Exploring Female Genital Mutilation Practice Among West African Immigrants in the United States: A Community-Based Participatory Action Research Study

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EXPLORING FEMALE GENITAL MUTILATION PRACTICE
AMONG WEST AFRICAN IMMIGRANTS IN THE UNITED STATES:
A COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH STUDY

A DISSERTATION

Submitted to the Faculty of
Montclair State University in partial fulfillment
of the requirements
for the degree of Doctor of Philosophy

by

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Upper Montclair, NJ
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DISSERTATION APPROVAL

We hereby approve the Dissertation

EXPLORING FEMALE GENITAL MUTILATION PRACTICE
AMONG WEST-AFRICAN IMMIGRANTS IN THE UNITED STATES:
A COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH STUDY

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ABSTRACT

EXPLORING FEMALE GENITAL MUTILATION PRACTICE AMONG WEST AFRICAN IM/MIGRANTS IN THE UNITED STATES:
A COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH STUDY

by Kani Diop

This community-based participatory action research study’s primary purposes were first to reach a fuller understanding of the reasons for the continuation and perpetuation of FGM in the context of immigration and second to find out how the New York-New Jersey West African im/migrant community wanted to address FGM. This research afforded the conceptualization of West African im/migrant thoughts, tradeoffs considerations, and calculations behind the FGM decision-making process. The data divulged the West African im/migrants’ concept of mobility and reflect a specific idiosyncrasy in their relentless intent to return to their native countries. This conscious conviction brands them as migrants rather than immigrants, indicating a mindset of living in the United States for a finite period of time before returning to their West African countries. Concurrently, these im/migrant parents worry about their daughters’ futures, which must align with the home culture if they are to be able to re/integrate upon return to the homeland. Further, the study revealed the complex inner worries and fears of vulnerable African im/migrants, many of whom carry a past history of extreme trauma and difficult trust relations with the Western world along with their cultural values and mores. These complex worries define the African im/migrants’ landscape of poignant
tradeoffs in both the United States and Africa, while causing them to closely guard the only valuable asset they have left, their identity.

The primary purposes of this community-based participatory action research study were first to reach a fuller understanding of the reasons for the continuation and perpetuation of FGM in the context of immigration and second to find out how the New York-New Jersey West African im/migrant community wanted to address FGM. This research revealed how West African im/migrants conceptualize FGM as well as the tradeoffs and calculations underlying their decision-making process around FGM. The data revealed the West African im/migrants’ concept of mobility and reflect culturally specific elements in their determination to return to their native countries. This conviction means they are best described as migrants rather than immigrants, indicating a mindset of living in the United States for a finite period of time before returning to their West African countries. Concurrently, these im/migrant parents worry about their daughters’ futures, which must align with the home culture if they are to be able to re/integrate upon return to the homeland. Further, the study revealed the complex inner worries and fears of vulnerable African im/migrants, many of whom carry a past history of extreme trauma and difficult trust relations with the Western world along with their own cultural values and mores. These complex worries define the African im/migrants’ landscape of poignant tradeoffs in both the United States and Africa, while causing them to closely guard the only valuable asset they have left, their identities.

In order to better understand what is holding FGM in place among members of the African Diaspora even in contexts that are not supportive of the practice, the
theoretical lens for this research was the Black African Feminist à la Awa Thiam (BAFAT) framework. This approach recognizes that, in order to truly understand the maintenance of FGM, one must recognize the ways in which gender construction intersects with the unique socio-cultural and historical contexts of African im/migrants. In the present study, a determining factor in immigrant parents’ choice to continue practicing FGM is their perception of sexual liberty within American society and the need to protect their daughters’ social position and honor.

This study reveals a more complex understanding of FGM in the context of migration and shows how the considerations of mobility plus daughters’ futures intersect with culture, religion, sexual behavior, and continental social acceptability/marriageability to influence West African im/migrants’ decision to continue FGM while downplaying the potential penalties if their involvement in the practice is discovered during their stay in the host country.

*Keywords: Female genital mutilation, West African im/migrants, Worries, United States*
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IN MEMORY OF...

To the memory of my maternal grandfathers Alpha Abdoulaye Dibril Thiam and
maternal grandmother Khadijatou Mamadou Lamine Tall

To the memory of my paternal grandfather Yahya Mandiaye Demba Talibe Diop,
and paternal grandmother Boudi lary – Boudy Mamadou Ramata Ousmane Oumou
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To the memory of my godfather papa Idrissa Diop, a former teacher and professor
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To E.H.O.F.T who gave me hope the night I dreamt of him, myself, and his horse.
DEDICATION

This dissertation is dedicated to my mother Nene Satourou Thiam whose love, kindness, and lived experiences inspired me to believe that social and family conditions should not define how far we go or who we become in life…and to believe “The sky, the limit.”

Mom, you have always been my number one supporter, and I truly believe that I would not have gone this far if it was not to show to the entire world how worthy of honor you are.

Thank you for your countless prayers.
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Dad, you are my reference.

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CHAPTER I

Introduction and Orientation

Female Genital Mutilation (FGM) refers to a traditional practice that consist of the total or partial cutting, removal, or alteration of the female genitalia for cultural or social, rather than therapeutic aims (Berg & Denison, 2011; Rahman & Toubia, 2000; WHO, 2000). Thiam (1978) classifies the FGM variations into four groups: Clitoridectomy (Type I), a partial or total amputation of the clitoris (a sensitive, small erected penis type of the female genitals) and, exceptionally, is targeted the prepuce, which the fold of skin surrounding the clitoris; Excision (Type II), a partial or total ablation of the clitoris in addition to the labia minora, with or without removal of the labia majora, which are the “lips” surrounding the vagina; Infibulation (Type III), the reduction of the vaginal opening by cutting and altering the inner, or outer, labia, with or without removal of the clitoris, hence crafting a covering seal; and Other (Type IV), which includes all other injurious surgeries to the female genitalia for purposes such as puncturing, carving, grating and burning the genital area.

Social inquiries demonstrate that FGM causes major corporal, emotional, and sexual impairments for women and girls (Berg & Denison, 2012; Terry & Harris, 2013; Utz-Billing & Kentenich, 2008). The practice is associated with various short- and long-term health consequences (Wagner, 2011) related to the type of FGM performed and the severity of the cut (Utz-Billing & Kentenich, 2008; WHO 2011). Short-term risks include heavy bleeding, urinary tract infection, swelling, injury to the urethra, difficulty healing, as well as other health related problems (Utz-Billing & Kentenich, 2008). Long-term
physical health consequences experienced by women subjected to FGM include chronic anemia, incontinence, infertility, dermoid cysts, scars (Conroy, 2006) as well as mental health trauma (e.g. fear, depression, high risk of psychiatric disease) and sexual consequences (e.g. loss of sexual desire, inability to have orgasm) (Berg & Denison, 2012). Additional health-compromising effects include urine retention, injury to neighboring organs, painful sexual intercourse, painful menstruation, and complications during childbirth (WHO, 2006).

The practice of female genital mutilation is common in Western and eastern Sub-Saharan African countries and in some Asian and Middle Eastern areas as well (WHO, 2008). UNICEF (2016) estimates that at least 200 million girls and women worldwide have undergone some types of FGM in at least 28 located in Africa. The West African countries with the highest rates of FGM include Mali, Guinea, and Sierra Leone (Senegalese Demographic Health Survey [SDHS], 2010). In addition, specific West African ethnic groups, such as the Pular in Senegal, Bambara in Mali, and Soussou in Guinea, are more likely to perform FGM than are other groups (SDHS, 2010). These ethnic groups perform FGM on girls between the ages of four and 15 or just before marriage (WHO, 2008). Some researchers have even found that FGM has been performed on babies as early as few days after birth (Thiam, 1978).

Historically, female genital mutilation has been delineated to nations of traditional origin within the African territory. For instance, a report from the WHO (2008) stated that FGM occurred only in Africa. However, more recent investigations have uncovered that the influx of immigrants has also increased the FGM incidence in Western countries.
such as the United States (Kolawole, 2011). For example, the United States is believed to have the highest occurrence of FGM among all Western countries (Population Reference Bureau [PRB], 2015). Studies demonstrate that at least half a million girls and women in the United States have either been excised or are at significant danger because of their associations with African FGM-practicing homelands or through affiliation with one or several FGM practicing ethnic groups (PRB, 2015; UNICEF, 1996; WHO, 2008). The Population Reference Bureau (PRB, 2015) projected that, every year and within the United States territory, about 10,000 girls will be at risk of being subjected to FGM. Consequently, the rising and tenacious risk to young girls and women in the United States is real and alarming despite international and local efforts to efficiently tackle FGM (WHO, 2012).

The United Nations Declaration on the Elimination of Violence against Women (1993) defined violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women. Following this United Nations Declaration, the Fourth World Conference on Women held in Beijing in 1995 subsequently recommended that women’s rights be considered within the human rights framework. Since then, FGM has received increasing international public attention, provoking unequivocal denunciation and condemnation from Western countries (Nnamuchi, 2012). Furthermore, the international community as a whole, with the support of the United Nations, has since sanctioned FGM as a harmful traditional practice that violates both women’s and girls’ human rights and discriminates against females based on their gender. Moreover, numerous transnational agencies within and
beyond the United Nations (e.g., the United Nations Children’s Fund [UNICEF] and WHO), have articulated that FGM is in violation of a person’s basic human rights. Taken together, these internationally-based organizations provide a definition for FGM that is rooted in gender inequality with consequences having the potential to cause harm to females (Watts & Zimmerman, 2002). Scholars such as Vissandjee et al. (2003) argue that FGM is part of a continuum of terror-inducing acts against women that ranges from mutilation to torture. Such torture varies from mild wounds to extreme health complications from which death can occur (Berg & Denison, 2012). Consequently, Dorkeeno (1994) identifies the act of FGM as a strong demonstration of gender-based violence since its primary motive is to subjugate women through the use of violence exercised toward their genitals in order to control women’s sexuality and autonomy.

Over the past 68 years, countless debates, interpretations, and studies about FGM have taken place, yet female genital mutilation remains a subject of inquiry and discussion across academic disciplines and the media among both anti-FGM activists and FGM proponents. Terms of reference for genital alteration have proliferated and the appropriateness of different terminologies continue to be discussed heatedly (Shell-Duncan & Hernlund, 2000). I use the term female genital mutilation in this dissertation because, although contested, this term denotes the destructive and the irreversible nature of this harmful practice. In addition, the FGM terminology promotes advocacy to eradicate the practice (WHO, 2008). Despite FGM proponents arguing that the use of this terminology indicates a blatant judgment toward African cultures (Gruenbaum, 2005), labeling FGM as female circumcision is exceedingly misleading. Such tame terminology
does not render justice to the severity and the irreversibility of the procedure (Rahman & Toubia, 2000) and does not reflect the physical, psychological, or sexual complications resulting from it. Female genital mutilation is acknowledged as fundamentally more damaging to health (Bell, 2005; Thiam, 1978) than male circumcision. Hosken (1994, p. 334) states, “The excision of the penis which is the equivalent of the excision of the clitoris is instantly recognized as a severe physical genital mutilation with permanent consequences and is a criminal offense.” The same idea is reiterated by Rahman and Toubia (2000) who equate clitoridectomy to the amputation of the male penis. Bell (2005) asserted that the consequences of FGM are wholly different from circumcision of the male foreskin, which is less likely to impair male sexuality, whereas FGM is more likely to impair female sexuality (Berg & Denison, 2012). While Ahmadu (2000) and Gruenbaum (2001) rejected the assumption that FGM destroys female sexual response, UNICEF (2010), WHO (2008), and Berg and Denison (2012) provide evidence that the excision of healthy genitals is damaging to women’s health. The intentional use of FGM terminology brings with it a firm stance that culture should not be cast as an excuse to perpetuate a practice that permanently debilitates girls and women and jeopardizes their physical, psychological and sexual well-being (Berg & Denison, 2012).

Efforts to eradicate FGM in Africa, as well as in Western countries, have used a number of approaches that, in turn, have had implications for intervention. These approaches include human rights-based frameworks adopted by anti-FGM organizations (e.g., La Commission pour l’Abolition des Mutilations Sexuelles [CAMS-International], a grassroots intervention organization operating in Senegal and African immigrant
communities in France), legal instruments (e.g., the Vacation Cutting Act or Girls Protection Act of 2013), health frameworks (e.g., the smoke cessation model), alternative rites (e.g., circumcision without physical cutting), and positive deviance (e.g., positive behavior change within FGM practicing communities), among others. Overall, interventions based on these approaches have targeted stakeholders at individual, interpersonal, community, and national levels (AAWRD, 2008); nonetheless, they have not worked well with this population.

Several gaps and weaknesses exist in the extant FGM literature (Berg & Denison, 2012). First, the topic of FGM is largely under-studied (AAWRD, 2008; Shabila, Saleh, & Jawad, 2014). Second, few exploratory and explanatory studies, using either qualitative or quantitative data, have been conducted. Moreover, existing studies typically, almost exclusively, examine FGM health consequences (Kaplan, Hechavarria, Martin, & Bonhoure, 2011) and the violation of women’s human rights (Muteshi, Miller & Belizan, 2016). Studies that explore the perceptions and attitudes about FGM in African practicing communities in the context of the United States are scarce (Johnsdotter & Essen, 2016; Alcaraz, González, & Ruiz, 2014). To date, no major participatory action research studies involving African communities in the United States have been conducted to examine what factors support FGM in this country. No dialogue takes place with African immigrant communities, and no exploration or documentation of community expertise and their decisions concerning FGM exist. Third, the few studies in the US pertaining to FGM lack contextualized understanding of African immigrant beliefs and practices, which is particularly important in understanding what might be holding FGM
in place in cultural contexts hostile to FGM and locales in which it has been criminalized. Finally, because existing FGM theories are broad and not context-specific, they fall short in giving a fully situated explanation of FGM. Therefore, further empirical evidence is needed to explore the credibility of these FGM theories or to incorporate additional components to these theories that might make them more culturally relevant and responsive.

