

## **Male and female genital cutting among Southern Thailand's Muslims: rituals, biomedical practice, and local discourses**

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## **Abstract**

This paper explores how the local Muslims in a province in southern Thailand perceive the practice of male and female genital cutting. In order to understand the importance placed on these practices, a comparison is drawn between the two and also between the male circumcision and the Buddhist ordination of monks as rites of passage. Discourses on the exposure or concealment of male and female bodies respectively, witness to the relevance of both the local political-historical context and biomedical hegemony to gendered bodies. The comparisons evince the need to reflect upon the theoretical and ethical implications of studying genital cutting and focussing exclusively on one of the two practices rather than, as this paper claims to be necessary, considering them as inextricably connected.

**Keywords:** Southern Thailand; male circumcision; female genital cutting.

## Introduction

While I was conducting fieldwork in Satun province, southern Thailand, in April 2004 I was taken to see a public group male circumcision. I had been investigating existing local female genital cutting (amounting to a pricking of either the clitoris or its hood) with indigenous midwives (*bidan*) and other informants and friends, but my very first reactions to the sight of male circumcision was that I felt appalled and almost aghast and I could not easily listen to the cultural explanations provided. Looking at the twelve desks lining up unscreened, serving as operation tables, each with a flower-patterned fabric pillow, under the mosque's arcades and in front of a large and noisy crowd I thought I was witnessing a collective mutilation of boys. This Gestalt was exacerbated by the public display, the screams of the boys and the degree of febrile medical activity characterising the scene.

While viewing the situation, one question came up to my mind: 'Have I ever heard or read anything about how male children are circumcised?' The answer to the latter question was 'no,' in the sense that apart from the oldest ethnographic reports on sub-incision among Australian Aboriginal people, and the classic works of Maurice Bloch on the Merina, present-day anthropological debate tends to focus on female practices. It was for these reasons that I decided to devote time to cross the border between my research on female bodies and ask people to articulate their views on male practices. Moreover, while I gained access to only one female genital cutting, I have witnessed three large group male circumcisions that triggered some reflections on the real extent of gender segregation for academic researchers. The space I was entering seemed to be characterised by the conspicuous presence of religious, medical and political activities to a greater extent than the female world was.

Why though study female and male genital cutting or, using another term, circumcision? Eric Silverman underpins the intrinsic value if such an exercise which goes beyond the specific ethnographic data.

Circumcision offers anthropology an opportunity to examine our sense of who we are as a discipline that remains tethered to a Western tradition that aspires to pluralism, yet refuses to cede certain long-standing (if not God-given) tenets of the body and the self. . As the wider world debates FC and MC, it behoves us to enter the fray to justify anthropology as a unique, legitimate, and serious endeavour. We had better have something important to say. (Silverman 2004:437)

What then has anthropology to say? It is important to study the historical changes occurring in the performance of these practices as Shell-Duncan (2001) and Gruenbaum (2005) put it concerning female genital cutting, but the point can be extended to male genital cutting; as well, for here we see the intersectionality of 'tradition,' 'modernity,' medicine, and bureaucracy. This is witnessed in the multiplicity of local discourses and how they interact with international human rights discourses, as well as in the meanings attached to the spectacularisation of the (male) bodies in ritual displays and the condemnation of female genital cutting. In a place like Satun where biomedicine is often perceived as the government's long arm, what are meanings lie behind organising public medicalised circumcisions? In a prevalently Buddhist country, the southern Thai social context is characterised by the majority Muslim population (about 75 percent of the local population) and it is against this context that want to reflect on Bloch's (1992:85) claim that 'Rituals are not always straightforward and convincing to all their participants; nor are the sociological results of these rituals of authority and of aggression easily predictable'.

Since 2001, Thailand has witnessed since 2001 an unrelenting escalation of violence, insurgency and brutal military repression in the three southernmost Muslim provinces of Pattani, Yala and Narathiwat, culminating in the incidents at Krue-Ze mosque (Pattani) and Tak Bai police station (Narathiwat) in 2004 (cf. McCargo 2008).<sup>1</sup>

I contend that in this atmosphere the government's involvement in staging public male circumcision constitutes the rituals as expressions of state authority and bureaucratic control over the Muslim minority. Satun Muslims' reactions to these public rituals vary.

After providing some key data on the region, this paper analyses a number of terminological and ethical issues related to the topic. It then describes the local context and situatedness of male circumcision, outlining historical changes in the ritual and comparing it to other ritual occasions for both males and females. Although the primary focus is on public male circumcision, some elements will be provided concerning the performance of female genital cutting in the same area. The material presented was collected during sixteen months fieldwork between 2003 and 2006, with shorter returns to the field in 2007 and 2009. I have witnessed group male circumcisions in April 2004, 2006 and 2009; I had the chance to film these events in 2006, and to take pictures of them in 2009 at two different locations. On the other hand, I have witnessed only one female circumcision, in 2006. Individual and focus group interviews (a total of thirty-two) were conducted with religious authorities, *imams*, public health officers, physicians and paramedics, local government's representatives (both at provincial and municipality levels), one traditional circumciser and local men and women.

