. Equally, Socher (1999) has suggested that an experience of orgasm may not be necessary in order for a woman to experience “sexual release” or “relief”, and that orgasm and satisfaction are not synonymous in women. There are some women in this study who reported being sexually satisfied with or without orgasm. It was found that respondents experienced sexual pleasure in many different ways, and a pattern that results in pleasure for one may cause pain and distress for another. Conversely, the same woman could vary in what she found pleasurable from one time to another. Relationship variables, individual dimensions and general ecological factors were found to be associated with orgasm and sexual satisfaction. Thus, it is problematic to explain sexual satisfaction in terms of orgasm as a reward without considering dimensions beyond the purely physical, including the essential role which nonsexual considerations, such as the willingness to participate, a wish for intimacy, and interpersonal harmony play in motivating and maintaining much of a woman's sexual behaviours.

Various studies, for example that of Ahmadu (2000, forthcoming), claim that the relationship between FGC and lack of sexual satisfaction had been grossly exaggerated and interpretations might be prejudiced by the insistence on the biological role of the clitoris on orgasm.

Since the percentage of women who reported lack of sexual satisfaction in the various studies dealing with FGC is comparable to that reported for the general population (uncircumcised Western women), for example by Laumann, Paik and Rosen (1999), Hite (1976), Uddenberg (1974) and Fisher (1973), and others, it is problematic to deduce that FGC impedes sexual gratification.

The findings of this research do not support the assumptions that one single factor, infibulation, is responsible for an inability to attain complete physiological sexual expression (orgasm), that the capacity for sexual enjoyment is dependent on an intact clitoris, and that orgasm is the key principal measure of healthy sexuality. By focusing exclusively on the clitoris and its function, this assumption fails to take into account the biopsychosocial and spiritual aspects of sexuality and sexual satisfaction, and the way in which individuals interpret sexuality and define sexual satisfaction.

On the contrary, the findings provide support for the argument that to insist on a uniform expression of sexual behaviours or beliefs is erroneous, for a number of reasons: 1) there is a great difference in values and sexual behaviours between humans (Pavich, 1986; Wilson, 1986; Yap, 1986); 2) Western definitions of sexual satisfaction and dissatisfaction are problematic, as behaviours that are considered normal within one culture may be defined as deviant in another; 3) cultural values dictate the meaning of sexuality and the construction of a normal, healthy or adequate sexual relationship, and the perceptions and meaning of sexual satisfaction; and 4) culture is not static and standards of morality and behaviour are susceptible to change over time, whether as a result of evolution or due to external force (Martin, 1995); consequently, the meaning of sexual satisfaction is not constant, but dynamic. Each generation reinterprets it according to its culture and history.

Finally, this work calls into question the assertion that FGC hinders sexual satisfaction because, regardless of an environment that is strongly adversarial and of the many factors that impact negatively on women's capacity to enjoy sexual relationships, it shows a high incidence of coitus and considerable frequency of orgasm among the women concerned. Thus, as Ahmadu (forthcoming) asks, how important is the clitoris to female sexuality? To keep

referring to the frequently used anti-FGM arguments is to impede our progress towards a solution to the high incidence of the practice and the reinterpretation of knowledge surrounding it and its cultural importance in order to develop a more relevant critique of the practice. Furthermore, the findings of this study indicate that it might be easier and more beneficial to fit the arguments used in FGC elimination programs to the values of the communities practising FGC, rather than attempting to teach these communities a Westernised version of what constitutes a good, normal or a healthy sexual life is.

12.3 Implications for Policy and Practice

Extrapolation of aspects of these findings to all Eritrean women who have undergone infibulation is in many cases is possible. Further, extrapolation of some of the findings to the needs of all women who have undergone infibulation and women who have undergone other forms of FGC in general may well be possible.

12.3.1 Well-Being for Eritreans in Australia : The Need for Dignity and Empowerment

The abolition of the White Australia Policy in 1973 resulted in a broadening of the refugee intake and a proliferation of small ethnic groups settling in Australia from all parts of the world, including Africa, with the majority of those practising female circumcision arriving from the late 1980s. Since these small groups consist largely of recent arrivals, they lack the institutional structures or collective resources of the older, more established ethnic communities. They are yet to develop a second generation and their members have many settlement problems.

The central concerns of these disenfranchised and marginalized groups are of their day-to-day existence and how to support those left behind in refugee camps or war-torn countries, and certainly not circumcision issues (Dopico, 1997). Then, how does the new African community adjust to the current plethora of information on their cultural beliefs (some of which is harmful) while struggling for a dignified existence, for a sense of “Being” and “Place”?

This research has revealed that, amid myths and media distortions depicting community members who practise FGC as “barbarians” and “criminals” torturing little girls rather than as parents who are doing their best to give their children a place in society, their self-esteem becomes understandably diminished. The Eritrean women living in Australia have had no control over how they have been depicted and have had a limited sense of being accepted for who they truly are. Meaning and identity, inextricably related to feeling connected and attached to the society in which one lives, are put into question by the loss of a voice. For most of these peoples, Eritrea is ‘the past’ and life has been focused, against the odds, on trying to feel like a part of the Australian society and community. Denial of cultural sensitivity since arrival in Australia, has made the experience of inclusion difficult to attain and has been a source of ongoing trauma for some.

Responses required to assist with the recovery include the “restoration of dignity and value which includes reducing excessive shame and guilt” (VFST, 1998:11-12). Such recovery goals are impossible within an environment where people are perceived and treated as ‘ignorant barbarians and not worthy citizens’ and in which they are relegated to the very margins of society with little access to significant participation in reshaping the FGC discourse in Australia. Clearly women need to be rendered effective through responsive and inclusive policy development and by their involvement in the planning, design, delivery, and management of current FGM community education programs and support mechanisms to assist them.