While this research is empirical in nature, it is also part of my personal journey. My undertaking of an African activist journey was prompted in part by my relationship with an iconic, world-renowned African feminist, Awa Thiam. I remember vividly and with nostalgia how she was portrayed as the “African lioness,” an African woman who was not afraid to speak her mind and oppose the status quo (Mianda, 2014). She was an African woman who challenged the patriarchal reign in Africa, defied institutions that oppressed women, and held men accountable for the way they treated women. I was fortunate to be part of the world of Awa Thiam, the African woman who brought African traditional practices into the international arena and initiated the debate about female genital mutilation, polygamy, child marriage, bride price, and other issues with which West African societies were confronted (Hosken, 1979; Thiam, 2015).

Because I was born and raised in Senegal, African women’s trials and tribulations were always in my immediate surroundings. I was born into the most conservative ethnic group in Senegal, the Pular ethnic group. This group, called Hal-Pular (speakers of Pular), represents 35% of the overall Senegalese population; however, its FGM rate among women is as high as 64.2% (DHS, 2005). The Pular group is not only one of the
ethnic groups with the highest FGM rates in Senegal, but in addition the Hal-Pular have largely embraced polygamy and child marriage among other traditional socio-cultural practices. I saw my mother’s generation undergo some of the most drastic and harmful practices without having the opportunity or the courage to speak out. Therefore, I decided to speak up for the voiceless African women and for the 200 million girls and women affected by FGM (UNICEF, 2016).

The purpose of this study is to explore with the West African immigrant community their thoughts about FGM with the intent of understanding what holds such a practice in place within the context of migration, and what action(s), if any, the community may want to take to deal with the practice. In order to achieve this goal, a community-based participatory action research (CBPAR) approach was carried out to actively engage the targeted African immigrant community members and make an effort to dialogue with them about FGM within their community to understand with them how to address the issue.

The current study makes numerous contributions. First, this study provides an empirical contribution toward exploring the FGM perceptions and attitudes of the African immigrant population in the U.S by using participatory action research. Second, this dissertation contributes to African feminist theory by using an inductively driven approach to examine the existing gaps in this theory. Third, this study is the first to bring the issue of FGM into the family science discipline while exploring how family sustains and passes down culture. Fourth, this study has the potential to provide best practice references for other FGM-practicing communities. Finally, this study can provide
substantial guidelines to states and NGOs as they develop specific policies and
prevention-intervention measures to address adequately the serious issue of FGM among
African immigrants living in the United States.
CHAPTER II

Review of the Literature

Since the African immigrants involved in this study grew up in the culture of their home country, and later became part of the Senegalese Diaspora, this literature review will first examine the underlying socio-cultural context, political, and religious considerations that support the maintenance of FGM in the home country. Second, it will address the concept of acculturation and the generalized influence of acculturation on the maintenance and practice of traditions such as FGM among those who have immigrated to Western countries. Finally, this review will explore the ways in which Black African Feminism provides an appropriate theoretical perspective to investigate the maintenance of FGM in an environment that does not support the practice.

Factors Contributing to the Maintenance and Perpetuation of FGM in West Africa

Issues related to patriarchal ideology seem to shape the sociocultural contexts and construction of FGM whether within Africa or throughout the African Diaspora. Much of the social construction of FGM is attached to the institution of marriage while the structure and power relations within marriage support patriarchal ideologies. Also important are political and religious considerations which intersect with the influence of patriarchy.

Influence of patriarchy. The development and continuation of FGM is closely tied to patriarchal ideologies and to structures that support these beliefs. Johnson (1997) identified patriarchal societies as those that promote male privilege, focus on male-
centered benefits, and are structurally male-dominant. The practice of FGM reinforces males’ domination and control over the female body (Hosken, 1979, 1982, 1994), promotes gender inequality (Momoh, 2005), and socializes women to submit themselves to men (Thiam, 1995).

**FGM and gender inequality.** Gender inequality is woven into the fabric of the gendered social order and justifies conditions in which women and men are not only treated differently, but in which women are significantly disadvantaged (Lorber, 2010). Moreover, women comprehend this differential treatment as an integral part of their gender identity. Gender identity is emphasized as an element in the making of an individual in African patriarchal societies that practice FGM (Amusan & Asekun-olarinmoye, 2006). Belonging to a specific gender has a direct effect on a person’s attitude and self-esteem. Females take pride in being identified as women, wives, and mothers, and truly believe that the reward for their total submission to their husbands will be successful children (Amusan & Asekun-olarinmoye, 2006).

African women’s submissive attitudes are part of a lifetime of socialization and are solidified by rituals surrounding FGM. Those rituals teach females how to recognize and submit to male power and authority (Thiam, 1978, 1995). Gennep (1960) identified certain rites of passage ceremonies as the core of African gender socialization. A rite of passage is characterized as a life cycle ritual that marks an individual or group’s transition from one state of development to another (Gennep, 1960; Hockey, 2002). Such gender socialization processes affect individual identities, social values, and social standing (Monagan, 2010). In her study of the Dogon of Mali, Thiam (1986) found that
these initiation rites epitomize circumstances of becoming a responsible individual with specific social tasks and behaviors linked to one’s gender. Importantly, social transformations from youth to adulthood (i.e., before and after FGM or circumcision) occur through these initiation rites (Gennep, 1960; Hockey, 2002). Grief (1994) echoed the same vision regarding West African women when he stated that it is during the rite process that a girl is transformed into a culturally defined person, more specifically, a submissive woman. In addition, Josiah (1990) drew similar findings among West African women when she observed that excised girls receive all kinds of social training that socializes them into believing that they have to elevate men to a higher position than theirs.

**The social construction of FGM.** Internalized learned meanings of socially constructed symbols and narratives associated with female excision identify the ideal female as pure, fertile, beautiful, capable of enduring pain, and above all, a virgin whose sexual appetite is under control. Through interaction with society, females learn the symbolism or meanings attached to FGM and develop typical sense of self based on predetermined social standards (Cloward, 2015; Naguib, 2012). Studies about FGM have shown that women constantly look for social stimuli and cues to conform to prescribed norms for survival purposes (SDHS, 2005; UNICEF, 2005; WHO, 2008). For example, for parents, knowledge of the stigma attached to those women who have not undergone FGM (non-FGM women) and the positive qualities associated with those women who have undergone (FGM women) outweigh their worry about the physical, psychological, and sexual consequences resulting from the practice of FGM.
**FGM increases marriage chances.** In the traditional African social context, FGM is strongly associated with marriage eligibility, and failure to marry is damaging to women’s reputation and family honor (Mulongo, McAndres & Hollins Martin, 2014). Virginity, men’s sexual enjoyment, and female fidelity are important factors in the attainment and maintenance of marriage. Parents feel that their responsibility toward their daughters is twofold: (1) to increase daughters’ chances in the marriage market and (2) to be seen as conscientious parents acting in the best interest of their daughters (Coyne & Coyne, 2014). Therefore, the belief that FGM practices, whether clitoridectomy, excision, or infibulation, lead to better marriage outcomes is a sufficient reason for FGM families to continue the practice (Chesnokova & Vaithianathan, 2010; Ouedraogo & Koissy-Kpein, 2012). In their analysis of FGM in Senegal and the Gambia, Hernlund and Shell-Duncan (2007) argued that in African societies afflicted by poverty, a daughter’s marriage becomes a survival issue of great concern for parents. Since FGM is perceived to enhance women’s marriage prospects, and as marriage is traditionally imperative for defining women’s status, efforts are made by parents to ensure that their daughters are excised to increase their marriage likelihood. Furthermore, the preservation of female virginity is a key factor in women’s value in the marriage market.

Virginity is a prerequisite for marriage and is associated with female honor (Kaplan, Hechavarria, Martin & Bonhoure, 2011) and decency in traditional African societies. Female genital mutilation is a means to protect virginity in a context where males demand virgin brides. In the case of infibulation, in which the vagina is sewn closed, virginity is ensured by creating a shield to prevent any sexual activity. Virginity is
further ensured when females lose their sexual desires as the result of genital mutilation (Berg & Denison, 2012). Furthermore, Berg and Denison (2012), in their systematic review, found that the vaginal tightness created by FGM increases male sexual pleasure while decreasing female’s sexual satisfaction.

In FGM-practicing communities, men have reported their fondness of vaginal tightness since, during intercourse, it produces increased friction that is a more stimulating and satisfying sexual experience for them (Siddig, 2016; Van Rossem & Gage, 2009). Sipsma et al. (2012) further argued that men prefer tight female genitals and would always prefer women who have undergone infibulation since this artificially created condition of the female vagina stimulates male arousal and boosts men’s sexual pleasure. Conversely, despite promoting male sexual arousal and pleasure, FGM is known to reduce or eliminate women’s sexual desire, thereby lessening temptations for females’ extramarital affairs (Thiam, 1995).

According to Posner (1994), in contexts where polygamy is accepted and common, men may believe that a wife whose clitoris is removed may require less supervision; therefore, she becomes more valuable in the marriage market. Further, Coyne & Coyne (2014) indicated that FGM is a means for husbands to ensure that their wives remain faithful and their daughters remain virgins until marriage. This process implies a cost-benefit mechanism that is intended to lower males’ cost in monitoring the wives’ sexual activities (Coyne & Coyne, 2014). As for daughters, FGM becomes a means to ensure their virginity for the sake of raising their value in the marriage market (Coyne & Coyne, 2014). Taken together, FGM is a practice meant to subjugate and
control women’s sexuality, decrease women’s sexual desire, while simultaneously enhancing men’s sexual pleasure (Siddig, 2016).

**Cultural Considerations.** Female Genital Mutilation is a deeply rooted cultural practice (Gruenbaum, 2005; Momoh, 2005; Shweder, 2000; WHO, 2008). Scholars such as Grief (1994), Gruenbaum (2005), and Lewis (1996) considered each societal setting established with unique beliefs that are transmitted through socialization processes. Haralambos and Holborn (2000) defined culture as a way of life for its members, and a gathering of routines and ideas that are shared and conveyed from generation to generation. Cultural beliefs provide meaning, logic, and understanding to human existence and experiences, and sustain relationships to other human beings and to the world we live in (Lewis, 1996). Within West African FGM-practicing societies, FGM becomes the social norm that regulates the female body (Shell-Duncan, 2008), shapes women’s behaviors, and increases their chances of marriage. Hence, the practice of FGM is considered a vital part of female social development and a passage from youth to womanhood (Momoh, 2005). In the FGM context, the norm reflects an FGM woman; those who do not comply by refusing to adopt the procedure are considered social, cultural, or religious detractors and outcasts worthy of harsh punishment (Karmaker, Kandala, Chung, & Clarke, 2011; McKenna, 2002). Female Genital Mutilation (FGM) women are taught to despise non-FGM women and because of this sentiment, non-FGM women are marginalized, ostracized, taunted, and made targets of ridicule (Thiam, 1978, 1995). Non-FGM women are labeled as easy women, promiscuous, loose, and uncontrollable (Onyishi, Prokop, Okafor, & Pham, 2016). A non-excised woman is
considered a threat to family stability and honor, a perception held by both women and men in FGM communities (Thiam, 1978, 1995). In African FGM-practicing communities, cultural norms and other traditional beliefs translate into a conditional support of FGM (Johnson & Okon, 2012) as both a rite of passage and as a marker for social and cultural identity (Deason & Githiora, 2014).

**Rites of passage.** Gruenbaum (2001) viewed FGM as a rite of passage by which females make the transition from childhood to womanhood, and society acknowledges the accession to female higher ranks or secret societies. Scholars such as Shell-Duncan (2008) reported the common belief that the excision of the clitoris and the shielding of the vagina through infibulation are prerequisites to womanhood. However, currently, FGM is performed more and more on infants (Nnamuchi, 2012), thus, questioning the rationale of the rite-of-passage stance.

**Identity marker.** For practicing societies, FGM is a symbol of cohesion and a collective identity marker (Alston & Goodman, 2013). Deason & Githiora (2014) reported that numerous practicing ethnic groups perceived FGM as part of both ethnic and cultural identity. Syed et al. (2013) referred to ethnic identity as an individual's self-concept that derives from his or her membership and belonging to an ethnic or cultural group along with the emotional implications attached to that membership. Meanwhile, Ahmadu (2000) and Wagner (2011) argued that non-conformity to FGM prescribed social conventions ultimately results in identity loss. Since African cultures are mainly communal, the sense of belonging urges community members to adhere to the rule of the community mostly based on cultural beliefs and practices. Hence, identity becomes a
strong predictor of FGM (Coyne & Coyne, 2014; Deason & Githiora, 2014; Wagner, 2011).