## **The Region**

The exact number of Muslims in Thailand and in the prevalently Muslim four southern provinces is much debated. The national Muslim population is calculated as between five to seven million in 1988 (Omar 2005:4), and may constitute anywhere from five to eight percent of the total Thai population, some stating up to 10 per cent, of a national population of about 65 million (Omar 2005:4; Imtiyaz 2007:323). In the four southern provinces of Yala, Pattani, Narathiwat and Satun, Malay Muslims form about 75 per

cent of the population (Surin 1982:16 cit. in Chaiwat 1987:19). The government tends to avoid any kind of recognitions of recognising a Malay ethnic identity among the southern Muslims, referring to them as Thai-Muslims or Thai-Islam, while in the local Thai parlance they are called *khaek* (แขก, which means 'guest' in the Thai language) (Chaiwat 1987:22; Omar 1987:250). The debated sense of ethno-religious identity emerges in the name(s) used locally to refer to circumcision (see below).

According to the 2000 Census, the population of Satun amounted to 247,900. Of these, 67.8 per cent were Muslims and 31.9 Buddhists. Approximately 10 per cent of Muslims were bilingual in Thai and Malay (NSO 2001). Muslims in this region are mostly Sunni of the Shafi'i school, but the increasing influence of Wahhabi, Salafist and literalist elements (responsible for the growing number of women using the complete veiling, or *niqab*) plays a major role in upholding or neglecting ritual practices once homogeneously considered as belonging to local Islam. Female genital cutting is one of these practices, and it is at the centre of local debates concerning both male and female genital cutting as well as the cutting performed in obstetric settings, and strongly resented by local women.

### **Terminological and ethical reflections**

The choice of terminology to address genital practices always entails a moral position. I use the term 'cutting' here for three reasons. First, this was the term used by my informants in various contexts, where their expressions could be translated as 'he/she will be cut.' Second, my aim is to make a comparison of different discourses on ways of cutting female and male bodies by various traditional, religious, and medical authorities. Third, the term is less controversial than others used in public debate in the West, such for example 'mutilation'. WHO's 1995 definition (endorsed also by

WHO/UNICEF/UNFPA joint statement in 1997) of female genital mutilation encompasses: 'all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons' (WHO 2000:10).

This definition, by subsuming a wide range of practices under the all-encompassing term mutilations creates a specific negative perception. In updating that definition of female genital cutting in 2000, WHO added to the cultural reasons also religious reasons (WHO/OMS 2000).<sup>2</sup> In Islamic contexts several forms of female genital cutting are often referred to generally as *sunna*, an Arabic term meaning 'pathway' and used to indicate a duty or tradition (Boddy 1991:15; Silverman 2004:428). Despite the position taken by Islamic clerics and religious authorities, women usually associate genital cutting, even the most invasive, with Islamic religion and identity (Boddy 1991; Johnson 2000; Silverman 2004). In Southeast Asia, this relation is particularly marked (Clarence-Smith 2008).

The WHO classification of female genital mutilation lists four types on a scale of increasing alteration of external genitalia, from the cutting of the clitoral prepuce to excision (clitoridectomy) and infibulation, with varying consequences for female health and sexuality (Obermeyer 2005). It lists also a fourth type termed 'unclassified' which includes all those instances not corresponding to the abovementioned types, such as pricking, piercing and incision of the clitoris and labia, and other practices not including cutting. Authors frequently gloss the fourth type, the one prevalent in Southeast Asia, as 'symbolic circumcision' (Shell-Duncan 2001), and clitorodotomy (to distinguish it from clitoridectomy, since there is neither excision nor impairment of the organ's functions) (Laderman 1983:206). In Indonesia, people usually agree that '[t]he amount of flesh cut is described as a *mata holang*, the size a grain of white rice' (Newland 2006:400), and

sometimes the cut is performed on a piece of **turmeric root** rather than on the girl's genitals (Putranti 2008; Putranti et al. 2003).

In contrast to female genital cutting, the contemporary scientific and academic literature seldom groups together different modes of intervention on the male genitalia under the term 'male genital mutilation' apart from a few cases (cf. Harrington 1968; Korotayev and De Munck 2003), although this was the original definition provided in the *Ethnographic Atlas* of George Peter Murdock (1967:161). The use of the term mutilation for male practices is nowadays used confined to anti-male circumcision movements in USA (Gollaher 2000; Bell 2005).

WHO never formulated a parallel definition of male genital mutilation to include non-therapeutic, i.e. cultural or *religious*, reasons. Such a definition would actually extend the term mutilation to include the circumcision of Jewish and Muslim men who in principle are circumcised for cultural and religious, rather than therapeutic reasons. Male cutting is generally not spoken about unless within the context of serious health consequences, for example penile amputation (see Vincent 2008). It usually is increasingly promoted as medical measure by WHO and other international organisations as a means of preventing HIV infection in men, see WHO et al. 2006, 2007. Therefore, to address male circumcision's ethical aspects not infrequently triggers a great deal of resistance (Bell 2005).

In 2003 the Malaysian Prime Minister's religious **affairs** adviser Abdul Hamid Othman proposed mass male circumcision for non-Muslims on the grounds of improving hygiene and health and of fostering good relations among different religions, demonstrating how far the grip of medicalisation can extend (Kent 2003). The news was reported by BBC and is still present in some regional blogs. We can speculate that an



analogous proposal by a political figure recommending the mass genital cutting of girls (however mild) would have caused uproar among the major human rights organisations.

