

MUSLIM WOMEN AND CIRCUMCISION: "A Study of Intergenerational Practice and its Continuity in Southern Philippines"

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ABSTRACT

The study aimed to describe the factors that influenced the perceived functions and dysfunctions of the practice of female circumcision, and whether these functions affect its continuity among intergenerational Muslim women in Zamboanga City. The research design was exploratory in nature and utilized two sets of key informants; two religious leaders and 16 informants who were generally non-related mother-daughter sets. The mother group was older than the daughter group. The snowball technique was used to achieve the sample size and a face-to-face in-depth interview was used in gathering the data essential in the study.

The study revealed that age at circumcision influenced the perceptions of the women in the practice of female circumcision and that low and middle income women tended to observe this practice. The perceived functions and dysfunctions were significantly found to have a symbiotic relationship that directly affected both the practice and its continuity. The study indicated that women's strong adherence to religion and social conformity were the factors that largely influenced their perceptions of female circumcision, making the practice highly symbolic and ritualistic. Practitioners of female circumcision were also a factor that influenced the practice and its continuity. The strict observance of segregation of sexes in the Muslim community provided the practitioner and the women an avenue in which the practice was easily handed down, carried out, and observed by three generations of women.

There were four types of circumcision that emerged in this study as described and experienced by the women in Southern Mindanao. These were mild in form as compared to the ones practiced in some parts of the world. Suffice it to say that the Philippine's types of circumcision were more humane, depicting a somewhat harmonious marriage among religion, social and traditional practices.

INTRODUCTION

Sometime in the 13th century, Islam laid its roots in Mindanao. It was in this region of the Philippine Archipelago where Islamic faith gained followers who are known as Muslims. The mixed marriages that took place among Muslims and traders (like Malaysia, Indonesia, and China) have influenced and defined the culture of many peoples of Mindanao. The non-Muslims have lived side by side among Filipino Muslims since time immemorial yet not all of their culture is known or fully understood. One little known cultural practice is the continuance of female circumcision among the Muslim women of Mindanao; hence, this study focused on the topic.

Studies reported that female circumcision was practiced in the world long before the coming of Islam (Assaad 1980, Saadawi 1980 cited in Rhodes 1983, Berkey 1996). Some scholars found that it was widespread among early Muslims (Berkey 1996). Interest in female circumcision as a research topic peaked with the advent of women's liberation some three decades ago, when the number of research on women's status and their welfare around the world increased (Saadawi 1980 cited in Rhodes 1983). Certain investigations found the practice of female circumcision to be associated with very poor and marginalized women in the Third World, particularly those located in predominantly Islamic countries in Africa, the Middle East, and Southeast Asia (Althaus 1997; Isa et.al, 1999; Slinger, Snow & Okonofua, 2002; Gruenbaum 2006; Yount 2007). These studies brought to light the sufferings and deaths of circumcised women and girls who were subjected to crude methods of circumcision, which came to be generally known as female genital cutting and female genital mutilation.

Although much has been written about the phenomenon of female circumcision in other Islamic Third World countries, not much is known about it in the Muslim regions of Mindanao in the Philippines. However, based on a few existing studies (Ewing 1958, IIRR, PLAN & SCF, 2000) and personal anecdotal accounts, it was said that the practice has been observed among Muslim Filipinos. This study therefore sought to address the research gap by conducting an exploratory investigation into female circumcision practice and the experiences of two generations of selected Muslim women in Southern Philippines particularly in Zamboanga City.

Objectives of the Study

The study aimed to describe the socio-demographic characteristics of two generations of females (mothers and daughters) and their perceptions of the functions and dysfunctions of female circumcision. It also tried to determine whether or not the functions and dysfunctions influence the current observance and continuity/discontinuity of the practice in Muslim community in Zamboanga City.

The specific aims were to answer the following questions:

1. What are the socio-demographic characteristics of the mothers and daughters who underwent circumcision?
2. How is the circumcision done?
3. What are the perceived functions of circumcision?
4. What are the perceived dysfunctions of circumcision?
5. How do these perceived functions and dysfunctions affect the continuity or discontinuity of female circumcision?