**Political considerations.** African traditional social groups or conservative individuals have also utilized FGM as a weapon when they feel politically and culturally threatened. A prime example of FGM as political weapon occurred during the decades of struggle for independence in Kenya when the Kikuyu (also known as Agikuyu or Gikuyu) ordered the mutilation of girls and women as a rallying point and as a symbol of cultural unity and disobedience against British colonial rule (Kenyatta, 1938). This ideology and practice perhaps peaked during the period termed the Mau Mau Rebellion (1952-1964), when girls responded to the 1956 ban on clitidorectomy by declaring “Ngaitana (I will circumcise myself)” (Thomas, 1996). During the 1990’s, FGM was also used as a political means to threaten and compromise the security of politically powerful women. For instance, in 1992, a member of the Kenyan parliament threatened future Nobel Peace Prize winner Wangari Maathai with circumcision if she dared step in the ethnic conflict zones (Wagner, 2011). Further, FGM has been used to wage war on African women leaders to intimidate and threaten their political careers. More recently, Boko Haram, an Islamic extremist group based in Northern Nigeria, captured about 200 schoolgirls. Despite the international campaign, Bring Back Our Girls, which focused on bringing the girls home safely and without FGM, reports indicated that they may have been mutilated (Wallis, 2014).

**Religious considerations.** West African societies practicing FGM hold a strong conviction that FGM is mandated by religion, particularly but not exclusively Islam
(Gruenbaum, 2005; Thiam, 1978; Toubia, 1994), and these communities practice various forms of FGM to comply with deeply held beliefs (Berg & Denison, 2012). Hicks (1993) argued that of all factors influencing the perpetuation of FGM, Islam has probably been the single most important one. Those who believe in FGM religious linkage refer to two Islamic sources, the Sunnah and the Hadith, to ground their belief.

The Sunnah refers to commendable practices by the prophet Mouhamed (Salalahou Aleyhi WA Salam [SAWS]) as a model and a guide to be referred to by Muslim believers (Gibson, 2012). The Sunnah describes the ways in which the prophet Mouhamed (SAWS) acted upon the Koran, did the recommended prayers, interacted socially with society, and performed his physical needs and social responsibilities. It is worth noting that the Sunnah, which is based on purposes and principles, is not a written document as the Koran is, but rather reflects the traditional practice of Islamic values. The Hadith, on the other hand, refers to the sayings of the prophet Mouhamed (SAWS), which relates to narrations by various raconteurs explaining the undertakings or comments of the prophet on a specific subject matter. One needs to understand that not all Hadiths are authentic representations of the prophet’s words. A few Hadiths are referenced by some religious leaders to either approve or condemn the practice of FGM. Here is a specific Hadith that illustrates conflicting interpretations and, consequently, practices with regard to FGM. Umm Atiyyah al-Ansariyyah, who was a circumciser in the city of Medina, narrated that the prophet recommended the following to her pertaining to the cutting of the female clitoris: “Do not cut severely as that is better for a woman and more desirable for a husband.” One possible interpretation of this Hadith is
that the circumcision of females is mandatory since the prophet did not condemn it completely. Others believe that the circumcision of females is Sunnah, and therefore a commendable practice but not obligatory for females. Moreover, anti-FGM activists as well as scholars argue that using the rationale of religion is flawed as the mandate is nowhere to be found in sacred texts (Johnsdotter, 2012; Von der Osten-Sacken & Uwer, 2007). Although the Koran (Qur’an) demands male circumcision, no reference to FGM exists in the holy book, even though it is largely performed among Muslim-practicing communities (WHO, 2008). In addition, Christians, as well as animists have used FGM to control female sexuality (Thiam, 1978; Toubia, 1994). Scholars believe that Christians and animists who adhere to FGM do so for socio-cultural rather than religious reasons (UNICEF, 1996; Thiam, 1978; Toubia, 1994; WHO, 2008).

**The Practice of FGM in the United States**

According to Zong and Batalova (2014), African immigrants represent one of the fastest-growing segments of the United States immigrant population. In 1980, the number of sub-Saharan African immigrants was estimated at 130,000 (Takougang & Tidjiani, 2009). Since then, the sub-Saharan African immigrant population in the United States has doubled every decade to reach 1.5 million in 2013 (Zong & Batalova, 2014). Kent (2007) reported that the African immigrant population has increased constantly since 2000 and is expected to continue to rise. Based on the current growth patterns and expected growth projections, the number of African immigrants and their children are likely to reach five million, constituting approximately 12% of the Black community in the United States (Ukpokodu, 2012). Hence, the presence and growth pattern of African immigrants in the
United States necessitate that greater attention be given to exploring the maintenance of cultural practices such as FGM. Scholars from Migration Policy Institute (MPI, 2014) and Population Reference Bureau (PRB, 2015) demonstrated that those who came from FGM-practicing societies are more likely to practice FGM in the United States and particularly in the New York-New Jersey metropolitan area.

**FGM trends.** Since the early 1970’s, immigration to the United States from African countries has reawakened the FGM controversy and resulted in debates and policies about how to eradicate FGM (Gruenbaum, 1996). In 1997, the Centers for Disease Control and Prevention (CDC) reported that 168,000 females between 15 and 49 years of age were at risk of FGM in the United States. In 2008, the African Women’s Health Center (AWHC) at Brigham and Women’s Hospital in Boston estimated even higher numbers, reporting that 228,000 female residents or citizens of the U.S were living with the consequences of FGM or were at risk for the procedure. In 2015, the Population Reference Bureau (PRB) reported that the incidence of FGM has tripled in the United States since 1996, when it was banned through the Illegal Immigrant Reform and Immigrant Responsibility Act. The PRB (2015) estimated that 507,000 girls and women in the U.S had either already undergone FGM or are at risk. These steadily growing numbers have created alarm about American citizens who are the children of immigrant parents being subjected to FGM, prompting Congress to seek ways to address FGM in the United States. Experts from the PRB (2015), UNICEF (1996), and WHO (2008) believe that the rise of FGM is partially attributable to the increasing number of immigrants to the United States from countries where FGM is widely practiced. No
accurate numbers on the prevalence of FGM exist in the U.S.; the estimates are based on numbers of immigrants from countries of origin in which FGM is prevalent.

**Policy and legislation.** While it is difficult to assess the precise level at which FGM is practiced in the United States, the practice is clearly present among the African immigrant population (Rosenthal, 2006; Wade, 2006). Consequently, the U.S. Congress has enacted both policy and legislation to address the issue. USAID (2004) reported that FGM was first acknowledged on the agenda of the United Nations in 1948, within the framework of the Universal Declaration of Human Rights. The human rights model adopted by the United States, in alignment with the United Nations, encompasses four human rights subdivisions, which include the rights of the child, the rights of women, the right to freedom from torture, and the right to health and bodily integrity (Shell-Duncan, 2008). The United States, along with the United Nations and other nongovernmental agencies, has embraced the human rights framework and demanded that African governments take a stand to eliminate FGM. For this reason, the United States enacted a law in 1996 forbidding the practice of FGM on females under the age of 18 and making FGM became a punishable crime (WHO, 2008).

In September 1996, Congress passed the Illegal Immigration Reform and Immigrant Responsibility Act (IIRAIRA). This federal law refers to FGM as a criminal act and punishes anyone who “knowingly circumcises, excises, or infibulates the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years,” and they “shall be fined under this title or imprisoned not more than five years, or both (Chauhan, 2002; Congress, 1996; p.6). Congress's primary
intent was to eliminate the practice of FGM in people's homes without proper equipment and supervision. Further, to close the loophole of the FGM act of 1996, Obama signed the Vacation Cutting Act in 2013 to address the issue of American girls, born to African immigrant parents, who are taken back to their parents’ country of origin to have the procedure performed on them (Akinsulure-Smith & Sicalides, 2016).

The criminalization of FGM has an impact on African immigrant families and medical providers who are mandated to report each encountered incident (Thierfelder, Tanner, & Bodiang, 2005). For example, the law can be used to control the movement of young African girls taken out of the country for FGM purposes. In addition, the law has been used to grant refugee status to women whose daughters or they themselves may be subjected to FGM if they are returned to their home countries (Upvall, Mohammed, & Dodge, 2009). However, Utz-Billing & Kentenich (2008) argued that the criminalization of FGM could drive the practice underground. This unintended result can lead to more severe damage if FGM is performed by nonprofessionals. For example, in 2003, Khalid Adem, an Ethiopian father, was arrested and charged with mutilating his two-year-old daughter (Mungin, 2006). He performed the procedure in his home with a pair of scissors, and the Georgia court found him guilty of cruelty (Mungin, 2006). Adem was convicted not under the FGM law, but under the child battery law, and was sentenced to 10 years in prison (Mungin, 2006). This sentence was greater than the five years imposed by the FGM law. The Georgia court wanted to send a strong message that the practice of FGM will not be tolerated; therefore, Adem was prosecuted under the child battery law to
allow the court to impose a heavier sentence (Mungin, 2006). This case was the first criminal indictment related to FGM since the enactment of the law.

FGM infringes upon girls’ and women’s human rights. Consequently, policies and legislations are enacted with the aim of protecting the human rights of females from a procedure so detrimental to their health. Rahman and Toubia (2000) link FGM to the five distinct types of human rights violations, which are the right to be free from all forms of discrimination, the right to life, the right to physical integrity, the right of the child, and the right to health (WHO, 2008).

**FGM and the American Academy of Pediatrics (AAP).** In April 2010, the Committee on Bioethics of the American Academy of Pediatrics released a public policy proclaiming that some forms of genital cutting in minor females aged 12 and up were permissible. The committee suggested that American doctors be given permission to perform minor FGM such as the removal of the clitoral hood or the clitoral “nick” that African immigrant families, especially Somalian families, were requesting for their daughters. The clitoral nick refers to a surface-level incision of the clitoris to spill blood symbolically. The AAP’s stance, in trying to compromise with African immigrant families while keeping them from sending their daughters to their home countries for the procedure, created confusion as to whether FGM is acceptable in any form (Darby, 2015). The new policy was met with great opposition and thus retracted one month later.

By taking the stance for performing FGM on American babies and young girls born from African immigrant parents, the AAP overlooked the protection of girls’ health and well-being. In doing so, the AAP failed to comply with the American Medical Association
(AMA), as well as other national policies and international treaties based on human rights grounds. The one-month policy that allowed doctors to perform FGM in the United States was more weighted toward appeasing African immigrant parents’ desire for FGM than protecting the interests of children. The issue is that, in trying to be culturally sensitive and more accepting of African immigrant practices, the AAP sent a perplexing message that some forms of FGM were permissible. Opponents of FGM, including African women activists, strongly opposed any compromise that would validate and thus permit even the most supposedly benign FGM procedure (Belluck, 2010).

**Acculturation**

Scholars argue that when immigrants move to host countries, they bring along their beliefs and cultures (Berry & Hou, 2016; WHO, 2008). This argument is particularly true of African immigrants who, in the context of migration to the U.S., extend their practice of FGM (MPI, 2014; PRB, 2015; Tatah, 2016). Studies on the prevalence of FGM have shown that migrants’ perception of and attitudes toward FGM do not change just because they relocate to Western countries (UNICEF, 2005). Research indicates continuing support for FGM among African immigrant communities whose members originate from countries where FGM is a norm (UNICEF, 2005). For immigrants from FGM-practicing countries, the need to remain faithful to the process or practice of FGM may be connected to the extent to which the process of acculturation influences their behavior.

**Acculturation or cultural adjustment.** Acculturation is a process that does not automatically change African immigrants’ behavior. Acculturation has become an
important topic in heterogeneous societies as it relates to how people who develop in one culture come to adapt psychologically and sociologically to another cultural context (Akinde, 2013). Some researchers regard acculturation and cultural adjustment as interchangeable terms (Leong, 2014), which indicates a dynamic process of embracing the cultural traits or social patterns of another group. Acculturation is defined as “the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (Berry & Hou, 2016). Researchers assert that acculturation is the change that results from migration, colonization, or other forms of intercultural experiences and migrants’ strategies to cope with new social tensions and challenges (Akinde, 2013, Berry, 1997; Berry & Hou, 2016). Hence, acculturation explains how individuals new to a culture respond to contact with members of the host culture (Berry, 1997) occurring at the group and individual levels (Agbemenue, 2016; Berry, 2005; Kang, 2006). At the group level, acculturation involves changes in social structure, and cultural practices; at the individual level, it involves changes in personal behavior. Moreover, acculturation is categorized along the two dimensions bounded by the retention or rejection of either the individual’s culture or the dominant culture (McDermott-Levy, 2009; Thomson & Hoffman-Goetz, 2009). Vissandjee (2002) found that the process of acculturation gives rise to feelings of insecurity or loss of identity among African immigrants practicing FGM which in turn provoke emotional and somatic problems. According to Berry (1997, 2016) and Agbemenue (2016), immigrants may adopt four acculturation strategies in order to cope
with the exposure to a new culture: *integration, assimilation, separation,* or *marginalization.*

**Integration.** Integration occurs when immigrants act and partake as essential members of the larger society, while preserving to some extent their own cultural integrity. To understand African immigrants’ pathways to integration in the United States, one must study the context in which they might interact with other people, how they build relationships and communities, and factors that shape their sense of belonging (Dryden-Peterson, 2009). Moving to Western countries such as the United States can be challenging to African immigrants (International Organization for Migration, 2005; Kamya, 1997) as they try to adjust within an absolutely different setting in addition to trying to preserve fundamental elements of their own culture. A study on African immigrants from FGM-practicing countries reveals that often they experience fear and resentment when they realize that FGM is legally prohibited in the host country (Hernlund & Shell-Duncan, 2007).