### **Terminology used in Satun**

Several terms are employed by local people in Satun to identify male and female genital cutting. They can both be denoted by the same term, *sunat*, or *bersunat* (with the standard Malay prefix *ber-* meaning 'to do'), followed by the specification *lelaki* for the male version, and *perempuan* for the female one. Not all informants agree about this use though. A government representative endorsed the definition above, but specified that in case of male circumcision the term *masuk jawi* (also Malay) would be used only by the Muslims in the three southern provinces located on the eastern coast (Yala, Pattani and Narathiwat), although several informants in Satun used it. *Masuk jawi* refers only to male circumcision, and is controversial for two reasons: first, it is a Malay term and not Thai, in which the word *masuk* means 'to enter'; second, it literally means 'to enter Malayness' since Jawi is interchangeably used to indicate the local Malay dialect, the Arabic script in which to write the Malay language, and in a broader sense the ethno-religious identity of the Malay-Muslims living in Southern Thailand. The term provided by a representative of the Islamic committee, who claimed it to be the only term used to identify the practice, is instead the Thai *khao sunat* (เข้าสู่นัต which means 'to enter the path').

According to one key informant the most popular term in Satun used mainly by Thai Buddhists would be *pen khaek* (เป็นแขก, roughly translated as 'to be a Muslim', but using the quite derogatory term 'guest' *khaek*, which however does not

apparently trigger strong opposition in Satun), whereas *khao sunat* is rather unusual in common parlance. Another term used could be *khao khaek* (เข้าแขก, 'to enter [in the sense of becoming] a Muslim') which would be the Thai version of *masuk jawi*, but with a skewed nuance attached to the term *khaek* 'guest.' The Arabic term *khitan* was mentioned only by a few informants who had pursued religious studies abroad. In the past male circumcision was performed, as today, both in individual and collective forms; the latter is then called *sunat muu* 'group circumcision' using the Thai term for group, *muu*.

## **Male circumcision in Satun**

### ***The performer***

In the past the *imam*, a local 'village doctor' (in Thai *moobaan*, หมอบาน, in Malay *bomoh kampong*), or a traditional circumciser (called *tok mudin* similarly to Malaysia where the name is *modin*, and *tok* is an honorific prefix, cf. Peletz 1996:241) performed male circumcisions. According to a *mudin* in Satun, traditional circumcisers attend courses organised by health authorities concerning hygiene and the use of modern equipment (for analogous arrangements in Indonesia see Geertz 1960:52). When performing a circumcision, the *mudin* could go to the boy's house or *vice versa*, and in more recent times the boy's parents could opt instead for the procedure to be performed by a physician in the hospital.

In the annual large public circumcisions at the provincial mosque, personnel from both the **Public Health Office** and the Satun General Hospital participate. The ratio is that of one 'doctor' (in Thai *moo*, หมอ) for 10 children. In using the term doctor, informants mean both the person performing the circumcision proper and other

paramedics who assist, and form small teams of three or four people. A special organisation of Muslim health volunteers takes part every year, what a *mudin* referred to as a 'club of *moo*' (ชมรมหมอ [chomrom moo], colloquial term for ชมรมมุสลิมสาธารณสุขปัตตานี [chomrom muslim saathaarana suuk Satun] the Association of Muslim Public Health [Volunteers] Satun, were *moo* stays for 'doctors', including Public Health officers).

The ritual was in the past strictly sexually segregated, with only men being present at a male circumcision as only women might attend a female ritual. But in recent group circumcisions female nurses are regularly present, to suture, to distribute medicines and to complete administrative chores. Male circumcision has always been more openly celebrated in Satun, followed by quite large meals and feasts at the family's home involving large numbers of guests, sometimes hundreds.

### *Time*

Boys are usually aged seven to 12 years at the time of circumcision, and in Satun the ritual, as in the past, is usually organised in early or mid-April, the main reason be that in Thailand this month falls during school holidays, therefore convalescence does not impinge on the boy's education.<sup>3</sup> Only a few informants said that the period also falls in the Rabi' al-awwal month (the Islamic calendar is lunar and hence the exact dates are variable and do not necessarily include April) during which the Prophet Muhammad's birth, Mawlid an-Nabi or simply Mawlid, is celebrated. Smaller group rituals (*sunat muu*) did in the past involve boys from the same family or village. Since 2001, however, a large group circumcision has been hosted under the arcades of the central provincial mosque, with a large audience watching the 100 boys (on average) who are circumcised in one morning. Other group circumcisions at smaller mosques in the province did and

do still take place but are neither subject to the same kind of spectacularisation, nor are they performed on an open stage.

The annual group circumcision is nowadays a public event which occurs in a calendar month (in 2009) filled with other celebrations, such as the Buddhist New Year (Songkhran) and the Chinese commemoration of the deceased. The *sunat muu* celebration is not limited to cutting, but is preceded by other activities involving several hundred people and government representatives.

### ***Economic aspects***

Changes have occurred also in the economic aspects of the process. In the past, the *mudin* received a small fee (about 40 years ago customarily 25 THB) and also a chicken and a coconut. Nowadays, the fee for the cutting performed by the *mudin* is between 450–500 baht including the supply of medicines. However, depending on the wealth of the boy's family the *mudin* can decide to reduce this amount significantly. The *imam* of the provincial mosque said that families prefer waiting for the large annual *sunat muu* which is offered completely free of charge, since then the costs are born by the mosque, the municipality, and partly by private contributions. At the hospital or in a private surgery the fee would range from 300–400 baht. The choice of *mudin* is dictated by a preference for a 'traditional' ritual. Some family will of course opt for the public ritual free of charge because of economic considerations.