12.3.2 The Need for Acceptance and the Provision of Holistic Health Services

Due to the destabilising effects of geographic mobility caused by the war in Eritrea, Eritreans in Australia, are in a sense, between eras: they are

caught between an older order and older values and a new order with new demands. They are searching to redefine a satisfactory Eritrean way of life. The findings of this research suggest the necessity for strengthening cultural institutions, which are threatened by change, and in turn redefining people's roles in relation to these institutions. Eritreans in Australia can only gain a sense of who they are when they begin to reflect on and recognise the validity of their culture, which may produce levels of contradiction and ambivalence. I would argue that their ability to reflect enables them to speak from a position of empowerment, and that strengthening the sense of cultural heritage helps people to find resources in that identity. Facilitators can serve as cultural brokers to assist Eritreans to identify and resolve value conflicts, which often exist both intrapersonally and within the social group, about aspects of cultural background, including pride in some aspects and shame about others (McGoldrick and Giordano, 1996).

Eritrean women and men have been living for many years in Australia with the threat of emotional abuse from the wider community that views them as 'barbaric', 'uncivilized', and 'sexually impaired'. Clearly, living in a society that requires them to continuously defend themselves and their culture, and prove their fitness as parents and as fully-functioning sexual beings, has had a negative impact on their psychological well-being and that of their children, especially young girls who have undergone infibulation.

The first crucial step is to restore a sense of emotional safety. A non-judgmental environment, which allows Eritreans to gain a sense of purpose, trust and achievement, is essential. Sadly, Eritreans have been constantly aware of the wider community's perceptions of them and as a result have been unable to experience any real sense of belonging.

Further, they have been denied the chance to participate in the public debates regarding anti-FGM legislation on the national and international level, an issue which has been of major concern to many of them. Social acceptance of those immigrants who have much more than FGM to offer

their host culture, and who in turn deserve a place within that community, is vital. Based on this rationale, it is imperative that Australia ensures that the needs and rights of Eritreans in Australia are adequately met. Social support which affords the people sensitive services with women counsellors and possibly sex therapists, is a necessary step in encouraging women to deal with the psychological issues consequent upon the anti-FGM legislation and discourse as well any sexual issues that may arise as a result of FGC.

12.3.3 Good Policy

Currently there is no welfare-based policy response, other than ‘de-infibulation’ under safe medical conditions and Medicare, in relation to women who have undergone infibulation and for meeting their needs in the Australian community. The rationale for this appears to be the government’s reluctance to accept that issues other than undergoing infibulation might be affecting the physical and psychological well-being of the women. The important steps to psychological recovery for those who are affected by the practice, anti-FGM legislation and the global anti-FGM discourse on the practice, are ignored.

The recent influx of immigrants from communities that practise infibulation has forced health practitioners, when confronted with the practice, to come face to face with issues of cultural relativism. Ethics committees are facing newly articulated “rights and wrongs” as they seek to adopt policies toward a procedure that has alternatively been described as a barbaric practice, an extreme act of misogyny, and an “affirmation of the value of women in a traditional society” (Schwartz, 1994:431).

Gynaecologists and midwives are refusing to suture after cutting infibulated women for delivery, for fear of being prosecuted under the different Australian anti-FGM laws. There is no informed choice or informed consent. These women are not told when pregnant that they will be cut for delivery and then left open because it is illegal to restore them to the condition they were in before childbirth. All the drama takes place right after delivery when emotions are high and the women have no say or choice. A secure environment, free from psychological abuse, and access to health, welfare, education and accommodation are among the most basic rights of people (Victorian Foundation for Survivors of Torture (VFST), 1998:73).

12.3.4 Good Practice Service Delivery

The following principles of service delivery are recommended to maximise the benefits for women in Australia who have undergone infibulation and other forms of FGC:

- Programs must strive to be culturally and spiritually relevant in the international, national and local context, as well as sensitive to and understanding of the history and struggles of the women who have undergone infibulation. Eritrean women have specific experiences, due to infibulation, which need to be understood from both a cultural and a structural analysis of gender disadvantage and oppression.
- The program should have absolute commitment to the provision of services guided by needs as identified and expressed by the people themselves.
- The program needs to address both the internal and external needs of individuals and groups, while promoting access, equity and participation. The specific needs of women who have undergone infibulation with respect to service provision should also be included.
- The program must be committed to increasing the level of power that people have over their lives, in psychological, social, cultural, and economic terms. They are socially and economically disadvantaged

in their new society, and as such the program must understand the importance of the redistribution of income and resources necessary for empowerment.

- In working with those who have lived through the experience of war, migration, and abject poverty, the program must give due respect to the fact that these people have already displayed remarkable resourcefulness, resilience and strength.
- Services should be in the context where the therapeutic benefits are derived from understanding the relationship between the social, physical, psychological and spiritual worlds of the community members.

12.3.5 The Need for Cultural Sensitivity in Addressing FGC Issues in the National and International Arenas

This research has established that Eritreans exposed to Western views of sexuality have been confronted with information which is incongruent with their sexual beliefs and experiences, for example the role of clitoris in orgasm and the assertion that infibulation reduces orgasmic capacity.

This thesis has presented information which suggests that living in the Australian community can relegate women refugees from communities that practise FGC to the margins of society with limited access to support and services. The effects of anti-FGM propaganda on women who have undergone FGC and especially infibulation have been severe, and all Australians, including the media, need to be aware of the impact of such emotional abuse on the ability of the women to make accurate assessment of their motherhood and sexuality. Such emotive reactions would also impair the women's ability to discuss their experiences in a logical and coherent manner.