The literature is fairly consistent in the view that the more integrated immigrant communities are, the less likely they are to practice FGM. The feeling of belonging to the new society plays an important role in adopting or adapting to customs (Johnsdotter & Essen, 2016). Alcaraz et al. (2012) found that, in the context of migration, one of the strongest factors that could lead to FGM abandonment is the acculturation of women to the social context of a new host country. For example, in Canada, African immigrants admitted that the distance from the home countries and the acculturation to Canada’s mainstream culture caused them to change their views on FGM (Johnsdotter, 2007).
Sudanese and Somalian immigrants in the UK believe that those who are more integrated into the U.K. culture or who came to the United Kingdom at a young age were less likely to maintain FGM practices (Norman et al., 2009). Consequently, looking into African immigrants’ level of integration may help in determining how well integrated and assimilated this group is in order to understand better their choices pertaining to FGM continuity.

**Assimilation.** Assimilation occurs when immigrants decide to adapt to the host country’s culture, strive for frequent interaction with it, and, hence, choose not to maintain their cultural heritage. If African immigrants originating from FGM countries become assimilated to the American culture, this means that, after prolonged contact, they are more likely to abandon their cultural practices and adopt the host culture (Ward & Rana-Deuba, 1999). *Spatial assimilation* is the process by which immigrants share the same residential neighborhoods as members of the dominant native-born group. Spatial assimilation is often used as a point of reference to gauge immigrant integration.

Researchers believe that in places where the majority of people do not undertake certain harmful practices, such as FGM, the African immigrant community is then less likely to maintain it (Browne, 2014). Living in the same neighborhoods with Americans increases the probability of physical and social contact between immigrants and their host society. The frequent contact may foster meaningful social relations, feelings of belonging, and, ultimately, the embracing of the host culture, which may result in the abandonment of FGM. Whether sharing neighborhoods with native-born, non-FGM citizens or not,
assimilating new values and norms from the host society may have a strong impact on FGM (Berry, 2005).

**Separation or rejection.** Separation or rejection occurs when immigrants choose to retain their original culture while avoiding interacting with other cultures of the host country. These African immigrants, referred to here as *separated*, are considered as those who seek to maintain their culture of origin and enforce FGM while rejecting some components of the host culture deemed to conflict with their traditional moral standards (Bourhis et al., 2009). Deason and Githiora (2014) predict that in areas with large African immigrant communities, the immigrants would identify and associate more profoundly along national, religious, or ethnic lines.

The International Office of Migration (IOM 2009) affirmed that social factors that influence the perpetuation and perpetration of FGM are prevalent in im/migrant communities and that there is often continuing support for FGM in migrants’ countries of destination. Thus, African immigrants who strongly believe in abiding by the prescribed social norms can send their daughters to their home country for the procedure (Vissandjee, 2002). The IOM (2009) also suggested that FGM may have been and may still be a mechanism to delineate African immigrant communities from the host society with the intent to preserve their sense of identity and shared culture. For instance, members of the African immigrant communities desiring to attain a sense of community in the context of migration may apply cultural practices such as FGM more rigorously and strictly than they would if they were in their home country (Gele, Johansen, & Sundby, 2012; IOM, 2009). In Norway, for example, African immigrants supported the
practice of FGM since it was believed to be beneficial for the girls’ decency (Gele, Johensen, & Sundby, 2012). In a study of Somali women in Ottawa, Vissandjee (2003) indicated that African women refugees who have the intention of returning to their country of origin once the political situation is stabilized tend to safeguard their cultural values vis-à-vis FGM. *Enculturation* means the preservation of native culture and the transmission of morals and values to the next generation (Vissandjee, 2002). Thus, separated African immigrants tend to be more enculturated.

**Marginalization.** Marginalization refers to a circumstance in which immigrants have little interest in either their own cultural maintenance or in relating to the host country’s culture (Agbemenu, 2016). Marginalization occurs when immigrants not only undergo their own cultural loss but are also discriminated against by the host culture (Agbemenu, 2016; Berry, 1997). Due to the lack of accurate data about African immigrant marginalization, the extent of the issue is not well documented. Nonetheless, West African immigrants, the focus of this study, are unlikely to undergo marginalization because of their deep and profound connection with their origin and their view of the world.

**Colonial Demonization of FGM and Local Responses**

As Western countries colonized Africa, their missionaries found the rite of FGM offensive to their “civilizing” mission. Colonial commissioners were particularly negative towards the practice (Kanywani, 2002); due to the influence of the media and travel industries that depicted Africans as exotic, they vehemently opposed FGM. This Eurocentric outlook set the frame in which Western audiences receive and perceive FGM.
(Kanywani, 2002). Henceforth, Westerners condemned FGM as barbaric and unfit to a Christian lifestyle and required its eradication.

While Dorkeeno (1994) denounced past colonial relations between the West, Africa, and FGM, Thiam (1986) pointed out the role of missionaries in meddling into local practices and showed how that interference created backlash that ultimately strengthened FGM. Kenya is an example of an African country where missionaries tried to interfere with FGM practices, but not only did they fail to eliminate it, their action engendered local rallies in support of FGM. One case involved the Scottish Presbyterian missionary, William Arthur, who tried to forcefully eliminate FGM. Arthur believed that FGM was physically detrimental and as a result, urged his Kenyan congregation to sign a pledge to stop the practice or else he would expel them (Wright, 1996). In rebellion against what was perceived as colonial disruption of their cultural practices, the Kikuyu people organized what they saw as a patriotic movement, and they began seeing and using FGM as a form of resistance against colonialism. Consequently, FGM became even more popular and widely practiced than before the attempt to stop it.

Similarly, in the 1940s, the British colonial administration colluded with Sudanese professionals and religious figures to ban FGM (Snivel, 1994). This eradication effort, however, like the Kikuyu, was interpreted by local communities as an attempt to destroy their valued culture. This perception that FGM can be seen as a form of anti-colonial resistance is still shared not only in Sudan and Kenya today, but in other societies throughout Africa (Wright, 1996). More recently, many Sierra Leoneans began
to associate the performance of FGM in their initiations into secret societies with a form of reaction against Western and governmental opposition to FGM (Leigh 1997).

Western opposition to FGM has grown considerably. Modern Westerners largely see FGM as a problem, whereas many African people see this Western opposition as both a way to control them and an example of neocolonialism (Wright, 1996). The perceived cultural imperialism mandate, often still held by Westerners, has had strong implications in the past and has recently resurfaced notions associated with the Western missionaries that first arrived during the colonial period. This viewpoint, including its ethnocentrism and “civilizing mission,” later extended to Westerners in general in the post-colonial era.

Subsequently, when tackling Western feminists’ disapprobation of FGM, Okome suggests that “the crucial question in the debate on FGM is conceptualized by mainstream [Western] feminist theorists as involving right versus wrong, and civilization versus barbarity, continuing the colonialismand effort to interpret indigenous African culture and thereby dominate it” (Okome, 1999, p. 4).

Brennan argued that a potential reason why Western campaigns to eradicate FGM in the Sudan have been unsuccessful is that their “solutions” have been imposed by what is viewed as a colonial regime and “there was no attempt to educate the Sudanese as to why they should abandon a longstanding cultural tradition at the behest of a foreign power” (Brennan, 1989, 376). In fact, there was simply no attempt to consult with Africans to understand, discuss, or resolve their own matters. Nowadays, a continuation of these neocolonial attempts at “helping” Africans “better” themselves can be seen in the aid provided to “developing” nations, which is predicated on their meeting certain
Western criteria as dictated by donor countries (UNICEF, 2005). This conditional aid, tied to FGM, revives the shadows of colonialism and once again indicates who has the power to decide what is or is not a significant need for Africans, what is or is not in their “best interest,” and in what ways Africans can “be saved.” For Africans, this seems to repeat the disturbing and antagonistic savior/victim binary. Consequently, using FGM as a factor that determines whether or not a country will be the recipient of aid and/or loans dredges up a troubling history of Western colonial aggression toward and subjugation of the people and practices of Africa—inadvertently leading African people to cling more tightly to practices like FGM, now seen as a meaningful way to stand against this neo-colonization, to express an African identity, and to remain free of Western influence.

**Considering a Relevant Feminist Theory**

Feminist theories are the most often utilized frameworks for analyzing the status of women and men in society (Thiam, 1995). Feminist theories seem particularly salient when addressing female genital mutilation since they provide a strong basis by which to understand the systematic subordination of women in relation to men’s power and domination embedded within African social structures (Monagan, 2010; Thiam, 1995; Vissandjee et al. et al., 2003). For example, Western radical feminists posit that FGM ought to be positioned within patriarchal systems of oppression in which men exercise total control over women (Hosken, 1979, 1982, 1994). Western socialist feminists condemn FGM as a violation of women’s rights that must be handled as a universal women’s rights issue and stress that such practices must be outlawed even if they reflect
deeply held cultural beliefs (Lax, 2000; Little, 2003). African feminists denounce the practice of FGM while emphasizing that the practice has to be understood within its socio-cultural dimensions (Gruenbaum, 2005; Thiam, 1986). All of these perspectives refer to women’s oppression; however, each one deals with a specific aspect of FGM. Hence, feminism, whether Western or African, condemns FGM as a harmful practice enforced by patriarchal ideologies and structures with the primary intent of controlling female sexual behavior and reproductive function (Berg & Denison, 2012; Thiam, 1978, 2014; WHO, 2008).

I have chosen a specific version of African feminism as a theoretical framework for this study. In order to frame the choice of this perspective, I will offer descriptions of the historical development of Black African Feminism (BAF), the description of Awa Thiam’s formulation of BAF, and briefly present the ways in which this perspective is related to the current study.

**The development of Black African feminism.** An understanding of Black African Feminism requires that one explore the historical role of women in African societies. Although women’s status is not homogeneous throughout Africa and varies significantly between countries, specific examples within pre-colonial African societies demonstrate how the role of women contributed to the defining of women’s social standing. In Senegalese society, women, particularly those from the Wolof and the Serer ethnicities, had a tradition of high social status and social participation (Toraasen, 2016). For example, during pre-colonial era, respect for women was inherent in most African cultures since there was a common belief that only women could create new life through
childbirth (Segueda, 2015). This belief related to birth led African societies to conceive of God and guardian spirits as female (Segueda, 2015). Historically, West African societies were known for their matrilineal systems (Segueda, 2015); however, colonial rule, associated with patriarchal ideologies, changed the gender dynamic found historically in African societies. This situation stripped women of their prior important roles and social status (Segueda, 2015; Toraasen, 2016). Following the independence of Senegal in 1960, the socialist political regime made minor improvements in the educational, professional, and political participation of Senegalese women but subsequently implied that women’s issues were not a governmental priority due to the heritage of colonial and patriarchal ideologies (Thiam, 1995). Over time, Senegalese women not only demanded that their civil rights, but also fought for greater participation in social and political decisions (Toraasen, 2016). Women’s forceful and constant struggle to have their needs, concerns, and abilities be considered equal to those of men (Jupiter-Jones, 2002) led to a more cohesive and structured Black African feminist perspective. Consequently, Black African Feminism (BAF) became a framework that has addressed Black African women’s concerns from the vantage point of Black African women.

Although Black African feminists may appear to be a homogenous group working for the betterment of African women and of society at large, there are tensions among African scholars with respect to finding a unified definition of Black African Feminism. A variety of Black African feminist camps have emerged and include grassroots women, young elite Western-educated African feminists, and older activist feminists (Nnaemeka,
2005). Thus, Black African feminist groups may brand their perspectives as Nego-
feminism [“Feminism of Negotiation”] (Nnaemeka, 2004), Mothering, Womanism,
Stiwanism (Ogundipe), or simply Black African Feminism. Each of these perspectives
emerged to broaden the scope of the African feminist landscape.

Black African Feminism (BAF) addresses issues related to family life, such as
domestic violence, female genital mutilation, early marriage, female education,
polygamy, bride price, women’s inheritance, women’s reproductive rights, and
HIV/AIDS (Arndt, 2002), as well as other concerns. Black African Feminism recognizes
FGM as a patriarchal creation and demonstrates how the practice impairs women and
girls’ health (Abdel Magied & Musa, 2004; Almroth, 2005; Momoh, 2005; Morrison et
al, 2001; Obermeyer, 2003; Obermeyer, 2005; Thiam, 1978; Toubia, 1994), and enforces
male domination over women (Thiam, 1986). Further, BAF shows how FGM perpetuates
patriarchy through a rigid ideology intended to oppress women (Momoh, 2005; Morrison
et al, 2001; Thiam, 1978; Toubia, 1994). Moreover, BAF tackles issues pertaining to
culture and inter-ethnic acculturation, socio-economic exploitation, and oppression
(Mama, 2005), thus providing an adequate framework to analyze and understand Black
African immigrants’ attitudes toward FGM, whether they be in their home country or part
of the African Diaspora.

Black African Feminism seems an appropriate theoretical approach through
which one might conduct research that seeks to understand what is holding FGM in place
among members of the Diaspora even in contexts that are not supportive of the practice.
This approach acknowledges that, in order to truly understand the maintenance of FGM
despite an active global movement that seeks its eradication, one must recognize the ways in which gender construction intersects with the unique socio-cultural and historical contexts of African societies (Gruenbaum, 2005; Thiam, 1986). In the present study, the immigration experience of African families may be a salient dynamic to influence immigrants’ perception of sexual liberty within American society. That experience may also be a determining factor that could shape immigrant parents’ choice to continue or disrupt FGM (Johnsdotter, 2002). This theoretical perspective may also yield significant contributions in investigating the potential actions that the West African immigrant community may want to take to deal with FGM.