### ***Position and procedures***

The performance proper has also altered. In the past, the boy straddled the trunk [stem](#) of a banana tree, half sitting (according to informants from a Malay-speaking village located on the Satun coast, the boys instead sat on gunny sacks filled with rice); a clip made of metal, bamboo or wood functioned as a shield holding fast the foreskin and protecting the glans, and was deeply stuck into the stem (or the gunny sack) so that it remained vertical and parallel to the boys' body. In this case, the circumciser did not need any assistance as the instrument would not move. Verticality is to be considered also a sign of agency, of participation. In contrast, nowadays the boys lie down on a table, desk or floor, marking their passivity and the assumption of the role of patient.<sup>4</sup> In the past, the boy usually faced the trial and pain of the cutting alone in a room with the *mudin*. Even if other people were in the vicinity, the *mudin* and the boy were screened from them. The change of position has prompted the necessity for someone to assist the circumciser (either *mudin* or physician) in holding the pliers or shield.

One *mudin* I interviewed, *moo* Ahmad,<sup>5</sup> recalled that in the past he also used betel leaves and areca nuts to prepare a betel-quid which, he said, 'must be given' to the boy to chew before the cut. The quid was thought to provide willpower (*kamlangcai*, กำไลใจ, which is also translated as 'spirit', 'will'), but before handing it over, the *mudin* must recite a *khaathaa* (a Thai term for an incantation, formula or magic spell) and blown onto the betel and areca. *Moo* Ahmad's reticence in describing the content and language of the *khaathaa* ([คาถา](#)) testifies to the changed perception of both the religious impropriety (and unorthodoxy) and un-modernity of the practice.

Whereas both were part of Thai traditional medical practices, any present reference to use and knowledge of *khaathaa* in modern Thailand testifies to superstitious tendencies, abhorred especially among Muslims.

Technically, the major difference was that in the past there was neither anaesthesia nor suturing. The boy would take a very cold bath in a well or river before the cutting, to desensitise the genital area. After removal of the prepuce, the skin retreated over the penis shaft and the raw wound was covered with mercurochrome ointment (*jaa daeng*, [ยาแดง](#) literally 'red medicine') and a piece of cloth. Some circumcisers also used the ashes obtained from burning a piece of fabric to heal the wound. Nowadays the blood vessels are first closed with haemostatic pliers and then sutured; finally, the wound is medicated with an antiseptic ointment.

### ***Medicalisation and the state***

Medical discourse presenting the cutting of the foreskin as a medical operation and a hygienic measure has been quickly assimilated by local Muslim men, who consider this statement a modern scientific corroboration of their religious tenets. The public event brings the boys under the visual scrutiny not only of medical and religious authorities but also of a large audience made up of both male and female spectators, transforming a usually private ritual into an unusual display of bureaucratic and medical dexterity, an expression of increasing government control over this religious practice. The public ritual involves female medical personnel as well, the majority of them wearing a veil, who assist the (Muslim) male physician or paramedic who is the only one allowed to materially perform the cutting.

Many Muslims have criticised the directness with which the young male bodies are exposed at the central mosque, and some elders have been particularly critical of the active participation of female nurses. The sight of so many nurses dealing

in public with male, although the majority of boys are of pre-pubertal age, genitals is at odds with the local sense of decorum. One woman participating in the organisation of the event pointed out that according to tradition only men can be present at a male circumcision and only women are allowed to witness a female circumcision. At a public circumcision these boundaries are blurred: the audience crowding the area and circulating freely in front of (and also among) the tables, the noise, cries and screams of some boys, all contributing to a bustling and confusing atmosphere.

The annual public circumcision is preceded by other celebrations on the preceding day and evening, including games and competitions for the boys (not held every year), a long parade of boys on the main streets of the town centre accompanied by women in colourful and beautiful traditional Malay clothes, and a large gathering with staged speeches of political figures. Emblematically, the local governor also gives a speech and hands out scholarships, and the mayor is present together with other officials. These actions are followed by traditional music ensembles and a mass dinner for approximately 500 people. In 2006, the gathering was hosted in the mosque's yard, in 2009 under the roof of the large theatre at Municipality Primary School.

The presence of the governors marks the event as official and bureaucratic, their speeches describe the peaceful Satun province, and introduce the importance of the celebration and the ritual (it is important to recognise that the governor is not usually a Muslim). In 2004 the governor stressed the existence in Satun of foreign researchers who were studying the local culture, making a non too obscure reference to the only anthropologist in town at the time, myself.

### ***Staging circumcision***

The staged performances of the evening included the representation of ceremonial events of the Muslim lifecycle, such as the ceremony of putting the child in the cradle for the first time (*berendul*) and the wedding (*nikkah*). However, more in the spirit of the Madagascar studied by Maurice Bloch (1986, 1992), also in Satun circumcision itself is turned into the main performance.

In fact, the circumcisions proper takes place on a stage, the large elevated platform in the mosque's lodge, serving as an inverted anatomical theatre. The 10 main desks, each with a coloured pillow, that function as operating tables are lined up on the main floor; in 2004 and 2006 the boys' heads pointed toward the mosque's main prayer room and their feet southward toward the audience, whereas in 2009 a decision was taken to reverse the position just before start, not without some controversy. People arriving at the mosque are offered a light breakfast. Medical personnel assemble early with all the equipment and arrange separate kits of sterile gloves, cloths, scalpel, clamps, pliers and catgut. Afterwards, when all the young men have reported to those checking their registration and have changed into a chequered sarong, the *imam* leads a group in chanting and blessings to open the day. The majority of spectators, positioned about 150 centimetres lower than to the platform, in the narrow corridor between the stairs and the building for ablutions, have full view of the cuttings. Other men, women and children walk by the tables during the whole duration of the ritual. The ritual lasts from 7am until about noon.