The dissemination of information that does not have a scientific basis should be discontinued. Such information has grave psychological consequences for women who have undergone circumcision and especially unmarried women who have been infibulated.

Additionally, the new information may spoil the pleasure they have already enjoyed. Instead of enriching their lives, knowledge about the clitoris could focus the attention of people from FGC (infibulation) practising communities on what they mistakenly assume to be the ultimate and best and thus, by creating new pressures for them interfere with the good that already exists. This would be unethical. An alternative suggestion to resolve the situation and to challenge social attitudes is to provide a balanced view of the practice, and information that is evidence-based (Beyene, 1999). Adequate cultural sensitivity with respect to information dissemination is essential because, as Alcoff (1991) argues, speaking should carry with it an accountability and responsibility for what one says, where the speech goes and what it does there. Hence, one who speaks for others should only do so out of a concrete analysis of the particular power relations and the discursive effects involved (Alcoff, 1991).

12.4 Well-Being of Eritreans in Eritrea

Through a series of UN conferences, FGM has increasingly been conceptualised as a human rights violation (Shell-Duncan and Hernland, 2000), and eradication efforts have been focused on it as such. Yet, although the problem is serious, this thesis has revealed that Eritreans experience difficulties more immediately pressing than FGC. Research participants identified the lack of basic services, such as health care, education and employment, as areas of particular concern. Without education, both basic and higher, rural people are denied participation in society at the most basic level, and lack of education combined with societal pressures, in Eritrea as well as in many other countries, prevents women from forming and expressing opinions, sometimes even within their own homes.

Improving the education of men and women in Eritrea, giving them access to the knowledge they lack, making them aware of the options for their children, in order that they can make informed and pragmatic choices, is imperative. Provision of basic literacy and survival skills for rural people, the most underprivileged, is essential. Community education should be ongoing through the continuous dissemination of information, and discussion and dialogue

should be facilitated that will empower women to participate in the decision-making processes which impact upon their lives.

Women in Eritrea, especially those in rural areas, face life and death issues; only if they live today can they think about tomorrow. Respondents in Hal Hal were highly reliant on subsistence farming (rain permitting) and on assistance from other family members, including those residing overseas, for material support, food and clothing. Eritrea is one of the poorest countries in the world with many people lacking access to health care and even to clean water. These conditions are also violations of human rights and can have profound social and economic effects for international society as a whole. Cox and Amelsvoort (1994) argue that minor welfare needs can become major ones, and consequently more costly both economically and socially. It would appear preferable, therefore, for the international community, including Australia, to ensure that the needs and rights of the Eritrean people are adequately met. For education to be effective in completely eradicating infibulation in Eritrea, it should be matched by educative and supportive efforts in other areas. Therefore, it is essential for Australia to assist in coordinating international efforts against the practice and to give all possible financial backing and practical assistance.

12.5 Eliminating Infibulation in Hal Hal

Eliminating FC has become a high-priority mission for many Western feminists, for some human-rights activists in Africa and for some international health and human-rights organisations, such as the World Health Organisation, Amnesty International, and Equality Now (Ahmadu, 2000; Shweder, 2000).

In the late 1980s the WHO issued an elaborate plan for action and other major agencies have since joined the global campaign. To date, however, no consensus exists on the most appropriate approach to the elimination of FGC. A culturally responsive intervention engages the other as an equal interlocutor (Lane and Rubinstein, 1996). There seems to have been little discussion with community members at all levels as to how community education programmes should be approached. Furthermore, FGM elimination programmes around the world only target motivated clients (communities) and failed to extend their programmes to the yet unconvinced communities. As a consequence, after nearly two decades of campaigning, the prevalence of the practice is still as high as 90% in countries such as Ethiopia, Somalia and the Sudan.

Ahmadu has argued that although protecting the rights of “a minority of women who oppose the practice is a legitimate and noble cause . . . mounting an international campaign to coerce 80 million adult African women to give up their tradition is unjustified” (Ahmadu, 1995:45). Although I agree with Ahmadu’s point, it is difficult to take a neutral stand on the practice of it in Hal Hal, considering the preparedness of the community to abandon infibulation. People in Hal Hal have no great emotional investment in retaining infibulation; it is not a pillar of their culture or religion. They consider infibulation to be an ancient custom of the Pharaohs and therefore anti-religious. There is little argument among Eritreans, either in Eritrea or Australia, over whether infibulation is dangerous and potentially harmful to the health of the individual. The awareness that infibulation is associated with adverse health consequences (during initial sexual encounters and childbirth) is widespread. The general view is that there is no real reason for the operation and that it is unnecessary, hazardous and painful. Although they do not consider infibulation to be necessarily/usually harmful with regard to long term sexual gratification and sexual and marital satisfaction, the practice could be opposed on health and religious grounds.

Most respondents from Hal Hal indicated that they did not actually support infibulation and were in favour of abandoning the practice, but they stated that

they would not be the first to do so, due to the potential societal backlash. They did not want their daughters to be the odd ones out; they wanted them to fit in and be respected among their peers and the entire community of women. Normative social influence leads to conformity because one wants to be accepted and liked by others (Deutsch and Gerard, 1955). Urban people can go their own way with less interference than is experienced in rural areas. If they belong to educated or modern families, parents do not worry about their daughters being different and there is less chance that potential husbands will reject them as it is socially accepted in urban areas that girls do not have to undergo infibulation.