**Black African feminist perspective à la Awa Thiam.** Awa Thiam is one of the most prominent Black African feminists (Mianda, 2014). Thiam’s work (Thiam, 1978, 1995, 2014) speaks directly of harmful traditional practices such as female genital mutilation and suggests potential solutions for the abandonment of FGM. Thiam’s Black African feminist perspective is holistic and locally crafted, bringing to light African women’s lives and lived experiences with the ultimate goal of eliminating detrimental practices. When such considerations emanate from BAF, it reflects genuine inquiries while encompassing local knowledge to explain the FGM system and the ways in which African women cope with the actual differential treatment resulting from FGM. Black African Feminist perspective à la Awa Thiam (BAFAT) acknowledges the importance of social and cultural contexts, as well as the social creation of meanings concerning individual development and the influence of these meanings on women’s lives (Thiam, 1978). This perspective can be utilized in the exploration of female genital mutilation
across locales as well as the West African diaspora and within multiple contextual, cultural, and structural influences.

Thiam’s BAF perspective focuses on deconstructing *African phallocratic societies*, based upon phallocratic ideologies that advocate for male power and domination, as the creator and enforcer of FGM. Hence, in her 1986 study, Thiam, referring to infibulation, which is the most extreme form of FGM in which the female vagina is sewn, decried the practice that constitutes the expression of control exercised by the phallocratic system over female sexuality. Thiam’s perspective of FGM, within the context of patriarchy, amounts to denouncing situations in which a) women live, as the saying goes, in a society where the male reigns supreme; b) men are guaranteed virgin brides; and c) males’ sexual pleasure is guaranteed, especially in the case of infibulation.

BAF also scrutinizes and questions *women’s oppression* in societies where FGM is practiced and further examines the cultural dimension of FGM and its potential implications for the maintenance of the practice (Thiam, 1995, 2014). Thiam’s perspective allows researchers to analyze African women’s concerns in FGM contexts in order to understand how the issue of FGM fits into the narrative of violence against women under patriarchy’s watch. Thiam’s (1986) approach has gone further by making the connection between socio-historical and cultural contexts, imperialistic and colonial patriarchal power, and racism to rationalize why certain practices were enforced in traditional Africa, although harmful to women.

*FGM supports women’s social oppression.* Thiam speaks specifically about deeply embedded forms of female oppression. Charlton (1998) stated “oppression occurs
when individuals are systematically subjected to political, economic, cultural, or social degradation because they belong to a social group that results from structures of domination and subordination and, correspondingly, ideologies of superiority and inferiority (p. 8).” This definition is useful in helping understand the dominant-dominated relational nature between men and women along with an exploitative component against women in the context of FGM (Thiam, 1995). Thiam (1995) asserted that the relationships between males and females in FGM-practicing societies have elements of social oppression since the organization of social life enables the male dominant group to oppress women. According to Black African Feminism (BAF), African women suffer a triple oppression by virtue of their sex, class, and race (Thiam, 1978, 1995). Black feminists, such as Collins (1990, 2000), expanded Thiam’s concepts of threefold oppressions to African-American women’s conditions, and Crenshaw presented the multiplicity of oppression under the term intersectionality (1989, 1991). These scholars similarly argue that Black women experience discrimination based on their gender, class, and race that functions as interlocking systems that shape the relationships of dominant and subordinate (Collins, 1993). Thiam (1978, 1995) argued that Black African women suffer the three oppressions within a double-domination context of colonial or neo-colonial patriarchy and that of traditional patriarchy. Women are dominated by both the colonial or neo-colonial men and also by African men in their home countries. After immigration, issues related to acculturation experience are believed to influence the lives of members of the African diaspora.
Thiam (1978) highlighted African women’s internalized oppression, which has remained largely unexplored by scholars, activists, or policy makers. Through this lens, FGM is viewed as a self-enforcing social system that establishes and maintains gender hierarchy. Vygotsky’s (1978) view of internalization argued that, to understand the meaning-making of individual participants in a culture, one must consider the social relations of individuals within their cultural context (Wertsch, 1994). African women who adhere to FGM suffer an internalized oppression as they become the enforcers of the practice without recognizing that they are executing FGM for the benefit of men (Thiam, 1978, 1995). Numerous scholars have found that FGM is organized and executed by women themselves while affirming that this is a woman’s business and has nothing to do with men (Ukpai, 2007). This perspective overlooks the internalized nature of FGM oppression, which is so rooted in women’s ways of living that it becomes difficult for them to detect subtle oppression (Thiam, 1978). As such, the internalized oppression of women is a strong drive for the continuance of FGM practice since women may take it upon themselves to ensure that their daughters are excised (Thiam, 1978, 1995). Thiam (1978) stated that most of these oppressed FGM-women do not understand the situation as oppressive since men’s subtle dominance with regard to FGM has persisted for countless generations (Thiam).

Goldberg, Stupp, Okoroh, Besera, Goodman & Danel (2016) concurred that, fifty years after the global community’s pledge to end FGM, the practice is still alive and well maintained among African immigrant families. As the FGM rates are decreasing in the African continent due to more rigorous campaigns to end FGM, the reverse is happening
on United States soil as the prevalence rate is growing (Goldberg, Stupp, Okoroh, Besera, Goodman & Danel, 2016). A large number of African immigrants belonging to FGM-practicing societies reside in the United States, particularly in metropolitan areas such as New York City, Newark, Detroit, Atlanta, Washington, D.C., and Los Angeles (U.S. Census, 2012). Browne (2014) indicated that these families are more likely to excise their daughters despite their knowledge that FGM is harmful, irreversible, and illegal in the United States host country.

Prior to the present study, no one has investigated to find out how the social and cultural heritage of transplanted Africans to the United States carries over as they make sense of multiple cultural norms in a new country. Consequently, this study reports on a research inquiry collaboration with members of African immigrant communities in order to better understand and document their thoughts about FGM and to delineate possible actions they may want to take.
CHAPTER III

Research Methodology

Finding my research calling was an immense and painful struggle. None of the research approaches I encountered resonated with the passion and the fire I had in me to engage in a meaningful research study with the intent to spark community action. I envisioned a research study that would bring positive changes to the social issues that were rampant in my beloved immigrant community, African societies, and African people as a whole. Community-Based Participatory Action Research (CBPAR) best meshes with my beliefs, values, and commitment to social justice and social change. Furthermore, it is especially appropriate for my project and my goal of respectfully approaching West African immigrant families in order to converse and learn with and from them about the sensitive issue of female genital mutilation.

In the past decades, CBPAR has emerged as an effective research paradigm to tackle social issues with the intent to initiate action to ameliorate community members’ socio-political concerns. CBPAR is defined as a collaborative action-oriented research approach with the crucial goal of addressing social disparities in collaboration with community members who are acknowledged as holding insiders’ knowledge and expertise (Minkler, 2005; Wallerstein & Duran, 2010). With CBPAR, social action becomes the most important tool to alleviate social injustices along with the quest for social change. According to Herr and Anderson (2015), participatory researchers such as Freire used the participatory perspective “as a way to highlight paths toward greater humanization and away from dehumanization” (p. 16). This dissertation sought further
understanding of FGM outside of its historical cultural context. The necessary empowerment of hard-to-reach community members, as well as the continuous collaboration and dialogue with participants that would lead to the understanding of a complex phenomenon such as FGM are best accomplished when using CBPAR and its techniques as a research framework. In addition, careful consideration was given in this study to the rigor and trustworthiness and validity of the research design and its application.

**Community-Based Participatory Action Research (CBPAR)**

Community-based participatory action research (CBPAR) is increasingly being used by diverse community practitioners and partners to examine and address the main concerns of communities, including health issues, in order to improve the general welfare (Chang et al., 2013). More than a set of research methods, CBPAR emphasizes the importance of the relationships between academic researchers and community partners, with emphasis on the principles of co-learning, mutual benefit, and long-term commitment. Additionally, it incorporates community theories, participation, and practices into the research efforts (Wallerstein & Duran, 2006). Cornwall and Jewkes (1995) refer to participatory action research as an approach that challenges researcher-researched power dynamics and emphasizes the meaningfulness of involving all contributors to shared knowledge. Thus, CBPAR equitably involves all community partners throughout the research process while acknowledging the personal assets and insights that each contributes. In addition, the difference between participatory research and conventional research is not about methods or theory but about the consciousness of
uncovering power within the research (Cornwall & Jewkes, 1995). According to Freire, CBPAR is, therefore, about a political stance concerned with empowering disenfranchised and marginalized groups and stimulating these groups to take conscious transformative actions to bring change in their lives (Cornwall & Jewkes, 1995; Freire, 1968 [2014]).

**Purpose in Using Participatory Action Research (PAR)**

I have been inspired by the work of participatory action researchers which documents and generally confirms the profound, though often neglected, knowledge held by local communities (Fine et al., 2003). My purpose in using PAR was, first, to reveal my own consciousness as a researcher by rebutting the too often biased, unbalanced, unequal, and unjust ways of conducting research on and within African immigrant communities. My second aim was to share with those intimately involved in the situation the opportunity to examine themselves and their communities as co-researchers. They would not only consult about the matter of FGM, they would further advance their own theories about and potential actions in response to FGM in their communities. My third goal was to fulfill a social justice stance by bringing a more just and equitable life to African immigrant women, like myself. Smith (1999) argued that indigenous values, beliefs, and behaviors must be included in the participatory research process, thus demonstrating that local customs and practices are not obstacles to research but must be considered as a site for promising learning and shared commitment.

Family science scholars have rarely initiated research with African immigrant populations, while too many social science scholars in disciplines such as anthropology,
sociology, and psychology have often studied and continue to study these populations using unilateral initiatives and one-sided interpretations. Such unequal power relations between the researcher and the researched usually means participants are denied the opportunity to negotiate the terms of the research, play a direct role in the design, decide which research problems to deal with, or validate the interpretation of the data (Horowitz, Robinson & Seifer, 2009). CBPAR, a research approach aimed at correcting the researcher-researched imbalance, offers a structure and mechanism for meaningful and fruitful research. CBPAR challenged me to listen to the community, learn from local experts, respect their contributions, decentralize power, and give credit to the collaborating community (Horowitz, Robinson & Seifer, 2009; Minkler & Wallerstein, 2003).

Most importantly, I was looking for a research approach that would support the empowerment of African immigrants while allowing for the emergence of concerns from within the community. Ganaan (2013) has shown that, historically, African immigrant women have not been adequately invited to engage in research and action. This approach has resulted in the application of intervention models incompatible with the cultural beliefs and practices of the community, which ultimately did not benefit the community (Nnamuchi, 2012). Empowering the African immigrant community through the process of CBPAR has resulted in acknowledging and consolidating the knowledge and transgenerational understanding of FGM held by the community, whose members are the experts about their own cultures, beliefs, and practices (Fine et al., 2003).
I believe that failure to address FGM in collaboration with and active participation of African immigrants would have resulted in another research study that may benefit academia but not the African immigrant population. Herr and Anderson (2015) pointed out that participatory research is not only emancipatory, it also deals with broader societal issues. Consequently, CBPAR afforded us, the opportunity to enact a genuine collaboration in which we were all inquiring about FGM together.

This dissertation utilized a Community-Based Participatory Action Research as described by Herr and Anderson (2015) to reflect research that is concerned with “equity, self-reliance, and oppression problems” (p. 16) and sought reciprocal collaboration. CBPAR was used in this study to explore the local FGM issue within the particular milieu of African migrants in the United States and in a context that is not supportive of the practice since FGM is criminalized under the U.S. legal system (WHO, 2008). Hence, CBPAR was not only a relevant approach to our research problem, which is the practice of female genital mutilation within West African immigrant communities in the United States, but, in addition, it was an asset for empowering African immigrant communities whose members’ civic and political participation in the United States are relatively low and sometimes nonexistent, particularly for those confronted with language barriers (Kassa, 2013).

**Research Questions**

Preliminary research questions guided this study and focused on the understanding of Female Genital Mutilation (FGM) from the perspective of African immigrants who continue the practice in the United States despite its harmful nature and
its illegality. However, because of the nature of CBPAR projects, additional research questions were negotiated with the inquiry group as the study progressed. For this dissertation, the initial research questions were:

1. How might we, as a community of African immigrants in the New York-New Jersey northeastern metropolitan area, take up the issue of FGM?

2. From the perspective of the African transplants, how might we come to understand FGM perpetuation outside of its traditional cultural context and within a larger context that is not supportive of the practice and where it is considered illegal?

3. Beyond understanding FGM, what actions, if any, might we take to address this practice?

Participatory action research allowed the group to make on-going modifications in the way we conducted this study as well as to the focus of the study, which we agreed to shift in order to better understand the continuation of FGM in the United States and the ties between the African milieu and FGM. The inquiry group saw the initial questions one and three as similar, so they combined them into a single question. In addition, question two articulated the information and insights the group most wanted to derive, so we identified it as the primary focus of the study. As the study unfolded, we came to the realization that we would never be able to tailor effective interventions for FGM if we did not fully understand its continuation in the United States. Consequently, the inquiry group dedicated the time necessary to multi-dimensionally explore FGM and come to a more well-rounded understanding of it before considering any interventions.
The sole focus on the group’s primary question (‘From the perspective of the African transplants, how might we come to understand FGM perpetuation …?’) inevitably affected the progression of the study. It allowed us to understand FGM in unprecedented ways and gave us ground-breaking findings, but it shifted our attention away from intervention models, which had been the focus of my third research question. However, just because we did not address my third research question during the dissertation study does not mean it is not important. On the contrary, I now realize that as a result of the inquiry group generating a more well-rounded understanding of the germinated and intrinsic reasons and rationales behind FGM, we are in a better position from which to explore possible interventions or actions to address FGM post-dissertation in ways that would not have been possible during this preliminary study.

