

Challenging and Changing Mainstream Narratives on FGM: In Conversation with Samiya Abdi

By Rania El Mugammar

Samiya Abdi, is a senior program specialist at Public Health Ontario, she holds a master's degree in Public Health and Graduate Diploma in Social Innovation and Systems Thinking. Her experience spans from co-creating creative local community engagement programs such as Aspire2Lead and the city of Toronto political Muslim Youth Fellowship to co-founding international movements such as the Somali Gender Equality Movement and Famine resisters.

Samiya has managed multimillion dollar projects within the corporate sector as well as led provincial health care initiatives. Samiya is the winner of The Lori Chow Award for exceptional leadership in health promotion. The winner of the 2018 Woman of the Year Award, by The Federation of Muslim Women, and the MAX Woman of the Year Award. Furthermore Samiya has been recognized for her contributions to city building and social activism. Samiya is a mother, a community transformer and a proud Scarborite.

For organizer and public health specialist Samiya Abdi, conversations surrounding FGM must first and foremost begin from an intersectional place, both in terms of public & academic discourses, as well as responses & policies at the institutional level.

“Survivors have to be at the forefront,” she proclaims clearly and unapologetically. Samiya explains that words like “mutilation” can be very alienating and can have a negative impact on survivors. She underscores the importance of shifting the language we use, and understanding that FGC does not look the same for everyone. “I prefer to use circumcision, because the practice is very different from one person to the next or one context to the next, it doesn’t make sense to lump all of it together, we need more nuance,” she explains.

Survivor centered and led interventions are key for Samiya who reminds us that much of the mainstream academic, medical and “in-country” interventions have been hijacked and co-opted by mostly white Westerners. This leads to the centering of the comfort of Western medical professionals, journalists and social service providers, over the safety of survivors. Samiya recalls an incident, where some healthcare practitioners shared that they screen for circumcision based on geographic origin alone; when asked as to why, their response was because they wanted to prepare medical staff for anything “shocking” they may see. A statement that is two fold problematic, the assumption that trained medical professionals should be especially alarmed, secondly, compelling disclosure based on geographic location alone is biased and insufficient, as Samiya explains.

She reminds us that we should create spaces where survivors feel safe enough to disclose should they want or need to. “There are many white women leading these conversations so you

have a saviour complex, where on one hand we're treated like we need to be saved and on the other hand our cultures, and by extension ourselves, are treated like the enemy," she expands. Additionally, healthcare in general is centered on the assumption that the body we are caring for is that of a young white woman, meaning many diagnostics and reference points for what is "healthy" or "normal" are extremely subjective and harmful.

In terms of public health, Samiya says interventions have focused on ideas of prevention and protection, for a practice that she says is quickly dwindling within Canada. She highlights a gap in services, care, and support for older women and girls who are survivors of circumcision and need support. In order to succeed at designing interventions to support these often systematically abandoned individuals and communities, she reminds us that in these communities there is the expertise from thousands of years of practice, and from intergenerational conversations with survivor-elders, who have navigated full sexual and reproductive lives.

For Samiya, the intersections between media narratives surrounding FGC and public health interventions are clear, both promoting a saviour complex and divesting from supporting those who have already experienced circumcision. "There is an assumption that for women who have experienced this, that their number one health concern will be the site of the circumcision, which can lead to many ignored critical health issues, there is also an assumption that women cannot have full and free sexual expression as a result of it, this is not the case for a lot of women, and that is also a harmful assumption". Intergenerational conversations are key to challenging and changing the sensationalized narrative around FGC which is often shrouded in anti-Black racism, Islamophobia, xenophobia and cultural supremacy.

"We don't need a public health intervention, we need Aunties!" Samiya exclaims, adding that solutions and interventions already happen in community, and we should look to center, and follow those diverse and important voices.