The research reported in this thesis has highlighted that impetus for change comes from the people. Infibulation can only be abolished if the practising communities perceive it as harmful and unnecessary, and refuse to subject their female children to it. I believe conditions for change are ripe in Hal Hal, and the informal cultural debates about infibulation among women in Hal Hal are an indication of this. The reluctance of Hal Hal families to denounce infibulation is a result of gauging what others will do. The people view infibulation as a problem, but it does not achieve the priority it deserves. Some additional factors are needed to assist or influence community members to alter their perceptions and abolish infibulation.

It has been found that education, economic independence, and exposure to religious teachings has resulted in attitude change towards the practice of infibulation. As a result, the research suggests that major strategies to end infibulation should be within the total economic, political and social amelioration of women's disadvantage and promotion of their rights. As Gruenbaum (1982) maintains, effective change can occur only in the context of a woman's movement directed at the social inequality of women, particularly economic dependency, educational disadvantage and limited employment opportunities.

Infibulation is unlikely to be challenged by a simple argument or by a single intervention strategy (Obermeyer, 1999). I therefore propose an integrated

approach which includes legislation and religious and health education campaigns at the local grass-roots level.

12.5.1 Framework for Change

Ideas about how a community should act and how it should resolve its problems are subjective and open to the interpretations of various groups. Rather than telling communities/groups how to change, it is recommended that they be assisted to find their own solutions. The study strongly indicates that there is an urgent need to re-define the concept of eradication. Eradication or treatment is externally administered by experts. Empowerment, a gathering of resources within the person, the family and community which is fostered through a collaborative relationship, would seem more appropriate in this case.

Eritreans live in a society in which contexts such as gender, culture, religion and spirituality are important and life-shaping, and to ignore the influence of these issues is a disservice because central organising beliefs can motivate change or paralyse a person with fear. As people become more confident and more mature over their lifetimes many progress to a point where they feel that they have the inner resources to judge and guide their own behaviour, regardless of the rewards and punishments offered by religious leaders, community members or family (Berg-Cross, 2001:347). For example, it was found that many older Eritrean women who have undergone infibulation were against it while younger mothers were more in favour of infibulation for their daughters (DHS, 1995).

In spite of their difficult circumstances, Eritreans are independent and largely self-sufficient people who tend to reject the philosophies of eradication programs which are rooted in Western ethnocentric values. The goal of education programs should be to have people better able, at the end of the dialogue, to commit to realistic changes that will strengthen their lives in a particular area.

For change to occur we need to identify the strength within the group or communities and build upon it. Therefore, it is imperative to teach people about themselves, their history, their bodies and their nature so that they can become self-masters. They should know the histories and contributions they have made to the onward march of civilization in their world. Knowledge of self and the richness of their history will reveal to them the possibilities that are within them. Limited knowledge restricts the possibilities of what one can and will achieve; the greater one's knowledge, the greater becomes one's sphere of activity becomes. We need to increase the community's or the group's general knowledge, for example about genital hygiene, sexual and marital health, the link between religion and infibulation, morality, chastity, marriage, and open communication to increase the diameter of their knowledge and the circumference of their activity.

Manning (1987) argued that the analysis of social problems is the intersection of biography, history and social structure. He claimed that public reactions rather than social conditions are taken as indicators of a social problem. A social problem is defined as a problem which reaches an acknowledgment in the political agenda. Therefore, according to Manning, to understand why certain social problems are brought to the political agenda while others are hidden, it is important to know which values are cherished yet threatened. The aim is to show that there are few advantages in infibulation and that it matters little either way in maintaining family honour.

Therefore, using a cultural, spiritual and gender-informed approach, these issues can be explored to challenge the existing limiting structures, attitudes and beliefs relating to infibulation.

Development of culturally sensitive approaches to eliminating infibulation requires that we do not focus on this practice in isolation, but rather that we consider the lives and opinions of the people affected by it and the local and global domain of discourse and domination in which they are embedded. The following recommendations are forwarded in an endeavour to assist in the realisation of the aim to end infibulation in Eritrea and perhaps also in other African countries, such as Egypt, Somalia and the Sudan, where the prevalence is high.

12.5.2 Cultural, Spiritual and Gender Informed Approach

Clearly, the challenge is to create a greater spiritual, cultural, and local emphasis in program planning, development, content, and delivery. Each person fits into different levels of culture, different ages, educational levels, social class, race, ethnicity, sexual orientation and religion (Falicov, 1995). Although people are unique within their cultural groups, Falicov argued that each person is raised in a number of cultural subgroups, and that each draws selectively from a group's relative influences. Having a multicultural perspective, when the group's culture is different from those developing the programs, is vital. To ignore multicultural influences is to legitimise only one reality, that of the dominant culture (Breunlin, Schwartz, and MacKune-Karrer, 1992).

At the outset the degree of fit between facilitators/educators and client groups regarding belief systems has to be ascertained, because when beliefs are similar, such beliefs may be a source of strength and change (Anderson and Worthen, 1997).

Also the degree of fit or lack of fit in economics, education, ethnicity, religion, gender, age, race, majority/minority, and regional background status must be assessed. Each of these areas may have an impact on values and behaviours and, if not assessed, may cause educators/facilitators to assume more similarity or differences with the groups than actually exists (Breunlin, Schwartz and MacKune-Karrer, 1992).

However, it needs to be clarified that “degree of fit” does not suggest a presumption of cultural encapsulation by the facilitator/educator and the possibility that such a person is without the knowledge and skills necessary for reflection on their values. What it highlights is cultural encapsulation and self-reflection when considering cultural appropriateness and cultural sensitivity and their interplay in facilitating or challenging the facilitators/educators in their potential task.