**Context for the Study**

**Little Senegal.** The Senegalese Association is located in the heart of Harlem, which has become home to a vibrant Senegalese/African community (Duthiers & Chen, 2013). The Senegalese population in Harlem swelled exponentially between 1985 and 2014 when the United States permitted an influx of immigrants from former French colonies; many chose to settle in a neighborhood within the New York City borough of Manhattan (Roberts, 2014). By 2005, as the population grew to 6,500, so did their territorial claim of a portion of central Harlem re-named “Little Senegal” (Roberts, 2014). Little Senegal runs along West 116th Street between Frederic Douglass Boulevard, also referred to as 8th Avenue on the west, and Lenox Avenue to the east (Daff, 1997). Little Senegal is a replica of the traditional Senegalese ways of living, with the main street
sheltered by typical Senegalese stores, restaurants, bakeries, cafes, and dwellings occupied mainly by Senegalese people and some other West African immigrants from Ivory Coast, Mali, and the Gambia, among others (Daff, 1997; Sara, 2016). Walking down 116th Street is like being in Senegal, since the primary spoken language of the neighborhood is Wolof, the national Senegalese language. I strolled down Harlem’s streets in an attempt to familiarize myself with the surroundings--from 116th street to Adam Clayton Powell, passing by the Schomburg Center for Research in Black Culture and visiting the woman known as the “queen mother,” Dr. Delois N. Blakely, one of the first African Americans to welcome the African immigrants to Harlem. In addition, she heads an NGO affiliated with the United Nations. Centering the research in this location provided a context in which West Africans, and especially Senegalese immigrants, feel as though they were home (Sara, 2016).

The Senegalese Association. The Senegalese Association was created in 1988 in Harlem under the name of “L’Association Nationale des Senegalais d’Amerique” (A.N.S.A.), renamed “L’Association des Senegalais d’Amerique” (A.S.A.) in 1994. (Although the name was changed to Association Des Senegalais D’Amerique in 2015, the goals remained the same.) The A.S.A. is an organization with about 4,000 members across the United States. From its inception, the Association’s main goal was to regroup all Senegalese transplants residing in the United States regardless of their religious, political, and philosophical affiliations (Association Des Senegalais D’Amerique, 2015). The A.S.A. is one of the largest associations of francophone African immigrants in the United States and played a key role in the creation of the Senegalese Consulate in New
York City. Since its birth, the A.S.A. has always strived to improve the living conditions of Senegalese and other West African immigrants (Association Des Senegalais D’Amerique, 2015). Despite the exponential growth of the Senegalese community in recent years, the community has suffered numerous social challenges and problems including substandard K-12 public education, acculturation issues, family dislocation, domestic violence, divorce, drug abuse and drug-related violence, arrests due to illegal residency, assassination, and repatriation of deceased community members. Even in the face of these growing issues, the A.S.A. prides itself for persisting in its mission to assist, protect, and defend Senegalese and African immigrants (Association Des Senegalais D’Amerique, 2015).

**Gaining Access.** The A.S.A. community is not new to me; I have been invited on numerous occasions to talk to its members regarding specific issues, such as youth education, parents’ involvement in their children’s schools, and so forth. However, for this project, my invitation into the West African community and particularly into the Senegalese community came through the president of the A.S.A, Ibrahima Sow. My first encounter with the president of the A.S.A. occurred when I was visiting my brother in Newark to celebrate a Senegalese holiday. Mr. Sow, my brother’s neighbor, was one of the invitees. We had a long talk about the Senegalese immigrant community, and I mentioned that I was a doctoral student with the goal of conducting a study with African immigrants to look into the issue of FGM in our midst. We later met to talk about how he could facilitate my entry to the community. Our informal meeting, held at his apartment, led to the negotiation of both how my entry should be organized and which community
members I would be able to access. Based upon my topic of interest, Mr. Sow decided that he should direct me toward a group of women members of the community because “This is a women’s issue,” he stated. In that moment, several questions came to my mind: Why does he think FGM is solely a women’s issue? Why does he think that talking to African immigrant men would not be a good approach? I had to renegotiate my position and redirect my research borders. Firmly but respectfully, I maintained that I would like to talk to both men and women since this concern is a social issue that affects both sexes. My argument was that FGM is performed on girls because of the influence of men’s tacit demand to preserve their virginity and increase their marriageability chances (Mackie, 2005); therefore, their male counterparts should be part of the discussion. Mr. Sow was not convinced about the importance of including men in the study, but he agreed to give me the opportunity to talk to the community at large involving both women and men.

Research Design

I envisioned the design for this study to provide both an understanding of what is holding FGM in place with this African immigrant community in the United States and to explore with community members what, if anything, we would like to do about it. The study was intended to confront the research problem of the continuing and increasing practice of FGM within West African immigrant communities in the United States, outside of its traditional cultural context. Additionally, the study was meant to foster relevant community actions as identified by the Senegalese immigrant community, for the most part, alongside other West African immigrants involved either with the A.S.A., referred to hereafter in this study as the Senegalese Association (S.A.), or the African
diaspora at large. Such a design derived its legitimacy from the following participatory research characteristics: a vision of social events contextualized by macro-level social forces; a phenomenon understood within a historical context; an integration of theory and practice; a subject-subject relationship through dialogue; a co-learning experience; knowledge aimed at social transformation; and an immediate application of actions (Herr & Anderson, 2015). Additionally, this research design emphasized engaging in research with and by the community, sharing power, and gaining mutual benefits (Herr & Anderson, 2015). This process required that I, as a co-learner, exemplify an openness to having my own views changed or made more complex.

**Inquiry group participants.** The facilitation provided by the president of the Senegalese Association allowed me to offer its members an opportunity to participate in the FGM study. The criteria for participants’ eligibility were threefold; a minimum age of 18; a member of the Senegalese Association; or a member of the West African diaspora. Participants were comprised of women and men of the Senegalese immigrant community along with members from other West African countries such as The Gambia, Nigeria, Ghana, Liberia, Mali, Ivory Coast, and Benin (Appendix A). Among them were community intellectuals in academia, representatives of grassroots organizations serving the community and dealing with harmful practices, community opinion leaders, and any community members with an interest in exploring this FGM project. According to Mr. Sow, a reasonable number of participants would be willing to consider discussing what may be holding FGM in place outside its cultural context and where FGM is considered
illegal. I also hoped that the community would take a step further in thinking what we could do about FGM if we decided to address it.

The nature of the participatory action research process requires that the co-researchers collaborate, dialogue, and discuss strategies to maximize the effectiveness in carrying out the research project in the community (Chang et al., 2013). Thus, the inquiry group selection reflected the various views of the community (Lodico, Spaulding & Voegtle, 2010). The sampling method most often utilized in qualitative research is referred to as purposeful sampling (Palinkas, Horwitz, Green, Wisdom, Dunn, & Hoagwood, 2015). The goal of this sampling method was to select participants based on their ability to provide the relevant information. The involvement of mixed stakeholders guaranteed that various perspectives were represented (Windsor, 2010), while looking at the complexity of FGM from different standpoints. Additionally, engaging diverse community members from different walks of life and different levels of community engagement was essential to form a group that is both representative and reflective of the community. The initial goals for this inquiry group were to engage approximately ten West African immigrants in an ongoing inquiry group activity, to reflect upon the practices of FGM within the diaspora community, and to pose the question of whether, and how, the community might want to work toward disrupting the practice. Having an inquiry team with members who were not only willing to engage in the FGM dialogue, but were also able to consider actions, was crucial.

The inquiry team. The first stage of the research corresponded to my entry into the community and my search for and gathering of the inquiry team. Initially, I was
invited to attend the Senegalese Association community monthly meeting, during which I was to be given time to explain the purpose of the FGM study and invite community members to join the inquiry team. However, the recruitment process changed with the opportunity to attend the Senegalese conference on the International Day of Women in parallel with the annual celebration at the United Nations. I obtained recommendations of potential members from the president of the Senegalese Association and, through snowball sampling, from community leaders and other interested individuals who allowed me to use their social networks. I went to community events, walked through the community neighborhoods, talked to people, and began to form the inquiry group with promising members. I anticipated that a single core inquiry group would emerge, with the flexibility to have members join and leave as the process unfolded. The evolving group purposively selected additional promising team members. The inquiry group members took turns facilitating ongoing group discussions of approximately two to three hours to make the research process more democratic. Although I entered the community with preliminary questions about FGM, the inquiry group members were engaged from the beginning of this process and continued to shape the research process. After the members of the community and I met, and they agreed to participate in the FGM study, I invited each to become a core member of the inquiry team. Some of these members recruited others with more expertise to join. Forming an inquiry group with strong bonds and a strong work ethic required, from the initial meeting, collaborating with the inquiry group in the following areas: providing contextual information, setting clear roles and expectations, formulating ground rules, scheduling meeting time and frequency,
conducting research with and by the community, fostering capacity building, addressing risks, and gaining mutual benefits.

Providing contextual information. I led the first group meeting in order to provide contextual information that was intended to help the inquiry group members understand what this FGM project was about and how the CBPAR process would work. This contextual information included the scope of FGM in the United States and the health-related consequences associated with it (WHO, 2012). In addition, I provided information about the CBPAR processes and implications to ensure that co-researchers not only embraced their full role, but also understood the empowerment allocated throughout the research process. Understanding that CBPAR includes commitment to ongoing inquiry group activities was crucial for the group, first, to delve into the meaning making of FGM in our midst and, second, to look at the practice of FGM within the community as we posed the question of whether and how the community might want to work toward disrupting FGM. Thus, I made it clear to the group that this research was different from the traditional qualitative research I had previously conducted in the community.

Setting clear roles and expectations. All group members collectively determined group expectations and goals for the FGM project. These new roles and tasks differed from those of traditional research. In this participatory setting, group members decided on the role of facilitator, whether they want to take turns facilitating the meetings, and, if so, designated or volunteered the “facilitator of the day.” For instance, group members decided together that they wanted to share the facilitator’s role; hence, members took
turns performing this task. All participants, including myself, were expected to adjust to the new and unfamiliar roles throughout the course of the participatory research process. Achieving this goal promoted a more cohesive group, which demonstrated that the group had processed and endorsed specific expectations for its effective functioning. Individual expectations were also discussed.

**Formulating ground rules.** Formulating ground rules was an ongoing and evolving process. Inquiry group members discussed and settled upon what constitutes a safe, supportive, and productive working environment for all members as we brought forth our thoughts and discussed potential actions to be taken. For instance, we agreed upon how consensus would be reached. We also addressed group confidentiality as we decided what should or should not be shared outside of the group. As a result, group members demonstrated their engagement with the group process as they more confidently shared their thoughts and openly discussed the topic of FGM while refining ideas and potential actions.

**Scheduling meeting time and frequency.** The inquiry group convened and committed themselves to when, where, and how frequently to hold meetings. We decided to space them one week apart so that I would have time to transcribe the audiotapes and analyze the data so that I could feed it back to the group for the next scheduled meeting. Discussion sessions lasted from 90 minutes to three hours; in some cases, members asked me to hold short interviews with various experts or victims of the practice. However, all these activities were contingent upon the availability and time of the co-researchers and
the resource experts, their willingness to debate, and their eagerness to resolve the topic
of the day. Additionally, these initial inquiries of the group spanned several sessions.

_A research “with” and “by” the community._ The inquiry group was engaged at
every phase and level of the research. Although I entered the community with
preliminary questions about FGM, community members were involved from the
inception of the FGM project and continued to shape the research process. As such,
community co-researchers actively participated in reorganizing the research questions,
role distribution, data collection, interpretation and analyses, dissemination of findings,
and in taking action (Horowitz, 2009).

_Capacity building._ This FGM study began with a single core group of six
volunteer co-researchers from New York, followed by a second group based in New
Jersey. After several months of separate meetings, the two groups merged. Having the
two groups separate was inconvenient in terms of meeting location. For this dissertation,
I worked exclusively with the core group throughout the first four months, from June
2017 to September 2017. At that point, the core inquiry group reassessed the size of the
group, the representativeness of the group, the expertise of the group members, and the
openness of the group to additional members. Participatory action research assists the
gradual acquisition of new skills and knowledge by all researchers. As I expected,
throughout the research process, participants developed a more enhanced knowledge of
all aspects of FGM. On a personal level, inquiry group members developed profound
understandings of the obstacles to achieving the group’s goals and acquired enhanced
abilities to learn and adapt to change. On a societal level, the West African im/migrant
community gained more resources to help its members become more successful.

Therefore, capacity building resulted from community member-partners, taking on new roles, engaging in research beyond that which traditional research offers, building a community of leaders (Rosenthal et al., 2013) capable of conducting transformative and democratic research (Herr & Anderson, 2015), and enhancing their abilities for advocacy, and agents of change (UNFPA/UNICEF, 2013).

**Addressing risks.** The inquiry group discussed potential risks involved in the research, one of which is breach of confidentiality. Due to the nature of group inquiries and the illegality of FGM, maintaining confidentiality is of great importance and can be a great challenge. During the core inquiry group discussion activities, group members shared private yet crucial information. Thus, group members were highly encouraged not to disclose to outsiders what was discussed within the group.

**Mutual benefits.** Participatory action research promotes continuous mutual learning. All co-researchers learned from the FGM study through the exploration of meaning-making, attitudes, future goals, and possible actions pursued to deal accordingly with the issue of FGM. This process replaces the traditional one-sided learning dynamics that traditionally have benefited academia alone and empowers the community as it learns by doing (Herr & Anderson, 2015).