REVIEW OF RELATED LITERATURE

Definition, Types, and Incidence of the Practice

According to the *Harvard Law Review* (1993), the term "female circumcision" refers to several genital operations that entail incision and usually removal of part or all of the female external genitalia, which is composed of the clitoris, the clitoral prepuce, labia majora (large lips of the vagina), and labia minora (small lips of the vagina). The World Health Organization (1997) uses this term synonymously with female genital cutting, female genital mutilation, or female genital surgeries, which generally involve either procedures that remove partially or totally the entire external genitalia and injure the female genital organ for cultural or non-therapeutic reasons.

According to several sources, there are four (4) severe forms of female circumcision. These are: (1) Type II/ Excision or Intermediate circumcision, which requires the removal of the entire clitoris; (2) Type III/ Pharoanic circumcision, which involves sewing together the sides of the labia majora and the labia minora after removing the clitoris, and leaving a small orifice for urination and menstrual flow; (3) Type IV circumcision, which refers to any procedure that pricks, excises, and stretches the clitoris or the labia; and (4) Type V/ Introcision circumcision, which cuts the perineum to enlarge the vaginal opening to facilitate sexual penetration of girls or circumcised women with small openings (WHO 1997; Gordon, 1991; Hayes 1975; *Harvard Law Review* 1993; Kelly Morris 2006). These four (4) severe forms have been documented as practiced in Mauritania, Cameroon, Chad, Tanzania, Mali, Somalia, Nigeria, Sudan, and Egypt.

In Southeast Asia, some milder forms of genital circumcisions have been recorded. For example, Malaysia and Indonesia reportedly practice the Sunna circumcision, which entails making a small cut/scratch near the clitoris with a razor blade or knife to remove a microscopic amount of tissue without impairing the female organ (Isa et al. 1999 and Muhadjir et al., n.d). In the Philippines, some Muslims perform a quasi-circumcision known as "Pag-Sunnat"/ "Mag-Sunnat" where the *pandita* (woman religious leader) swabs the girl's clitoris with cotton while uttering verses from the Qur'an (IIRR, PLAN & SCF, 2000). Among the Tausugs, the *panday* (traditional healer) performs the ritual by rubbing the knife gently over the anterior portion of the labia majora or stroking the clitoris two to three times while uttering verses from the Qur'an (Ewing 1958; IIRR, PLAN & SCF 2000).

Socio-demographic Characteristics Influencing the Practice

Factors such as age, parents' education, and income have been observed to be determinants of the practice (Gordon 1991). An earlier study of Dr. Asma El Dareer on households throughout Northern Sudan during the period 1977 to 1987 among 3,210 women and 1,545 men revealed that the strongest predictor of operation type was level of education. Seventy-five percent (75%) of the Type 3 pharoanically circumcised girls came from illiterate families, while educated parents were more likely to opt for the milder forms of genital operations (El Dareer, 1982 cited in Gordon 1991).

A much more recent study conducted in Sudan indicated that apart from income and age, religion was also pointed out to influence the prevalence of the practice and to determine the likelihood of women and children to experience female circumcision. Islam & Uddin (2001) asserted that parents' role in the practice of circumcision is a very crucial influence in the likelihood of a child to experience circumcision. Patterns of variation regarding age of married women are evident. Most girls are circumcised between ages four and nine, and household possessions score a proxy measure of economic status, showing a positive relationship with the prevalence of circumcision in the region of Shendi where circumcision was practiced by all except among Christian women.

Functions or Justifications for the Practice of Female Circumcision

There are eight (8) justifications for the practice of female circumcision.