To best incorporate a group's religious or spiritual and cultural beliefs into programs, it is imperative to:

- Have an understanding of the varieties of spiritual experiences.
- Assess spirituality and religion in communities or groups, because cultural sensitivity helps to guide an adequate assessment of how religion sustains infibulation.
- Know the official beliefs of a group's religion or credo, what the religion or credo means to the group, and the importance of cultural sensitivity.
- Have respect for the ethic of religious autonomy. Pay attention to clients' personal struggles to grow religiously yet approach potentially religious issues (female circumcision, infibulation, female sexuality) firmly.

- Draw on clients' religious beliefs to promote understanding, motivation to increase commitment and foster change.
- Distinguish patterns that are universal and common to a wide variety of people, patterns that are culture-specific, and patterns that are idiosyncratic to that particular group, and when developing programs consider cultural background, for example, social class and poverty.
- Explore the importance of culture with a focus group; it is only through exploring the group's values that we can help to guide them toward morally and psychologically satisfying behaviours. Often more differences exist within a cultural group based on class than across cultural groups of the same class because every cultural group has social class divisions (Goldenberg and Goldenberg, 2000).
- Make culture the central metaphor for change. This helps clients by empowering them to change within their context and to change their context, while recognising that context can provide both opportunity and constraint. Metaphor in general can be an excellent way of introducing topics from within a group's perspective.
- Discovering the social meaning of infibulation, give valid arguments that are solid and convincing to those who totally agree with the continuation of infibulation and present religious analysis and debate, and legislation. These are suggestions which may help in reducing the incidence of infibulation or ending it. The continuation of other helpful cultural practices such as breast-feeding, child rearing, social support and community involvement, and literacy achievement should be encouraged.

This collaborative approach would reduce the tendency to mislabel religious and cultural issues as resistance, prevent facilitators from

misinterpreting these subtle issues as irrelevant to change and help prevent them from inadvertently imposing their worldview on groups.

12.5.3 Religious Approach

Tradition, overlain with religious mores, was identified in this research as the major obstacle for change. Most Eritreans are deeply religious, and since infibulation and even sunna is not ordained, from the point of view of Islamic and/or Christian law, there is nothing in religion to prevent its being abandoned. The argument that Pharaonic Circumcision is un-Islamic carries weight in the face of the presently revitalised Islamic movement. The current Islamist movement in Eritrea, as in other Islamic countries, opposes infibulation for religious reason. The ideas gaining ground in Eritrea more often favour reform to the modified sunna rather than total elimination of FGC. Therefore, identifying key people, such as local doctors, circumcisers and religious leaders from within the communities and giving them a lead role in the consultative as well as program-development process of a sensitive issue like infibulation, is vital. Because the strongest external influence comes from such people, others are more likely to accept their arguments and to observe their rulings. In addition to observing Islamic/Christian law, these people can help in promoting better awareness of the subject through all legitimate avenues, such as newspapers, radio, and television and, in rural areas, where there is no radio or television, through speeches at mosques and churches. It is also imperative that school children who will carry the message home, be involved. Programs could be delivered at local mainstream and religious schools.

To support the religious strategy or argument the genuine conversion of circumcisers (infibulators) is crucial. Most Eritreans tacitly know from religious teaching that they must not tamper with God's creations. Thus, it is not surprising that this study found the single factor that deterred circumcisers (infibulators) from performing any type of FGC was going for Hajj, a religious pilgrimage to Mecca. One of the informants in this

study was a traditional circumciser who stopped performing FC after going to Hajj.

Kadija stated that only fear of God stopped her from performing circumcisions. The DHS (1995) found that 33.33% of Eritrean respondents had undergone infibulation, it could be surmised, therefore, that the number of traditional circumcisers (who perform most of FGCs) in Eritrea is not very large. Therefore, assisting these women to perform Hajj would be very cost effective, aid in the reduction of infibulations performed and, in time, completely eliminate it. The communities are close-knit and the refusal by circumcisers to perform the procedures on religious grounds would definitely create a ripple effect on awareness among others who are still performing infibulations or are planning to take up the practice.

12.5.4 Legislation

Legislation has been shown to be a poor tool for effecting change because, as Mackie (1999) argues, cultural practices cannot be outlawed without criminalising the entirety of the population, or the entirety of a discrete and insular minority of the population, or without methods of mass terror. This thesis, however, recommends the implementation of legislation as it already has some support among Eritreans. Local religious leaders in Middle East Eritrea (region) supported the law forbidding infibulation because they concurred that infibulation damaged women's health (Silkin, 1989), however, attempting to extend the ban to all forms of FGM was not

successful and was abandoned. Criminalisation in Eritrea will assist in deterring the practice by fostering an environment that is clearly intolerant of infibulation. For Eritreans who are already opposed to

infibulation, the law could provide that extra needed support against social pressure to have their daughters undergo infibulation.

12.5.5 Using the Sexual Argument in Eritrea and Globally

The research has indicated that health issues and violation of religious mandates (teachings), rather than the implied sexual problems associated with infibulation, should be emphasised, as it is not culturally appropriate for Eritrean women to have an interest in sexual activity. Western feminist discourses on sexuality which have become incorporated into local anti-FGC campaigns throughout Africa (Shweder, 2000) are proving counterproductive, especially in Eritrea. Instead of aiding the elimination of the practice, this type of information has been and is being used by those who support the practice to justify its continuation. Orubuloye, Caldwell and Caldwell (2000) claim that almost half the minority of mothers who believed FGC would reduce their daughters' libido see little harm in that. It is possible that Eritreans and others who have had an open mind and were willing to abandon the practice might change their minds if they believed it would stop their daughters from engaging in premarital sex and their wives in extra-marital sex.