**Data Collection Organizational Framework**

With Montclair State University Institutional Review Board (IRB) approval, data collection began in June 2017 and continued through September 2017. Data were collected from multiple sources, including the inquiry group’s discussions, my reflective
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journal, and occasional observations, as is usual in action research projects (Anderson, Herr & Nihlen, 1994). Although CBPAR projects often last a year or more, for the sake of this dissertation, data gathering was framed within the bounds of eight weeks: seeking participants and forming a group, and documenting eight weeks, or at least six sessions of group activities. The group was encouraged to meet more rather than less. While the group’s now-established work toward identified goals, with my involvement, will continue beyond the scope of this dissertation now, my study focuses on this specific time frame.

**Data collection.** Preliminary data collection began in June 2017 and continued until the completion of eight weeks’ worth of inquiry team activities or group meetings which was achieved in September. Although this CBPAR project may last a longer time, for the purposes of this dissertation, I only documented the initial part of the research process pertaining to searching and forming an inquiry group and its initial work together. Data were generated from the inquiry group discussions and activities along with all that was produced to reach the group’s objective. Thus, data from the inquiry group’s discussions and my personal reflective journal were collected since these are commonly used in action research projects (Anderson, Herr & Nihlen, 1994). Hence, record keeping, for this FGM project, consisted of the inquiry group discussion audiotapes, notes, and artifacts, such as my reflective journal, produced throughout this period.

**The inquiry group discussions.** Data collection from inquiry group discussions occurred over eight weeks. Throughout this period, inquiry group members worked
toward establishing their meaning-making of FGM in an African Diaspora setting and in determining actions they wanted to pursue. These actions included, for example, data gathering within the larger community, the initial drafting of a FGM survey, and the interviewing of medical experts as well as victims of FGM, religious leaders, political representatives, parents, and students. The group was open to other data collection methods and any other strategies that might support the ongoing work.

Preliminary discussions within the inquiry group involved the understanding and meaning-making of FGM within the expatriate West African community. From these preliminary discussions, the inquiry group then reflected on and discussed whether or not FGM was a concern in the community, and, if so, what to do about the practice. Once the inquiry group settled on the goals and actions of this FGM project, it was then incumbent upon the members to decide upon the next steps to be taken, including to gather more data from the broader community and to work arduously to design questionnaires to gather specific issues the inquiry group wanted to explore. For instance, the inquiry group brainstormed various aspects of FGM, ranging from cultural, religious, sexual, parental knowledge of U.S. laws, and students’ viewpoints to the perspectives of FGM victims, which they used to compile several exhaustive questionnaires that would help in answering the questions they had toward the FGM phenomenon. The inquiry group also addressed whether having men and women in the same group would pose a problem. In fact, tensions arose in an initial group setting between women and men pertaining to men’s responsibility toward the continuation of FGM and how they should support this cause; however, these differences were overcome. Thereafter, the inquiry group
conducted several more mixed meetings. The one, at the Senegalese Association center, proved to be too public a venue for the topics being discussed. As a result, the inquiry group members decided to host two meetings in members’ homes in Harlem and the remaining ones in my own residence in New Jersey.

The inquiry group gathered in-depth data regarding the West African immigrant community’s thoughts about FGM while group members discussed and made sense of the continuation of FGM in the United States, which is not supportive of the practice. The discussions were held at the discretion of the inquiry group as the members took over the logistical responsibilities of conducting the research.

Audiotaping of the inquiry group. Throughout these collaborative interactions, I audiotaped the inquiry group discussions in order to faithfully capture the thoughts and actions of the group during the process of dialoguing about FGM. Then I transcribed the audiotapes, sorted the data, and stored tapes and related files in a locked filing cabinet in my home office. I presented the previous week’s summary to the inquiry group at the beginning of every meeting for discussion, meaning-making, and validation. The data is an integral part of the inquiry group discussions.

Researcher’s reflective journal. I maintained a reflective journal to document vital pieces of the research process and to report on my thoughts, challenges, dilemmas, paradoxes, confusion, and impressions as they occurred throughout the data collection process. A thread I was also following in these mixed groups was participants’ changes of mood and behavior, such as anger, aggression, and other displays of emotion. One of the key objectives of qualitative research is to document and interpret phenomena from
an individual’s frame of reference (Creswell, 1998; Mason, 2006) in terms of the meaning people bring to it (Mayer, 2015). With participatory action research, reflexivity is a means to unravel contradictions, influences, and difficult feelings. As such, reflexivity offers valuable data as it brings to the reader the awareness of the possible sources of influence on the research process (Denzin & Lincoln, 2011). In addition, my reflective journal helped me untangle my personal biases and assisted me in assessing how these biases may affect the research study. Ultimately, documenting my multiple and complex roles, as well as my values, beliefs, and prior and lived experiences, was important throughout the research process (Herr & Anderson, 2015). In addition, acknowledging my access to the privileges granted by my educational level and my position within the realm of academia was imperative.

I also used my researcher-journal to keep track of the ethical decisions made by the inquiry group and me (Herr & Anderson, 2015). Throughout the entire research process, I chronicled my own decisions and the decisions made by the inquiry group since this technique is highly recommended in action research processes. Reason (2006) states that “the primary rule [in action research] is to be aware of the choices that are made and their consequences” (p. 187). Herr and Anderson (2015) argue that this requisite can be achieved when maintaining a researcher journal. The journaling, written throughout the research process, aided my comprehension, analysis, and interpretation of this West African immigrant community’s experiences, attitudes, and possible changes about the practice and effects of FGM. Hence, my reflective journal also became an important part of the overall data collected.
Occasional observations. Occasionally during the data collection process, I recorded meaningful behavior as well as body language, tone of voice, and other character traits of the inquiry group members. These observations provided a contextualized understanding of FGM. According to Merriam (1998), observations during research vividly exemplify lived experiences and provide “firsthand encounter with the phenomena of interest” (p. 94). My stance as an observer in this study was that of an occasional participant-observer, since I was an integral part of the social group while observing and documenting the group’s process as well as the life of the group. This specific observation stance provided rich evidence for further insight into the FGM inquiry. The rich data collected from the inquiry group discussions in conjunction with other artifacts produced (i.e., my reflective journal) led to a more comprehensive data analysis.

Data Analysis

Data analysis with the inquiry group. This stage of the study involved the preliminary analysis of narrative data collected throughout the cyclical discussions of the inquiry group. LeCompte (2000) argued that data analysis is a continuous process in qualitative research. Therefore, I analyzed the data on an ongoing basis to fold back our more elaborate understanding into the group efforts.

Ideally, the analysis as well as the interpretation of the data throughout the successive inquiry group discussions, would be frequent so that design modification and prompt implementation could be undertaken. At this early stage, while the inquiry group members were dialoguing to establish their meaning-making of FGM, I was
simultaneously performing preliminary data analyses as the data was assembled and
summarized into a coherent structure. Reporting back to the inquiry group was a
continuous task of interpretation and classification of data for further exploration,
interrogation, and explanation. Thus, the analyses in the field were about examining the
data generated after each group discussion and then bringing back my understanding of
the data to the group, which then used and interpreted and acted on the data in ways they
deemed appropriate to proceed (Herr & Anderson, 2015).

Based upon Herr and Anderson’s (2015) prediction about PAR cycles, I
anticipated that the FGM inquiry group would generate more questions and consequently
alter the design and sometimes even bring in new participants to the study. According to
Herr and Anderson, such shifts are to be expected as part of the “spiral synergism of
action and understanding” (p. 71). After each preliminary analysis, I examined the
feedback from the inquiry group on previous activities. This process was considered a
form of data validation since the inquiry group provided authentic understandings of the
community thoughts about FGM and local insights and interpretations of the data. The
inquiry group also provided further insight to develop the data (Ganann, 2012) to confirm
the credibility of the data analysis.

**Dissertation data analysis.** From the inception of the FGM project, the inquiry
group understood and agreed that all the data generated throughout the first eight weeks
discussion sessions with the inquiry team, would be used for my dissertation research. I
made it clear that, once we reach the designated time frame of eight weeks, I would re-
examine all that data, which comprised the transcripts of the inquiry group discussions,
the individual interviews, and notes, and analyze them more intentionally around our research questions and study processes for purposes of my dissertation. This analysis is the process of my own meaning-making of the data generated from the inquiry group discussions on FGM in the context of migration. Throughout, I constantly referred back to the research questions to decipher what the data was telling me vis-à-vis those questions using qualitative techniques. Thus, subsequent to closing the dissertation phase of data gathering, I pursued the steps summarized below.

I audio-recorded and transcribed verbatim all inquiry group discussions and transcribed and coded the data into primary and secondary levels. Then, I analyzed the data thematically and developed a coding scheme based on the themes that arose during data collection. I began thematic content analysis by examining the transcribed text, identifying categories of statements reflecting the Senegalese immigrant community’s views and perspectives on FGM, all the while increasing the effectiveness and efficiency of analyzing the data. As part of the meaning-making process (Batdi & Eladi, 2016), I performed thematic analysis, which is a synthesizing strategy. During initial coding (Saldana, 2013), I compared the inquiry group transcripts to extract themes. As analyses progressed, I broke down the relevant information into themes and sub-themes. I used descriptive codes containing my own observations to compare themes across the data. I extracted relevant quotes to help in understanding and answering the research questions. Furthermore, I reviewed all artifacts, including my reflective journal and memos, to reach a fuller understanding of the transcripts. These artifacts helped me tremendously in writing the analysis for the dissertation.
Validity or trustworthiness. This section presents the distinction between the validity of the overall study and the trustworthiness of the data within the dissertation’s bounded time frame. Hence, the purpose of this section is to narrate, on one hand, the overarching parameters necessary to reach validity for the completed FGM study, and, on the other hand, to assure the trustworthiness of the data within the dissertation framework.

Aspirational guide to address biases. A number of strategies were used in order to accurately and efficiently treat the data while accounting for the numerous biases that otherwise may affect the correct handling of the data. Significant debates have taken place with respect to validity in action research (Herr & Anderson, 2015; Newton & Burgess, 2008) and discordant views exist on the ways in which action research should be judged (Oolbekkink-Marchand, van der Steen, & Nijveldt, 2014). For the purpose of this dissertation, I ensured the quality of my research techniques in terms of the validity as defined by Herr and Anderson (2015). I used multiple, credible strategies (member checks, memoing, critical friends’ group, prolonged engagement, thick description, and audit trail) to increase both the validity and trustworthiness of the dissertation data. Herr and Anderson (2015) developed a framework around five validity criteria (outcome, process, democratic, catalytic, and dialogic) that responds to and is linked to the purposes or goals of action research. These scholars suggested that action researchers use these criteria based upon the motivation for their research and the circumstances of their studies (Oolbekkink-Marchand et al., 2014). A discussion of the five validities identified by Herr and Anderson (2015), in the context of the present study, follows:
Outcome validity. Outcome validity refers to the extent to which research outcomes successfully follow the intended action(s) of research collaborators. Outcome validity addresses whether researchers have found a resolution for the problem the research was set to answer or at least whether the research was able to generate new questions that can lead to a solution (Oolbekink-Marchand et al., 2014). Herr and Anderson (2015) asserted that the “ongoing reframing of the problems leads to the spiraling dynamic that characterizes the process of most action research over a sustained period of inquiry” (p. 68). For this FGM study, the outcome validity was achieved when the inquiry team came to understand what FGM means to the West African immigrant community, and in turn decided what possible actions the community wanted to take. The inquiry team identified numerous current solutions to the problem addressed in the research, in addition to generating several questionnaires with the potential to lead to our fuller understanding of FGM in the context of migration. Thus, outcome validity was achieved; however, to be more realistic, I have to acknowledge that, since the inquiry is still ongoing, my dissertation can only report on outcomes within the delineated time frame. Since the inquiry team is on a path toward greater understanding and problem solving, it has held meaningful assessments.

Process validity. Process validity refers to the extent to which problems are (re)framed and (re)solved. Herr and Anderson (2015) stressed that the framing and solving of the problem has to be done in a way that allows continuing learning. In this case, findings and outcomes are results of a cyclical series of reflections generated by the researchers as they exercise an ongoing problematizing of the matter at hand. Herr and
Anderson (2015) also emphasized that process validity allows for checking consistency, soundness, and verifiability of the research with the inclusion of multiple voices, thus, providing adequate evidence for the conclusions drawn. For this FGM study, process validity was achieved when the research established sufficient insight from the inquiry group and provided sufficient looping back to the team to review, analyze, and interpret the underlying assumptions (Argyris & Schon, 1991) behind the meaning-making of FGM.

Democratic validity. Herr and Anderson (2015) reported that democratic validity is concerned with the “extent to which research is done in collaboration with all parties who have a stake in the problem under investigation” (p. 69). This form of validity allows a check on how deep and wide the collaboration goes and how action researchers viewed the group’s co-researchers as either insiders or outsiders of the community (Herr & Anderson, 2015). For the present study, the inquiry group integrated democratic validity throughout the entire research process, including the collaboration and engagement with the African immigrant community. For instance, the inquiry team embraced the democratic nature of the study and collaborated among ourselves and with other community members.

Catalytic validity. Researcher Patti Lather defined catalytic validity as “the degree to which the research process reorients, focuses, and energizes participants toward knowing reality in order to transform it” (as cited in Herr & Anderson, 2015, p. 69). In this transformational process all participants are not only expected to gain a deeper understanding of the social reality in question, but also to exhibit openness to further
social actions in order to bring either change or to reaffirm our support of it (Herr & Anderson, 2015; Newton & Burgess, 2008). Catalytic validity checks whether the research process brought all participants a better and fuller understanding of reality. That understanding is expected to bring behavioral, attitudinal, intellectual, and skill transformations as a result of actions taken by the community (Oolbekkink-Marchand et al., 2014). The present study integrated catalytic validity because the research results affirmed the African immigrant community’s transformation of FGM behavior and practice in the form of reformed knowledge, skills, attitudes, and actions on the part of the inquiry group including myself. The African immigrant understanding of the meaning of FGM in the context of migration and deciding which further actions to take on this phenomenon were the greatest contributions of this CBPAR project. Since this dissertation was bound by a timeframe, however, all I could undertake, at this point, was to determine how we were each changed via the process, and what we were able to accomplish in terms of achieving a fuller understanding of FGM within the community.