First, it symbolizes the shared heritage of a particular ethnic group. Social privileges and benefits are attached to this age-old practice; thus the women are reluctant to break it. Second, it is believed that clitoridectomy enhances safe delivery of a child, hence reducing the possibility of death. The absence of the clitoris is viewed as preventing the occurrence of a so-called "symbolic or spiritual injury." Thirdly, women who adhere to Islamic doctrine must submit to this practice as a symbolic act of deep devotion to Islamic teachings (Muhadjir et. al. (n.d.)). Fourth, when circumcision involves genital closure, it ensures chastity from the time of the circumcision until marriage (Isa, Shuib & Othman 1999, *Harvard Law Review* 1993, Janice Body 1982, Muhadjir et. al n.d.). Fifth, the practice promotes and enhances hygiene and aesthetic beauty [absence of genital opening including the clitoris] (Berkey 1996, *Harvard Law Review* 1993, Gordon 1991, Janice Body 1982). Sixth, it keeps the social values in place and renders the child acceptable to the ethnic group she belongs to and therefore entitles her to the privileges and benefits accorded to a circumcised individual (Janice Body, 1982; 1989 and *Harvard Law Review*, 1993). Seventh, circumcision defines the child's sex (being a woman) and purity, which renders her eligible for endogamous marriage (Yount 2002, Knight 2001, Berkey 1996, *Harvard Law Review*, 1993, Janice Body 1982). And finally, the eighth reason is, the practice is prescribed as a cure or treatment for certain female deviances such as lesbianism, masturbation, nymphomania, and even epilepsy (Dudones 2007).

Dysfunctions of the Practice of Female Circumcision

The literature suggests that the dysfunctions of the practice of female circumcision are related to two major human aspects: physiological and psychological. (WHO cited in Morris 2006, Post 1995, Tobias 1993 cited Jones et. al. 1999, WHO, 1996 cited in Overseer 1999, Dire 1998, Lane & Rubinstein 1996, WHO 1979, El Shadowy 1980, and El Dareer 1982 cited in Gordon 1991). However, practically all these dysfunctions occur in relation to the severe types of circumcision. There is hardly any information available on dysfunctions due to mild types of circumcision.

The physiological dysfunctions appear to be health impairments categorized into infectious, urologic, dermatologic, hematological, obstetric, and gynecologic. But in simpler terms, these dysfunctions are complications aggravated by the use of crude and unsterilized equipment, the non-use of anesthesia during operations, and the use of unhygienic salves and medication for treating wounds, which increases the vulnerability of the women (Gordon 1991). Cited from the literature are the following groupings of complications: One is the occurrence of various infections ranging from septicemia, tetanus, urinary infections, and possible Hepatitis, and HIV infection. Two is the development of urologic complications such as urinary retention or difficulty in urinating caused by the severe type of circumcision, which can lead to urinary tract infection, or the formation of gall stones, renal failure, and formation of fistulae (an abnormal passage). Three is the formation of keloids and/or scars that cause dermatologic complications. Four is the hematological complications, such as hemorrhage development of dermoid cyst, clitoral neuroma (cancer of the clitoris), and hematocolpos or the accumulation of menstrual blood in the vagina. And five is the obstetric and gynecological complications that result in an array of secondary medical ailments ranging from infertility, poor obstetric and neonatal outcomes, stenosis (the narrowing of the vagina or urethral openings resulting from scar formation), the need for an anterior episiotomy for childbirth, menstrual difficulty, chronic pelvic infections (inflammatory diseases), vesicovaginal and rectovaginal fistulae.

In addition, there are six psychological dysfunctions cited in the review. These include: (1) traumas, (2) shock, (3) depression, (4) shame, (5) fear, and (6) anxiety. While the first two dysfunctions are due to severe pain experienced by women during their circumcision, the two other dysfunctions—namely fear and anxiety—are also encountered by the women who experienced milder types of circumcision.

Effect of Functions and Dysfunctions on the Continuity or Discontinuity of Female Circumcision

Despite the severe forms of complications experienced as a result of circumcision, women in these countries still support the practice of female circumcision and subject their daughters to same experiences (Islam & Uddin 2001, Isa et al 1999, ones 1996, *Harvard Law Review* 1993). Moreover, reports of complications (infections being the most common) were qualified to be attributed to the “evil eye”; hence they are treated in traditional methods like use of amulets, incantations, or a dip in the Nile River instead of by seeking immediate medical assistance, as reported in Nigeria. In fact, only 10% of the 790 cases of immediate complications reported have sought the services of medical personnel (El Dareer (1982) cited in Gordon 1991). Knight (2001) further asserted that there has yet to be evidence that would prove that the practice of female circumcision has any positive effects on women’s reproductive health or fertility.

In 1999, Nigeria—the most populous country in sub-Saharan Africa—had an estimated total of 108,945,000 (WHO 2000a) and the self-reported prevalence of female genital cutting is 25 percent of the population.