The prevention of sexual immorality was cited as the second highest reason for the continuation of all types of FGC by the most educated male and female respondents in Eritrea (DHS, 1995). Although some Eritrean women in Australia and Eritrea, as followers of the contemporary Islamic Fundamentalist Movements, are demanding sexual fulfillment and fighting against infibulation in general, using the argument that FGC impedes sexual satisfaction as a means to end other types of FGC is unrealistic.

Finally, based on this rationale, if we must use the sexual argument, it is recommended that we listen to women's voices in order to build a culturally appropriate definition of what sexual rights and satisfaction entail and create a social context that accepts female sexual satisfaction

as an important part of the marital union. I suggest a new idea in which the emphasis is on the relationship of sexual activity to well-being and marital health.

A useful framework from which to view this idea is one that uses "expectations", a central concept in many areas of psychology, because expectations can either limit or enhance our sexual experience. To address human sexuality in a sensitive and comprehensive manner, we need to address issues such as emotional and physical maturity, self-acceptance, and acceptance of partner. Therefore, what is needed is education that promotes aspiration and expectation from sexual encounters, to create an integral mind/body sexual life, in an environment that does not perceive sexual activities as a negative matter.

12.5.6 Access for All Women Who Have Undergone FGC to Inclusion in the Planning and Development of Local and Global FGC Programs

Although the current eradication programs do attempt to address the issues in a cultural and gender-sensitive manner, the reality is that they have not changed the fact that local women are still excluded from a just representation of their views. Certainly in this research, the point was raised that many women who have undergone infibulation are uninformed and resistant to change. The fact is that the environment is not supportive enough for women to feel that they can discuss their experiences with the likelihood of gaining some say in program development. This disabled the group's own ability to speak and be heard; consequently the voices of the most important people, that is the women who have been circumcised and those who arrange and celebrate the circumcision of their daughters, nieces, and granddaughters, are muted.

Meaningful change requires FGC-practising communities themselves to become empowered and assertively able to claim their rights and to act in ways which challenge injustice at the international or the domestic level.

In fact, it was clear from this research that those women who were more critical of their treatment in the Australian and international media were both more aware of their rights and more socially active in attempting to bring about change in the public attitude and depiction of them.

Tomasevski (1993) has argued that the application of programs and projects aimed at addressing human rights abuses against women is reliant on an understanding by women at the grass-roots level of international human rights mechanisms and supports as well as a dedicated global support response to ensure that women's aims for change are fully realised. Similarly, Lambert and Pickering (2000) found that the human rights framework was effective for women who were able to structure issues of violence against women in language which was recognisable to governments. They argued that human rights obligations at an international level could be effectively used by women with access to the discourse of rights.

This thesis further supports Tomasevski's (1993) view, that only within the context of a supportive global environment will the human rights of Eritreans and, for that matter, all African women and children be fully realised and protected.

12.5.7 International and Australian Response to Global FGM Eradication Movements

“Human rights, in one memorable phrase, starts with breakfast”

(Tharoor 2001:35).

Subsequent to locally based policy and practice towards the provision of services, resources and facilities to abolish infibulation and restore the well-being of women, a global perspective provides a more holistic framework for assessment of human rights protections including infibulation (FGC).

Specifically, upon consideration of all the issues which arose for the Eritrean women in this research, and the global economic and political

causes of poverty and oppression, the need to look beyond the local response has arisen as a necessary component in protecting the needs and rights of Eritrean women and children and promoting their well-being.

Effective policy aimed at abolishing infibulation globally would, from information derived through this research process (including secondary source material), involve the following:

- Addressing the root causes of poverty and examining the position of women within their context. Making a commitment to reducing economic disadvantage and disparity, human rights abuses, human and environmental exploitation, and destruction of the means to self-sufficiency.
- Increasing aid and support to countries practising infibulation (FGC) which are in need.
- Increasing pressure to modify the practices of regimes that cause people to become poverty-stricken.

Internationally, Australia has been active in pushing for international human rights reforms, particularly in the area of children's rights and women's rights. In fact, at the inception of the United Nations, Australia was at the forefront of advocating for a strong international human rights regime (Human Rights Equal Opportunity commission, 2000). Therefore, as a responsible member of the international community Australia should meet its obligation to protect and provide adequately for some of the most vulnerable: African women and children.

12.6 Potential Benefits of the Research

The first parts of this chapter have been concerned with the research findings, including a discussion of the policy and practice implications and recommendations to address concerns with respect to the impact of infibulation on orgasm, sexual satisfaction, and marital relationship. This last section is designed to conclude the thesis with a summary of the potential benefits of the

research. It is not the intention to reiterate the detail of the findings, but rather to refer to the findings and indicate their potential use.

In essence the outcomes of this research contain the potential to assist in the following areas:

12.6.1 To assist the Eritrean women in their quest to gain dignity and value in Australia.

This research encapsulates the discourses which have influenced the treatment of FGC in Australia. Furthermore, the research has highlighted the specific effects that the media and anti-FGM propaganda have had on the psychological well-being of the Eritrean community in Australia. Clearly, the community has suffered as a result of the disparagement of its members and its culture. The specific knowledge gained from this research has the potential to be utilised in the development of community group or organisational lobbying for changes to policy with respect to media broadcasting of unverifiable information, and information concerning multiculturalism and cultural diversity. In particular, special training in counselling to work with women who have undergone infibulation could benefit from information arising from this research, which has revealed the extent and depth of the effects of continued assault on their psychological well-being.

12.6.2 To improve the living conditions in the Australian community of Eritrean women and other women who have undergone infibulation, particularly with lobbying for the provision of a coordinated delivery of vital and specific services and supports.