### **Comparison between male rituals**

In Thailand in general, and also in Southern Thailand, the cutting of hair is an important ceremony for newborn babies, both for Muslims and Buddhists. It is a marker of acceptance into the social community, and a sign of detachment from uterine life (Merli



2008). But at another stage in life shaving the head is invested with a completely different meaning as it marks the entrance of the teenager or young man into monkhood. Ordination into Buddhist monkhood is a public ceremony, preceded by a parade in which with the novice is carried in an elevated position. If we compare it to male circumcision as religious marker, we notice that the two rituals' body symbolisms are an almost perfect reversal of each other. Most noticeable is the fact that shaving the head is not only physiologically temporary but also completely reversible. In this, it perfectly matches what it is associated with, namely the socio-religious state of monkhood. Monkhood is above all a marker of attained maturity for all Buddhist men and is highly valued if not obligatory. Men can choose to be monks for a few weeks or for their entire lives. At any point in time a man can decide to disrobe and return to lay life.

In contrast, in Islam there is neither temporary nor permanent monkhood. Circumcision marks for men (and for those women who are 'symbolically' circumcised either after birth or upon conversion) entrance into the Muslim community. This entrance is considered irreversible, as Islam does not accept apostasy. As a bodily mark, the loss of the foreskin is irrevocable and therefore not paralleled by the cutting of hair. Buddhist men who convert to Islam, often to marry a Muslim woman, remain circumcised even if, following a divorce they return to Buddhism. The mark of Islam is indelible. As Arnold Van Gennep noted, with circumcision or any other bodily mutilation 'the incorporation in the community is permanent' (Van Gennep 1960 cit. in Harrington 1968:952). The circumcised man is, as Pierre Clastres underlined, a *homme marqué* and since the mark is an obstacle to oblivion the body becomes memory (Clastres 1974:157). Put another way, social incorporation is permanent when bodily de-corporation is permanent and the other way around, embodiment and disembodiment

meet. In southern Thailand, the Malay term used for male circumcision, *masuk jawi*, literally means 'entering Malay-hood' which is in practice synonymous with 'becoming a Muslim.' There is here a clearly expressed identification between, on the one hand the ritual, and on the other hand both Muslim and Malay identities.

There is also a gender disambiguation, at least in the words that *tok mudin* Ahmad uttered when performing a private circumcision I witnessed. After having protected the tip of the glans penis by claspings the foreskin in a copper shield, he picked up the scalpel with a [surgical](#) clamp. At this point he turned to the boy and said 'You will be a real man now, not a *kathoe*y.'<sup>6</sup> With a resolute movement he cut the prepuce extending beyond the pliers on the surface of the divider and; then put the cut foreskin in a small plastic jar. At this point the other men, standing in line and looking at the procedure started chanting *selawat Nabi*. The phraseology used by *moo* Ahmad powerfully conveys the meaning [ascribed](#) to circumcision rituals in several societies, that of 'making men' whereby 'sex differences ought to be important and systematically inculcated' (cf. Harrington 1968:952). But significantly *moo* Ahmad did not differentiate the boy from women but from a gendered category (actually increasingly multifaceted in Thai contemporary society, see Jackson 2000) available in local discourse and which represents in the case at hand an emblem of ambiguity<sup>7</sup>.

### ***Sunat* for girls in Satun**

As I have showed, the timing of group male circumcision links to the school calendar and falls in the same month as important celebrations for other ethnic or religious groups. In contrast female *sunat* is closely related to postpartum practices, since girls are often circumcised when their mothers' 40 days of seclusion and lying by the fire has ended (similar to that reported by Laderman 1987:206 in Malaysia and Newland

2006:399–400 in Indonesia), or within one year from birth.<sup>8</sup> Because of this, it is only the indigenous midwife or *bidan*<sup>9</sup> who performs the mild cutting or pricking of the clitoris as part of her responsibilities, and the ceremony in Thailand has not yet been medicalised, as for example, in Indonesia (cf. Newland 2006; Putranti 2008). According to local interpretations, female circumcision cannot pass into control of public health and medical personnel, since “nurses cannot perform female circumcision, because it must be done by a *bidan*.” A medicalisation of the ritual would also suggest a legitimisation of the practice, something the Thai government would be disinclined to do.

According to some Muslims in Satun female, *sunat* marks a girl's formal/full acceptance into the Islamic community. Others said that an uncircumcised girl would become *ketegar* or stubborn, therefore hinting at the moulding of the ‘feminine character,’ even if there is no explicit mention to a differentiation between genders. These attitudes complement the disambiguation from the *khatoy* category in male circumcision. Another common explanation has to do with the cleansing and ritual purification, as in the Arabic term *tahāra* ([mentioned by some informants with reference to circumcision](#)) implies, and with the acquisition of the religious identity “to become a Muslim.”