METHODOLOGY

Site

The study was conducted in the nine barangays of Zamboanga City, namely: Baliwasan, Canelar, Camp Islam, Lower Calarian, Recodo, Sta. Maria, Suterville, Tetuan and Tugbungan.

Methods

This study utilized an exploratory research design in order to learn more about this practice by understanding the perceptions and experiences of Muslim women in Zamboanga City. The nature of the research was qualitative and relied mainly on the face-to-face in-depth interviews of key informants to acquire the needed data. An interview guide was devised for this particular study, which was done prior to the field work.

Strategies

The study used 16 informants drawn from the Muslim population in Zamboanga, utilizing a non-probability purposive sampling. There were two sets of informants: one, the religious leaders (composed of one *Imam* and one *Panday*) treated as key informants; and the other was the mothers-daughters set (composed of eight mothers and eight daughters) treated as mother and daughter informants. A snowball sampling technique was utilized in gathering the desired number of mother-daughter informants. There were only three true pairs of mother-daughter informants while the rest were independent non-related mother and daughter informants. The religious leaders were purposively drawn from two communities in the study site, while the mother-daughter informants were drawn from nine Muslim communities. To further ensure that the informants were appropriately selected, the following criteria were formulated: (a) the informant must be a pure blooded Muslim and not a convert; (b) she

must have been circumcised; (c) she must have been within the reproductive age of 15-55 years old; and (d) she must have understood the *Chabacano* vernacular or Tagalog.

Prior to the actual interview, the informants were all briefed on the nature of the study and on the course of the interview as well. The researcher also sought permission from the informants to use an audio tape recorder during the interview. The interviews lasted for 45 minutes at the very least, while the longest interviews ran from an hour to one hour and thirty minutes. The interviews on informants who needed translators were the longest interviews. Interviews of informants who were speaking in *Tausug*, *Sama*, *Tagalog*, and *Chabacano* were later transcribed and translated contextually in English.

Most interviews conducted among the informants took place in their domiciles and the rest were conducted in their place of work. The religious leaders were interviewed in the home of the Muslim contact in barangay Suterville upon their request. The Panday was interviewed first, followed by the Imam. The researcher made sure that both religious leaders, like the mother and daughter informants, would not have a chance to meet, so as not to compromise the data.

The audio recorded proceedings of the interviews were first transcribed and translated in English. The translation was contextual rather than verbatim to ensure that the appropriate response was captured properly. Specific patterns and trends that emerged from the data collected were extracted and a coding system was utilized to aid the researcher in categorizing and grouping these sets of data. Multiple responses were encoded and a frequency count was utilized. A basic statistical tool was applied in analyzing the socio-demographic characteristics of the informants especially for the computations for the medians and range, to facilitate the establishment of relationships in the data to support arguments in the findings.

Statements from the informants, which were thought to provide emphasis on results gathered from the study, were jotted down in a notebook. This later served as reference notes for the researcher in the course of writing, whereby statements and verbatim quotations of the informants were used to enhance the richness of the data. To ensure that the confidentiality and anonymity of the informants of the study were not compromised; fictitious name was assigned for each informant. Tables were also utilized in order to group the quantitative and the qualitative data essential to the study.

Limitations

There were some methodological limitations encountered during the conduct of the study. First, because the study is qualitative, it utilized a small sample. Hence, the generalization and conclusion are only true to these subjects, but not representative of the study site or of the Muslim population of Southern Mindanao, Philippines. Second, the researcher belongs to a non-Muslim religious denomination. This might have affected the responses of the Muslim informants in that they might have viewed the researcher as an outsider. This condition could give rise to a classic behavior known as the Hawthorne effect. Subjects either may hesitate in divulging pertinent information regarding their culture and practices, or may exaggerate in relating their personal experiences and accounts of female circumcision. Third, most of the questions require memory recall from subjects. The older women informants may have difficulty remembering their experiences. The same may be said for the daughter informants because they may have been too young to remember when they experienced circumcision. And fourth, the researcher speaks little *Tausug*, and the medium of communication of the informants is *Tausug* or their local dialect.

DICUSSION OF RESULTS

The discussion is divided into five parts: (1) Socio-demographic characteristics, (2) Female Circumcision, (3) Perceived Functions of Circumcision (Pag-sunnat), (4) Perceived Dysfunctions of Circumcision (Pag-sunnat) and (5) Effect of Perceived Functions and Dysfunctions to the Continuity or Discontinuity of Circumcision.