- Most respondents stated that they had never reflected on their circumcision status until, as they said, they “were hounded by the media and their genitalia displayed for public gaze”. Childbirth in Australia was also experienced as an ordeal. Women were refused re-suturing after child-birth due to FGM legislation. They said they left

the hospital with their vaginas “wide open as a door”. This research has identified the need for women and men to have access to culturally and spiritually sensitive counselling services. The research highlights the needs of Eritrean women and the corresponding services within Australia which are designed to meet their resettlement needs, and then contrasts these with what the women regard as the more concerning and compelling facts of living with open vaginas and noisy voiding after childbirth, of being exposed publicly as having “mutilated vaginas”, as well as being forced to examine the issue of FGC, perhaps for the first time.

- Clearly these research findings, which concern the personal, community and social effects of the negative self-image of the Eritrean participants, are directly implicated with the need for services which promote their psychological well-being and more effective inclusion into society, regardless of whether they are “mutilated” or not. The conclusion that all community members affected by FGC should have access to specific services, and that access would be best provided under the gender, culture and spiritually aware model of service provision, is a distinct theoretical position which could be further developed and utilised by those wanting to lobby for better treatment of women who have undergone FGC, their children, and men who are members of the practising groups living within the Australian community.

12.6.3 To articulate the risks of forcing community members to adopt Western views of FGC and sexuality, and consequently to assess the adverse effects of drawn-out battles between activists and African women, who want change to come from within. Information arising from this thesis could also be applied to a critique of the policy of global eradication programs based on notions about human rights, health risks, diminished sexual responses, and dissatisfaction in marital sexual relationships.

This research is useful for application to the general discourse regarding the effects of infibulation on orgasm and sexual satisfaction. The current criticism regarding the claim of diminished orgasmic capacity due to FGC, rebutted by Ahmadu (2000) and Catania, Verde, Sirigatti, Casale and Omar Hussen (2004), is also challenged by this research which has contributed towards the need for inquiry from a holistic perspective into the perceived concerns with such assertions, and the effects on the psychological well-being of women who have undergone infibulation, and circumcised women in general.

- The findings are also relevant for consideration and application to current debate regarding the impact of infibulation on psychosexual health and marital satisfaction. Clearly, other women who have undergone infibulation will experience similar circumstances within their day-to-day lives, and such experiences can be generalised from the current research findings.

12.6.4 To assist Australian Eritreans to explore and enhance their orgasmic potential

- Sex therapy has an important place in our society because many people feel or are made to feel that they are sexually inadequate. This study suggests that it is imperative to remember that female sexuality has been defined by the West, and more specifically through the work of feminists. Ideas about sexuality are infused with value systems based on the sociocultural milieu. The thesis has highlighted the importance of acknowledging and remembering that people/cultures have their own ideas about the meaning of sexuality, what a good sexual relationship is, and what role gender plays. Therefore, programs need to be grounded in the cultural and religious/spiritual environment of the client.
- The thesis has revealed that care must be taken not to stress the necessity of clitoral stimulation to achieve orgasm. While these phenomena may seem inconsequential to some Western women, to some circumcised women who do not respond to clitoral stimulation, they are of considerable importance. Caution must be taken not to over-emphasise the role of the clitoris in sexual satisfaction and thus create even greater frustration and stress for those women who have excised clitorises if they fail to achieve orgasm. What must be done is to let the women define their sexuality and sexual life and, when they are ready, facilitate their acquisition of new techniques if need be. This information is not to be used to set up new standards for them or their partners, because doing so might undermine the pleasures and satisfaction that already exist.

12.6.5 Advancing Knowledge on Sexual Effects of Infibulation:

- This is an important body of knowledge, because it lets the people involved define their sexuality in their own terms instead of allowing others to define it for them. The findings could be used as a framework for best practice when it comes to offering women who

have undergone infibulation culturally sensitive counselling in sexual matters. Sex therapists, with limited knowledge in this area, could use the information to assist women who have undergone infibulation, and who seek assistance, to realise they are not frigid or inadequate for not achieving orgasm by clitoral stimulation, or abnormal for experiencing orgasm through masturbation, which is considered an impossibility for infibulated women. The results can assist infibulated women (especially those who live in Western countries and seeking information) to become aware of their genitals and their ability to achieve orgasm through clitoral stimulation, and their body's ability to develop compensatory responses as a result of FGC.

- Additionally, these findings constitute an important step in demystifying our understanding of the clitoris, orgasm and infibulation and for that matter all types of FGC, and aid in identifying therapies for female sexual problems of all types. The view that all orgasms involve the clitoris was not confirmed; results can add to the vaginal/clitoral debate and support the theory of vaginal erotic sensitivity.

12.6.6 To indicate the need for further research into the sexual experiences (common and diverse) of women who have undergone infibulation and, in so doing, to address the vast discrepancy between the number of articles on FGC worldwide and the lack of knowledge and research about women who have undergone infibulation, their experiences, and needs.

- As a result of this research, it can be argued that the additional burden of being “labelled” requires, from a policy perspective, a recognition of the specific knowledge and experiences of women who have undergone the practice as healthy sexual beings, a reappraisal of the exclusion of their experiences from the current discourse, and a specific encapsulation of their voices within existing

knowledge and theory with respect to women who have undergone infibulation.

- Specifically, this research provides both common and differentiated insights into the experiences of women who have undergone infibulation. Certainly, specific information about the experiences of Eritrean women who have undergone infibulation, and men who are or who have been married to such women, is an area where there has been little past research or knowledge. Further, when assessing the broader experiences of women as participants in FGC, this research has identified many areas where community groups receive incongruent information and experience inadequate support when voicing concerns, mostly due to culturally and spiritually blind policy and, worse, policy which does not account for the specific needs of Eritrean women in rural areas (as distinct from urban Eritreans and other women in the Diaspora who have undergone infibulation).