Since no group circumcisions are organised for girls, and unlike the present public displays of the male circumcision, it is extremely difficult to attend and observe the process. The celebration for a female *sunat* in Satun amounts only to a small *kenduri*. Informants explain that there are different requirements, the female *sunat* should be done, while the male *sunat* must be done. While the obligation to perform male circumcision is undisputed, there is no uniform consensus on the necessity or performing female *sunat*, since the Islamic Sunni schools of law (*madhab*) have

different opinions on the issue (see Clarence-Smith 2008:14–15). The pre-eminence of the Shafi'i *madhab* in Southeast Asia explains the existence of the practice and its interpretation (Ali 2006:100), since it considers circumcision obligatory (*wāḍjib*) for both men and women (Ali 2006:100; Wensinck 1986:20).

In Satun, defenders and opponents of female *sunat* can be considered as belonging to two groups historically recognised in Southern Thailand. In Malay one group is called Tok Guru Kaum Tua (or orthodox religious teachers, *kaum tua* meaning the 'old group') and refers exclusively to the Shafi'i *madhab*. The other group tries to extract Islamic precepts directly from Qur'ān and Hadith and is called Kaum Muda or 'young group' (Hasan 1999:17–18). Members of the 'old group' tend support female circumcision, whereas the 'new group' oppose it. The 'old group' also object to the exposure of boys' bodies and the participation of female nurses in public male circumcision. When talking about female *sunat* in Satun those opposing the practice were identified by several informants as Islam *muda*, or 'young Muslims.' Some of them had completed studies abroad, usually in Egypt or the Middle East, and had been exposed to other *madhab*, literalist interpretations, and to international human rights discourses against female genital cutting. But there were also gender differences. Muslim women usually upheld the practice and men opposed it. During an interview with one devout woman, while she was justifying necessity of female *sunat*, two men intervened to dismiss what she was saying, for fear this would make me think that Muslims do "*these sorts of things to women*," whereas they declared "this is not Islam, this is not in the religion."

### ***Medicalised mutilation?***

Several women and especially *bidan* were very critical and outspoken about another kind of genital cutting, performed routinely on women in obstetric settings on the occasion of the first (and often the second) childbirth: namely the cutting of the perineum, or episiotomy. In Satun hospitals, episiotomies are allegedly performed to avoid spontaneous tears and to hasten delivery. The *bidan* are proud to say that when they attend delivery the tissue around the vaginal [orifice](#) does not break, because they smear [the external genitalia and the perineum](#) with coconut oil. Episiotomy is a mark of childbirth in hospital, with what women consider deleterious aesthetical consequences.

### **Concluding remarks**

Why does male circumcision receive wide local and government support and spectacularisation? What kind of Islamic identity is claimed through public group circumcision? It might be imagined that such an overt display of the most important Islamic ritual that marks the incorporation of the male individual into the Malay-Muslim community serves the purpose of differentiating that community from the majority Thai-Buddhist nation with the reversed bodily symbolism it entails. If we choose to consider public male circumcision in Satun a political discourse it is useful to refer to Maurice Bloch's analysis (1986; 1992) of the historical and political changes occurred during the last two hundred years in the circumcision ritual of the Merina of Madagascar, in which public circumcision rituals became an expression of the expansionism of the Merina state. In Satun, however, the ethnic group protagonists of the ritual are a minority inside the nation state.

As Bloch suggests, however, the symbolism of 'rebounding violence' presents three alternatives. As for the first point, the assertion of reproduction, the circumcision ritual in making men is an assertion of reproduction; but the conquest of fertility, which

Bloch considers the second moment in the symbolism of rebounding violence (1992:93ff), is 'denied' in Satun, hindered or obstructed by the family planning policies targeting over-reproducing Muslims and through the governmental control of female fertility as a result of increasing Caesarean Section and subsequent sterilisation (Merli 2008). The second point, political expansionism (Bloch 1992:98), has **either** been abandoned or **remains unattainable**, since the southern Muslims have already been conquered by the Thai state. As for the third point, refuge in the ritual exaltation of the bond with God (ibid.), the consistent presence of Thai government authority in the form of financial support and participation makes 'the abandonment of earthly' conditions a rather ambiguous enterprise.

I would rather consider the public group circumcision at the central mosque an expansionist moment, but of the Thai state over the local community. The arrangement is perceived as extraneous and unappealing by more traditionalist Muslims. People participating in the ritual choose the event mostly for economic convenience. The conquest of male bodies by the biopolitics of governmentality is also expressed in Thailand in another public ritual: namely the annual vasectomy festival on the occasion of the King's birthday held in Bangkok. The event was mentioned in medical journals in 1987 because of the introduction of a new technique allowing the performance of the cutting without scalpel. In one day 1,203 vasectomies were performed by 28 physicians (Nirapathpongporn, Huber, and Krieger 1990). Thus, what should be conquered in a ritual of rebounding violence, fertility, is kept in check, and the male body is conquered by the state. As Wendy James states analysing Bloch's work,

Such rituals are not just 'spectacle' but potent and memorable because of their place in hierarchies of other social performance. Rulers play on the elements of ritual practice already known to the people, and can sometimes make them weep. (James 2003:109)

These spectacles are memorable to the audience as performances, and to the boys circumcised because the mark on their bodies is undeletable. In marking the body through initiation rituals, society inscribes its law on the individuals' surfaces (cf. Clastres 1974:157–158), or as Mary Douglas writes 'what is being carved in human flesh is an image of society' (Douglas 1966:143). Therefore, it is of paramount importance just who is invading the bodily boundaries. With the annual public male circumcision in Satun, state authorities take over a ritual, turning it into a conquest of the state and biomedical power at the same time. As Hastings Donnan and Thomas Wilson remind us,

Nowhere is this more evident than at the edges of the state, where claims to sovereignty and aspirations to nationhood may be written on the body by practices designed to subject it to the authority that the state tried to enforce, and those who challenge the state try to subvert. (1999:130)

It is at its borders that 'the powers of the state are monumentally inscribed' (Wilson and Donnan 1998:8). In organising a religious ritual as if it were a state ceremony the Thai state provides an example of how to achieve its goal and 'fostering an Islam over which it has administrative control' (Jory 2007:21). In refusing to hand over to the surgeons the performance of female *sunat*, women claim their Shafi'i identity by resisting the complete conquer of their bodies.