A. Socio-demographic Characteristics

1. Age at circumcision

This study pointed out that age at circumcision was the factor that influenced the perceptions women had of the practice of female circumcision. The reported age at circumcision of the women was between a few days old to eight years old, which is a year before the age of reason. It is because at this age, children are less likely to experience embarrassment during circumcision as the procedure requires them to expose their genitals to another person.

This finding was in contrast to the argument presented by Muhadjir et. al. citing that children were circumcised between the ages of a few days old to nine (9) years old, because it reduced the likelihood of the occurrence of infections.

2. Income

While Islam & Uddin (2001) argued in their findings that an increase in household possessions affects women's regard for the practice of circumcision and the type of circumcision administered to a child, in this study, parents' income had no known influence on perception of women regarding the practice of female circumcision. The findings also revealed that women belonging to low and middle income families sought the services of the *pandays* in the community, submitted to the practice, and were administered the type of circumcision that the *panday* was most likely to be familiar with, regardless of the status the parents have in the community.

3. Education

As established in the review of literature, some studies asserted that higher educational attainment meant milder forms of circumcision performed on children. This study, however, indicated that education did not influence the likelihood of a child to undergo circumcision. The women in this study, whose parents were both educated and illiterate, have all been submitted to circumcision.

B. Female Circumcision

The study revealed that *Pag-sunnat/Sunnat* is a term used by Muslim women folk to describe circumcision performed on women. It is often referred to as "pag-islam" which, on the other hand, generally refers to male circumcision and at the same time circumcision rites for both males and females. Most often Muslim women interchangeably use the terms *Pag-Sunnat* and *Pag-Islam* when describing female circumcision.

The circumcision described in this study is non-invasive and devoid of any form of mutilation. Findings in the studies of Muhadjir et.al and IIRR, PLAN & SCF (2000) indicated that only Islamic countries in Southeast Asia use the same term for female circumcision but qualified it as quasi-circumcision. Suffice it to say that these findings and that established in the review proved that female circumcision as practiced in the Philippines and some Islamic countries in Southeast Asia is noninvasive and devoid of any form of mutilation.

The study also described the preparations done prior to circumcision. The practitioner is either fetched or brought to the house of the child, or the mother brings the child to the house of the practitioner. The materials needed for the procedure are requested by the practitioner and are prepared by the mother on the day the circumcision is scheduled to take place. The materials that are commonly requested for the procedure are the following: (1) one small knife, (2) one white cloth one to three meters long, (3) cotton, (4) a saucer, (5) a white candle, (6) matches, (7) 1 ½ kilo of rice, (8) an offering [money in any amount], (9) a chicken [with yellow legs and with white and black feathers], (10) a mat, and (11) a small basin. The same materials were reportedly used in the three other types of circumcision—namely the pahid, kis-kis, and sunna-like circumcision. It was also said that the procedure was most preferably administered during the day. The preferred time was around nine o'clock in the morning. Accordingly, the practitioner does not perform circumcision late in the afternoon.

C. Perceived Functions of Circumcision (Pag-Sunnat)

While the review of literature established eight functions that relate to female circumcision (Dudones 2007; Knight 2001; Yount 2002; Isa, Shuib & Othman 1999; *Harvard Law Review* 1993; Berkey 1996; Janice Body 1982; Muhadjir et. al n.d), this study provided three categories of perceived functions: (1) religious, (2) socio-cultural, and (3) health. Findings in this study revealed that some perceived functions of *Pag-Sunnat* held by the women were influenced largely by religious beliefs. The mother and daughter groups' strong adherence to religion was seen to influence their decision to have their children undergo circumcision. Gordon (1991), Muhadjir et.al.(n.d), and Ewing (1958) relate religion to the prevalence of the practice of circumcision. The women in these studies also believed that it is a highly traditional practice handed down to them from generations of women before them. These women who were morally bound to adhere to the belief openly admitted that it is their civic duty, their responsibility as parents to make their child/children become a Muslim, an Islam. It could be deemed that the likelihood of a child to be submitted to female circumcision is very high among the Muslims regardless of any social strata and educational attainment the parents have.