12.6.7 To contribute to public debates concerning FGM

- The worth of a study can be evaluated by its contribution to the larger body of knowledge. This study offers a view of infibulation and sexual gratification that might expand our understanding when dealing with the subject of infibulation. It sheds further light into what Shweder (2000) calls the “unknowable” aspects of FC and could be used to contribute to public debates on the topic. Because, scientific investigations into or credible evidence of the impact of FGC on sexual responses and health are relatively few (Obermeyer, 1999), the findings of this study will contribute to this body of knowledge as well as being used to develop programs to abolish FGC, especially infibulation.

12.7 Future Research

The comprehensive nature of the research findings provides many avenues for future research projects, for example, a study could be undertaken to ascertain the degree of damage to the clitoris as a result of circumcision, because it is unlikely that existing assumptions regarding the impact of FC on sexual satisfaction (orgasm) will be rendered reliable or valid otherwise. The social and psychological pressures of not being circumcised should be recognised and further work needs to be done to examine the effects of circumcision on larger groups of women on a prospective as well as a retrospective basis. Study of the physical and psychological implications for those children who undergo sunna circumcision is also recommended. Other areas of possible research which arise from this thesis include the rate of acculturation and its effects on the sexual scripts and behaviours of men and women in the Diaspora, so that the findings could be utilised by sex therapists for cross-cultural sex therapies.

12.8 In Conclusion

This research has revealed the experiences of two groups of Eritreans living in Eritrea and Australia. The research utilised a multi-disciplinary context to view the sexual experiences of Eritrean women who have undergone infibulation and men who are or who have been married to such women both in Melbourne, Australia and Hal Hal, Eritrea. This approach served to contextualise the analysis of their experiences within a structural and critical framework, as well as to generate debate which requires a global appreciation of the need to re-examine the view “no clitoris, no orgasm”.

Debate and criticism of the ethnocentric view of female sexuality, particularly with respect to women who have undergone infibulation, is a fresh and socially attractive approach to female sexual theory.

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APPENDICES

APPENDIX 1

Theme Areas Covered

1: Socio-Demographic Information

Religion

Age

Highest level of education attained

Occupation

Marital status

Highest level of education attained by spouse

Spouse's occupation

Number, age and gender of children

Length of time in Australia

2: General Cultural Beliefs and Opinions (FGC)

Why is female circumcision done in your culture?

Do you think the practice affects women's health?

Do you think the practice affects women's sexual and marital relationship?

3: Personal Experiences (FGC)

At what age were you circumcised?

Where was the operation performed?

Who performed the circumcision?

Who encouraged the circumcision?

What is your memory of the circumcision day?

What post-operative care was given?

What immediate complications were experienced?

What long term complications were experienced?

What complications were experienced at marriage and or child birth?

What other complications were experienced?

How do you feel about yourself?

4: Personal Views and Awareness (Issues to be raised)

How do you view Infibulation?

Has your views changed since you arrived in Australia?

Is FGC freely discussed in your community? Are you able to talk to your parents, other women, other men, your spouse about FC?

Are you aware of any issues raised or changes taking place in regards to the practice of infibulation in urban areas of Eritrea?

Do you think the practice should be modified? How and why?

Do you think the practice should be stopped? Why/why not?

What is/was your source of information in relation to infibulation/FGC?

5: Motives and Attitudes

What made you decide to circumcise your daughter?

Would you infibulate your daughter if you have any?

What would deter you from circumcising your daughter?

How would you deal with any repercussions if you decide not circumcise your female child?

6: Media Reports and Community Views

What do you think of the term Female Genital Mutilation?

How do you feel when referred to as genitally mutilated by the media?

What impact do the wider community's views have on you?

7: Sexual and Marital Experiences

Do you have orgasms? If not, what do you think would contribute to your experiencing them?

Does your wife have orgasms? How often?

Is experiencing orgasms important to you/your spouse?

Would you enjoy sex just as much without having them?

Does having a good sexual life have anything to do with having orgasms?

How often do you have orgasms during intercourse; during oral or manual clitoral stimulation?

What does an orgasm feel like to you? Where do you feel it?

What words would you use to describe your feeling after intercourse without orgasm and with orgasm?

How could your body be stimulated to orgasm?

8: Sexual Activities

Do you/your partner stimulate your clitoral area? Manually/orally?

Does it lead to orgasm? Is this important to you, do you like it?

Do you like intercourse? Physically? Psychologically? Spiritually?

Are you active during intercourse? Describe how?

What forms of non-genital sex are important to you? Hugging and kissing, talking intimately, looking at each other, smelling?

9: Variables important to sex

Passion, romance, friendship, non romantic love (deep caring), being in love, economics other.

What are your deepest longings for a relationship with your spouse?

What were your feelings about your Wedding night/month?

How does age affect sex? Does desire for sex increase or decrease or neither with age?

Is your partner sensitive to your sexual needs and wants? If not, do you ask for it?

Do you ever fake orgasms?

Have you ever been afraid to say no to your spouse's sexual advances? Why? If so, how did you feel during sex?

Are you comfortable with your body? Are you comfortable touching yourself or being touched?

Do you talk/read about sex? What do you do with the knowledge you gain?

What do you think of the 'sexual revolution'?

How would you sum up your sexual life?

10: Marital Relationships

Do you like being married?

Would you recommend it to other women?

What does a happy marriage look like?

Do you need to be sexually satisfied to be happy in your marital relationship?

How do you sum up your marital life?