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## References

Ali, Kecia. 2006. *Sexual ethics and Islam: Feminist reflections on Qur'an, hadith, and jurisprudence*. Oxford: Oneworld.

Bell, Kirsten. 2005. Genital cutting and western discourse on sexuality. *Medical Anthropology Quarterly* 19, no. 2 : 125–48.

Bloch, Maurice. 1986. *From blessing to violence: History and ideology in the circumcision ritual of the Merina of Madagascar*. Cambridge: Cambridge University Press.

———. 1992. *Prey into hunter: The politics of religious experience*. Cambridge: Cambridge University Press.

Boddy, Janice. 1991. Body politics: Continuing the antircircumcision crusade. *Medical Anthropology Quarterly (New Series)* 5, no. 1: 15–17.



Chaiwat Satha-Anand. 1987. *Islam and violence: A case study of violent events in the Four Southern Provinces, Thailand, 1976-1981*. Tampa, Florida: University of South Florida, The Department of Religious Studies.

Clarence-Smith, William G. 2008. Islam and Female Genital Cutting in Southeast Asia : The weight of the past. *Finnish Journal of Ethnicity and Migration* 3, no. 2: 14–22.

Clastres, Pierre. 1974. *La société contre l'état. Recherches d'anthropologie politique*. Paris: Les éditions de Minuit.

Donnan, Hastings, and Thomas M. Wilson. 1999. *Borders: Frontiers of identity, nation and state*. Oxford: Berg.

Douglas, Mary. 1966. *Purity and danger: An analysis of concept of pollution and taboo*. London: Routledge.

Geertz, Clifford. 1960. *The religion of Java*. Chicago and London: The University of Chicago Press.

Gollaher, David L. 2000. *Circumcision: A history of the world's most controversial surgery*. New York: Basic Books.

Gruenbaum, Ellen. 2005. Socio-cultural dynamics of Female Genital Cutting: Research findings, gaps, and directions. *Culture, Health and Sexuality* 7, no.5: 429–41.

Harrington, Charles. 1968. Sexual differentiation in socialization and some male genital mutilations. *American Anthropologist* 70, no. 5: 951–6.

Hasan Madmarn. 1999. *The pondok & madrasah in Patani*. Bangi: Penerbit Universiti Kebangsaan Malaysia.

Imtiyaz Yusuf. 2007. The Southern Thailand Conflict and the Muslim World. *Journal of Muslim Minority Affairs* 27, no. 2: 319–39.

Jackson, Peter A. 2000. An explosion of Thai identities: Global queering and re-imagining queer theory. *Culture, Health and Sexuality* 2, no. 4: 405–24.

Jackson, Peter A., and Gerard Sullivan, eds. 1999. *Lady boys, tom boys, rent boys: Male and female homosexualities in contemporary Thailand*. Binghamton: The Haworth Press.

James, Wendy. 2003. *The ceremonial animal: A new portrait of anthropology*. Oxford: Oxford University Press.

Johnson, Michelle C. 2000. Becoming a Muslim, becoming a person: Female “circumcision,” religious identity, and personhood in Guinea-Bissau. In *Female “circumcision” in Africa: Culture, controversy and change*, ed. B. Shell-Duncan and Y. Hernlund, 215–34. Boulder: Lynne Rienner.

Jory, Patrick. 2007. *From "Melayu Patani" to "Thai Muslim": The spectre of ethnic identity in southern Thailand*. Singapore: National University of Singapore, Asia Research Institute Working Paper Series no. 84.

Kent, Jonathan. 2003. Malaysia moots cross-cultural circumcision. *BBC News*, December 1, <http://news.bbc.co.uk/2/hi/asia-pacific/3326861.stml> (accessed March 27, 2007).

Korotayev, Andrey, and Victor De Munck. 2003. "Galton's asset" and "flower's problem": Cultural networks and cultural units in cross-cultural research. *American Anthropologist* 105, no. 2: 353–8.

Laderman, Carol. 1983. *Wives and midwives: Childbirth and nutrition in rural Malaysia*. Berkeley: University of California Press.

———. 1987. Destructive heat and cooling prayer: Malay humoralism in pregnancy, childbirth and the postpartum period. *Social Science & Medicine* 25, no. 4: 357–65.

McCargo, Duncan. 2008. *Tearing the land apart: Islam and legitimacy in Southern Thailand*. Ithaca: Cornell University Press.

Merli, Claudia. 2008. *Bodily Practices and Medical Identities in Southern Thailand*. Doctoral thesis. Uppsala: University published in Acta Universitatis Upsaliensis, Uppsala Studies in Cultural Anthropology 43.

Murdock, George Peter. 1967. *Ethnographic Atlas*. Pittsburgh: University of Pittsburgh Press.

National Statistical Office, Office of the Prime Minister (NSO). 2001. *The 2000 population and housing census, Changwat Satun*. Bangkok: National Statistic Office.