The study revealed further that it is deemed highly unusual for a Muslim woman not to be circumcised because they believe that female circumcision is the only way for Muslim males and females and converts to be recognized as followers of the Islam religion. The argument is that when one is not circumcised, he or she for that matter is considered to be a Christian. The Muslim women in this study put emphasis on the idea that circumcision renders them fit to perform religious duties and responsibilities that relate to the observance of the Sambahayang. The perceived functions and dysfunctions of female circumcision has permeated and laid roots in the local Islam religion and the socio-cultural system, making it impossible for the women to opt for non-submission to be circumcised. To do otherwise is like opting for the non-observance of one important pillar of Islam—that is "Sambahayang."

This study, however, showed a very slight indication of a health benefit seen in the practice, as the women believed that circumcision was the way to instill in a female child the virtues of cleanliness and chastity, an assertion that was also held by Hayes (1975). Furthermore, it suggested that these particular perceived functions operate under a cloak of superstitious belief held by the informants. They said that when they were circumcised the swabs of cotton used during the procedure were buried or kept safe by their mothers in order to prevent the informants from turning into flirts or loose women, and also so that an appropriate husband would ask for the child's hand in marriage. The symbolical observance of washing of the vagina every time they urinate, moreover, keeps them clean and reminds them that they have been spiritually blessed as they have complied with a perceived requisite of Islam.

Looking further into these perceived functions, this study also indicates that pag-sunnat is a pre-requisite for marriage in Islam – This is similar to the study of Berkey (1996) whose findings showed that women are circumcised to render them fit for marriage. In addition, this study indicated that in some instances in which a non-Muslim woman contracts a marriage with a Muslim man, she must first be

“sunnatun” (should be circumcised) before a marriage is performed. It is believed that a marriage between two circumcised individuals is spiritually blessed and that upon the consummation of their marriage their sexual union attains a spiritual context. It is further said that the Imam ascertains whether both parties have been circumcised before administering and contracting marriages of Muslim couples.

D. Perceived Dysfunctions of Circumcision (Pag-Sunnat)

The findings in the study revealed that there are no severe, minimal, or the slightest indication of any, physiological deformities and psychological effects that have resulted from the informants' circumcisions. The perceived dysfunctions associated with the practice of female circumcision were greatly religious and socio-cultural in nature. There were six (6) forms of perceived dysfunctions reported, from which only one was deemed psychological in nature, such as fear. Those women who remembered their experience of circumcision said that they primarily felt fear because they were too young to understand what the procedure was all about. This was further aggravated when they saw the practitioner and the knife she prepared. Now as parents, they have again experienced fear for reasons that if their children would not submit to circumcision, the community would hold them liable for whatever misfortunes their children would encounter.

Attached to this dysfunction was the belief that an uncircumcised female child would experience hardships in life. Hence family members resorted to tactics such as ridiculing and teasing siblings to convince them to submit to the practice. It is worth noting, however, that these reported psychological consequences were observed to occur prior to the procedure. Furthermore, this particular dysfunction was not established in literature, but emerged in this study. Like the perceived functions, the bulk of the perceptions on the practice's dysfunctions were anchored on religious beliefs.

E. Effect of Perceived Functions and Dysfunctions to the Continuity of Female Circumcision

With regard to the support and continuity of the practice, findings in this study revealed that the women informants, including the *panday*, assert that circumcision must be continued because they believe it to be required of them as Muslims. Women in the study of Isa et al (1999) cited the *Islam* (religion) and the *Adat* (custom) as the primary reason for the continuance of the practice. This is also similarly asserted by Islam & Uddin (2001) in their study that revealed that Muslim women were significantly more likely to support the practice of circumcision. The present study also posits the same argument. The practice clearly involves only the Muslim women.

The study showed that the reported negative consequences of female circumcision basically appeared in this study as perceived dysfunctions of female circumcision. The study surprisingly revealed that both the perceived functions and dysfunctions of female circumcision held by the women informants directly affected the practice of female circumcision and its continuity. It was gleaned further that with the perceived dysfunctions in place, it was easier for the women to accept their experience of circumcision, but it also prompted them to submit their daughters to the practice as well. Although the perceived functions had a bigger influence on the practice, since the informants associated it with religion, it is also worth noting that both perceived functions and dysfunctions had religious implications, turning the practice into highly symbolical and ritualistic occasion and quite difficult to discredit. It could be surmised then that the presence of perceived religious dysfunctions helped reinforce the perceived religious functions of the practice of female circumcision and even its continuity.

The results clearly indicated that despite the lack of evidence of any health benefits, the informants have not been thwarted from subscribing to female circumcision. Evidently the results of the study showed that circumcision would be continued by Muslim women and even encouraged among the next generation, given that the perceived functions and dysfunctions they hold for the practice

compliment each other. This warrants a solid foundation on which the practice is based. Thus in the case of the Muslim women in Southern Mindanao, the chances of a woman being circumcised by a woman doctor is slim yet possible if and when the female doctor or any female medical practitioner has also been taught the prayers and incantations required in the exercise of pag-sunnat. This possibility remains nil since based on the results of the study, the educational attainment of the panday has been the same from the time of her descendants, and there are no indications that the female informants who have attained a higher education have inclinations or the knowledge and skills of the panday.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The data revealed that the religious and the socio-cultural practices are the underlying factors that influence the practice of female circumcision among the two generations of female Muslims in this study. Age at circumcision was also seen as a factor that influences the perception of women regarding the practice of circumcision, which has also affected the continuance of the practice. Although income had no direct influence on the perceptions of functions and dysfunctions of the practice held by the women, the study revealed that, low and middle income Muslim women tended to observe the practice and were most likely to continue it. The perceived functions and dysfunctions held by the women highly affected the likelihood that a child would undergo circumcision as the perceptions reinforce each other and as a result influence the continuity of the practice. The patterns of age at circumcision that were observed among the women in this study were attributed largely to the practitioners and their relationship with the mothers.

The practitioners and the mothers were reported to be the sole persons to administer and decide on the circumcision of a female child, respectively. The female circumcisions performed in Southern Mindanao were the mildest form of circumcision in comparison to other forms of circumcision performed in Islamic countries in other parts of the world. The typologies identified as described by the informants were the "paligu," "pahid," "kis-kis," and the sunna-like circumcision. The *paligu*, which entailed only the washing of the vagina coupled with incantations and prayers, was generally prescribed and intended for adult converts but was also administered to Muslim children. Despite the presence of this alternative form of circumcision, Muslim women still prefer to submit their children to the circumcision procedure that they themselves have undergone. This is because the practitioner prescribes only one type of circumcision performed on Muslim children. And even though there were no known health benefits seen in the practice of pag-sunnat, the women encourage that the practice be carried out and continued among future generations of Muslim women.

Recommendations

Given the results of the study, the researcher recommended:

1. That a quantitative study be conducted on female circumcision in the Autonomous Region of Muslim Mindanao (ARMM) as the study revealed that there is a need to have a baseline data of female circumcision in Southern Mindanao;
2. That a more comprehensive qualitative study be conducted regarding the practice of female circumcision in Southern Mindanao to yield more conclusive and general results;
3. That a qualitative study be conducted on the Kalibugan, Maguindanao, and Maranaw tribes and their practice of female circumcision, as anecdotal accounts from the informants indicated that the Kalibugan tribe performs circumcision, while it was alleged that the Maguindanaons and the Maranaoans do not undergo circumcision, contrary to the popular belief that all Muslims practice female circumcision;
4. That a qualitative-quantitative study be done to investigate whether which Muslim ethnic affiliations belong to the Sunni or the Shiite sect. Some informants of the study were found to belong to the Sunni Sect, and accordingly between the two sects the Sunni is more traditional and conservative in both the practice and observance of the Islamic faith;
5. That a case study be conducted on Muslim women and Muslim women converts who have undergone female circumcision, especially those who have subscribed to sunna-like circumcision, which involved cutting;
6. That a study be conducted on the panday as the practitioner of female circumcision, to further provide another perspective on the practice as well as a much deeper and richer understanding of female circumcision as observed by Muslim women in Southern Mindanao;
7. That a study be done on female circumcision as practiced by Muslim women belonging to the upper income bracket of society; and
8. That a focus group discussion be used in future research on the topic to draw out more information and to further enrich the insights gathered on female circumcision.

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