Newland, Lynda. 2006. Female circumcision: Muslim identities and zero tolerance policies in rural West Java. *Women's Studies International Forum* 29: 394–404.

Nirapathpongporn, A., D. H. Huber, and J. N. Krieger. 1990. No-scalpel vasectomy at the King's Birthday Vasectomy Festival. *Lancet* I: 894.

Obermeyer, Carla Makhlouf. 2005. The consequences of Female Circumcision for health and sexuality: An update on the evidence. *Culture, Health and Sexuality* 7, no. 5: 443–461.

Omar Farouk Bajunid. 1987. The origins and evolution of Malay-Muslim ethnic nationalism in southern Thailand. In *Islam and society in Southeast Asia*, ed. Taufik Abdullah and Sharon Siddique, 250–281. Singapore: Institute of Southeast Asian Studies.

———. 2005. Islam, nationalism, and the Thai state. In *Dynamic diversity in southern Thailand*, ed. Wattana Sugunnasil, 1–19. Pattani: Prince of Songkhla University.

Peletz, Michael G. 1996. *Reason and passion: Representations of gender in a Malay society*. Berkeley: University of California Press.

Putranti, Basilica Dyah. 2008. To Islamize, becoming a real woman or commercialized practice? Questioning Female Genital Cutting in Indonesia. *Finnish Journal of Ethnicity and Migration* 3, no. 2: 23–31.

Putranti, Basilica Dyah, Faturachman, Muhadjir Darwin, and Sri Purwatiningsih. 2003. *Male and Female Genital Cutting among Javanese and Madurese*. Yogyakarta: Center for Population and Policy Studies, in collaboration with Australian National University and Ford Foundation.

Shell-Duncan, Bettina. 2001. The medicalization of female “circumcision”: Harm reduction or promotion of a dangerous practice? *Social Science & Medicine* 52: 1013–28.

Silverman, Eric K. 2004. Anthropology and circumcision. *Annual Review of Anthropology* 33: 419–45.

Surin Pitsuwan. 1982. *Islam and Malay nationalism: A case study of the Malay-Muslims of southern Thailand*. PhD diss. (Published in 1985. Bangkok: Thai Khadi Research Institute, Thammasat University).

Van Gennep, Arnold. 1960. *The rites of passage*. Chicago: University of Chicago Press. Originally published as *Les rites de passage : étude systématique des rites* (Paris, 1909).

Vincent, Louise. 2008. 'Boys will be boys': Traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality* 10, no. 5: 431-46.

Wensinck, A.J. 1986. 'Khitān'. *Encyclopedia of Islam. New Edition* vol. 5, 20-2. Leiden: Brill.

WHO (Department of Gender and Women's Health). 2000. *Female genital mutilation: A handbook for frontline workers*. Geneva: WHO Press.

WHO/OMS. 2000. Female genital mutilation. Fact sheet no. 241, June 2000, <https://apps.who.int/inf-fs/en/fact241.html> (accessed 3 February 2010).

WHO and UNAIDS. 2007. WHO and UNAIDS announce recommendations from expert consultation on male circumcision for HIV prevention – 28 March 2007, <http://www.who.int/hiv/mediacentre/news68/en/print.html> (accessed April 1, 2007).

WHO, UNFPA, UNICEF, World Bank, and UNAIDS. 2006. Male circumcision reduces the risk of becoming infected with HIV, but does not provide complete protection – 13 December 2006, [http://www.who.int/hiv/mediacentre/malecircumcision\\_pr\\_en.pdf](http://www.who.int/hiv/mediacentre/malecircumcision_pr_en.pdf) (accessed April 1, 2007).

Wilson, Thomas M., and Hastings Donnan. 1998. Nation, state and identity at international borders. In *Border identities: Nation and state at international frontiers*, ed. Thomas M. Wilson and Hastings Donnan, 1–30. Cambridge: Cambridge University Press.

## Notes

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<sup>1</sup> On 28<sup>th</sup> April 2004 clashes at Krue-Ze mosque in Pattani where demonstrators had taken refuge, left 32 insurgents and three Thai army forces on the ground. On the same day 10 coordinated attacks were carried out in different locations. In total there were 106 victims among the insurgents and five among the security forces. The same year, on 25<sup>th</sup> October, a huge demonstration in front of Tak Bai police station (Narathiwat province) ended with the killing of seven demonstrators shot on the spot. Other 78 died suffocated or crushed due to the inhumane conditions of transportation of more than 1,000 demonstrators to a military camp in Pattani.

<sup>2</sup> The definition reads: “Female genital mutilation (FGM), often referred to as ‘female circumcision’, comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons”.

<sup>3</sup> In addition, adult men who convert to Islam must be circumcised, although not in public rituals

<sup>4</sup> It is probably not a coincidence that the position of childbirth has changed in the same way, from squatting to supine.

<sup>5</sup> A pseudonym.

<sup>6</sup> I keep here the usual spelling *kathoe* (กะเทย).

<sup>7</sup> The term *kathoe* refers to males, transvestites, and is also extended to some male homosexuals, although this latter use is much debated (Jackson and Sullivan 1999).

<sup>8</sup> There is no upper age limit as adult women converting to Islam can also be circumcised, although not compulsorily.

<sup>9</sup> *Bidan* here means an indigenous midwife, whether she has attended or not a formal training with medical authorities. Since *bidans*' activity and care extend well beyond childbirth, I refuse the reductive term Traditional Birth Attendant.