*Dialogic validity.* Dialogic validity is analogous to an academic peer review process in which the “goodness” of action research is monitored (Herr & Anderson, 2015). The focus here is on the validation of the knowledge generated from the research, which implies a critical and reflective dialogue with “critical friends … who can serve as devil’s advocate for alternative explanation of research data” (Herr & Anderson, 2015, p. 70). This validity checks whether the quality of the research was extended to peers for a critical discussion of the research (Herr & Anderson, 2015), thus sharing and disseminating knowledge inside and outside of the research setting (Oolbekkink-
Marchand et al., 2014). The FGM community study attended dialogic validity when critical reflections took place with my colleagues and critical friends during validation meetings in which my ongoing findings were defended (Herr & Anderson, 2015; Lomax, Woodward & Parker, 1996) and research claims validated (Bone, 1996). At the beginning of my larger CBPAR project, these validity criteria were aspirational and tentative in addition to being the guiding framework for establishing trustworthiness, but we attained them by the completion of the bound time frame. Additionally, within this time frame, I have put in place strategies to counter validity threats and to ensure trustworthiness in case I was not able to demonstrate that the validity criteria were met.

Maxwell (2005) argues that validity threats exist; this awareness is reiterated by Herr and Anderson whose work emphasizes the importance of acknowledging that researchers enter the research arena already loaded with their unique experiences and perspectives (2015). Additionally, Maxwell (2005) stresses that eliminating the effects researchers may have toward their participants is impossible. According to these scholars, the aim should not be to try to exclude researchers’ effects, but to be cognizant of the threat and to envision both how that influence may be expressed in the answers given by the participants and in the researcher’s interpretation. Doing so meant considering how I as the researcher could interrogate myself. Thinking thoroughly about what particular sources of errors I could encounter, my present biases, and how to limit these challenges led me to consider a few strategies relevant to this study. These strategies improved the credibility of the explanations, interpretations, descriptions, and conclusions reached.
Trustworthiness within the “Dissertation Frame.” I knew a priori that I had some biases going into the research process as I believed FGM was a harmful practice and that no rational account could explain its continuation in the United States. However, Herr and Anderson (2015) explicitly indicate that “while bias and subjectivity are natural and acceptable in action research as long as they are critically examined rather than ignored, other mechanisms may need to be put in place to ensure that they do not have a distorting effect on outcomes” (p. 60). Consequently, I put in place member checks, memoing, critical friends’ group, prolonged engagement, thick description, and audit trail are the strategies in order to minimize the effect of my biases while analyzing the data, thus increasing the validity of the study.

Member checks. Member checking is an important means to ensure validity (Birt, Scott, Cavers, Campbell, & Walter, 2016; Harper & Cole, 2012; Herr & Anderson, 2015; Lincoln & Guba, 1985). In the present study, this strategy referred to the process by which I sought to improve the accuracy and trustworthiness of what I recorded during the inquiry group discussions (Lincoln & Guba, 1985). Throughout the project, I solicited feedback about the data from the inquiry team and addressed any discrepancies. This approach was already built into CBPAR phases in which the researchers, constantly, needed to go back to the community members to validate our understanding and interpretation of the data. Member checks (Maxwell, 2005) are considered the best means of ruling out misinterpretation and unequivocally grasping the meanings participants ascribe to a phenomenon, as well as their perspectives about it (Hammersly & Atkinson, 2007). Through this process, the inquiry group members agreed or disagreed on the
summary of my understanding of their explanations, perspectives, feelings, or experiences, and, if accuracy is confirmed, then my study could claim to have credibility (Lincoln & Guba, 1985). Through the member checks’ process, I worked closely with the inquiry group members for a critical analysis of preliminary findings.

Memoing. Through this strategy, I documented my thoughts related to the FGM study while the data was being reviewed. Research has found that memoing techniques help in raising self-analytic questions, controlling biases, developing new ideas, and in maintaining a greater focus on the data analysis process (Birks & Francis, 2008). Rubin and Babbie (2009) described memoing as memos written to ourselves when ideas and insights come to our mind during the analysis process. This data analysis technique allowed me to capture and record thoughts throughout the FGM data analysis and include them as additional data. I maintained analytical memos for mini-analyses of what I thought I understood from the inquiry group during and after data collection. I used the analytical memos as a guide to the ongoing analysis of the available data. The inquiry group regularly corrected any misinterpretation and confirmed my interpretation.

Critical friends’ group. Similarly, the use of critical friends is a suggested practice for action research dissertations since the multiple roles held and the multiple levels of the researcher’s involvement in the research could become complex and easily tangled (Anderson, Herr, and Nihlen, 2007). In my dissertation study on FGM within the West African immigrant communities, I had to acknowledge the multiplicity of roles I played, such as insider and outsider researcher, facilitator and instigator, and African feminist and activist. Therefore, having a group of peers was necessary to help me better understand
my meaning-making of the data that might influence my multiple roles, stance, and positionality. However, this process was difficult. Flashbacks reminded me of my first tense interaction or “confrontation” with my critical friends group that interrogated me so deeply that I felt I was cornered, pushed out of my comfort zone, and had to defend with ardor my positions and explain clearly what I meant by some of my statements they questioned. Nonetheless, this critical friends’ group feedback took the work to the next level in our understanding of the issue tackled. I was forced to explain explicitly what I meant, but I was also given the opportunity to step out of the research sphere and to see and better understand the issues seen by my critical friends’ group that I could not (Herr & Anderson, 2015).

**Prolonged engagement.** Although I am Senegalese by origin, and even though I had conducted previous research with the West African communities within the New-York-New Jersey area, I could not presume to know everything about the communities since I did not reside among the members. Manning (1987) suggested, especially for researchers who have already a certain familiarity with the context where the study is taking place, that they maintain frequent contact with the community social actors. These frequent contacts for a reasonable time span allowed me to learn about the nuances of the setting and the character of the study participants, develop trust rapport, and gain a fuller understanding for gauging cues to potential misinterpretation or misinformation (Creswell & Miller, 2000).

**Thick description.** According to Geertz (1973), thick description refers to the detailed account of filed experiences in which the researcher makes explicit the patterns
of cultural and social behaviors and their structures and events and puts them in context. This technique allowed me to describe in meticulous detail significant facts about the participants as well as the setting under study. Comments and interpretations tracing the ways in which meaning was ascribed complemented the detailed depiction to make it a thick description (Hengst, Devanga, & Mosier, 2015). With thick description, I was able to capture the culture, beliefs, and practices of FGM among West African immigrants. Such detailed description enhanced further research (Patton, 1990) on FGM within the West African community as transfer of both the information and findings took place into other settings.

*Audit trail.* An audit trail is frequently used by qualitative researchers to establish rigor by providing the details of the analysis of the study (Tatah, 2016). This tactic helped me in reviewing and verifying the path I followed from the beginning of the research processes to the final research writing (Wolf, 2003). For the present FGM dissertation study, I established an audit trail that documented and traced the study design to describe the processes of my research study. I organized and conserved memos, notes, discussion summaries, transcripts, reflexive journal, and other artifacts employed as well as raw data, and condensed and analyzed them. Additionally, I defined and described my sampling plan and my positionality. This audit trail will allow other researchers interested in this topic to trace easily the entire research study process from the initial stages to its completion (Tatah, 2016).
Positionality

As an African feminist and activist, I want to reiterate that my undertaking of FGM as the central topic of my dissertation is not accidental. Quite the contrary; I feel I was born to bring meaningful contributions to the disentanglement and resolution of disturbing issues that affect the lives of millions of women, including close relatives in Senegal. Under the guidance of, in my opinion, the greatest Black African feminist to date, Awa Thiam, I was acquainted with African women’s FGM-related traumas. In my early teens, I shadowed her around the city of Dakar and its suburbs, visiting, conversing, empathizing with, and encouraging women who had been subjected to patriarchal abuses including FGM. Growing up around and being groomed by a feminist had a significant impact in my ability to understand and decipher the magnitude and nature of the different forms of violence, whether physical, sexual, or psychological, directed toward women.

Early in life, I developed a profound consciousness of the traditional African context in which I lived, a traditional space that fostered women’s exploitation by, and subordination to, men (Thiam, 1978, 1986). This space was a sphere where women could only hope to survive but never to thrive. I became extremely aware of and sensitive to social and gender inequalities. I was cognizant of women’s dire conditions. I could feel women’s torments and sufferings everywhere around me. I became rebellious toward the unspeakable life imposed on women. I saw women traverse and negotiate the tribulations resulting from harmful traditional practices such as excision and polygamy and wondered whether women’s quandary would ever end. Consequently, I wished I could stop these practices.
In addition, I was raised in a polygamist milieu which included my own father. I could accept neither the unjust treatment toward women nor the intense rivalry always present among co-wives and even step-siblings (Diop & Stewart, 2016). I also lived in an environment in which issues such as the aftermath of colonization and neo-colonialism were still the major causes of extreme poverty, inability to access our natural resources, and the lack of access to new technology. I was constantly reminded of how fragile African women were. My rage, frustration, and indignation on their behalf created the person I have become today, igniting a spark in me which fed my determination to fight for less fortunate and voiceless African women and, ultimately, to help create long-lasting solutions to their plight. Coming this far in my educational journey with the support of a whole village, I cannot but give back to the society, the community, the people, and especially the women who gave me life chances they never had. Women such as my mother sacrificed everything for us, the new generation, to be successful. At the pinnacle of my academic journey, I stand where few Africans, let alone African women from French colonized countries, are able to stand. Hence, I feel obligated to bring a significant and meaningful contribution to enlighten the world about African concerns and African solutions by Africans themselves.

Who am I now? I am faced with an unsettled question that even the most renowned philosophers and thinkers throughout time have struggled to answer. Upon reflection, I came to the realization that the self I am contemplating is a product of multiple factors that impacted the shaping of my being. At this busy crossroads of my
life, I must appeal to a set of narratives in order to delineate my “self” by translating my lived experiences both implicitly and explicitly.

Stepping back from my “self,” I can argue that this “self” of mine, as a conscious being, was shaped by a long list of endeavors along my life journey that can be summarized in these terms: a) I was born a female in a traditionally patriarchal African society; b) inherited the rebellious and revolutionary mindset resulting from colonization; c) lived the dreadful aftermath of decolonization; d) experienced the never ending aggression of neo-colonialism; e) confronted racism in France and in the United States; f) was subjected to male domination through oppression, subordination, and sequestration during my decade of marital life; g) was exposed to Western education and culture; h) formed an alliance with my African feminist relative and academic mother, Awa Thiam; i) readjusted my worldview gained from motherhood; j) endured an immigrant life; k) felt an agonizing mental disconnection with continental Africans; l) and yet have an unconditional and growing love and pride for my origins. In order to find my politics of activism, I have to follow the trajectory from my childhood to my identity in academia, to come to the realization of how complex and multidimensional my “self” is.

I identify my “self” as a native African, Senegalese by nationality, Pular by ethnicity, and a woman born from one of the most conservative patriarchal groups in Senegal. I locate myself in a Western sphere, the United States, and live at the intersection of both a Western modern realm and a traditional African world. I am both an insider and outsider in the host country and my country of origin. I am an insider as an African woman who was born and raised in Senegal. I look like a typical Senegalese
woman as I dress like like my countrywomen and wrap my head with a “moosor” to embody the image of an African woman in her own context, all the while being mindful of the gaze of Americans unfamiliar with the typical representation of African women. I am an outsider as I have lived more time outside my own original cultural context than inside. Those who hold an insider doctrine believe that outsider-researchers will never truly understand a culture if they are not part of it or experience it (Nnaemeka, 2004; Brayboy & Deyhle, 2000; Swisher, 1998). In that case, how can I correctly understand the African immigrant lived experiences? Am I missing the essence of the culture in which I was brought up? In the United States, I am exposed to different lenses, perspectives, philosophies, theories, and cultures that are dramatically different from African worldviews. I may no longer be the “typical” African woman, which saddens me to the core of my heart and brings tears to my eyes. However, I believe I act and portray myself in ways more African than the continental Africans do. While I am constantly fighting to restore the African image that I believe is much distorted in the American context (Wade, 2011), I find myself immensely troubled by those African women who, within the African context, try to act like Westerners by bleaching their skin and by wearing straight hair wigs or weaves (Thiam, 1986).

In my mind, I always thought that I was the African woman who could identify with women in Senegal and that I was entitled to compare myself with them and to speak on their behalf about what I believed was unjust. I was struck by the revelation that I may not be the typical African representative. Who am I really? What have I left of my Africanness? Furthermore, if anything remains, how much of it is present in my being,
my behavior, my thoughts, and my ideas of commonality? Questioning my prototypical representation of the African woman made me recognize how Westernized I have become, even though I am still in denial. The fact that I feel American does not mean that I feel any less African. Even though I may take on some of the American culture due to my prolonged exposure to it, I have not lost anything of my African culture. Quite the contrary, I feel even more tied to Africa. I see myself as an ambassador for African women and Africa as a whole, and, believing in that role, I act, dress, dance, and cook exactly like a typical one. Wherever I go, in milieus like the United Nations or other international institutions, I always fight for our rights as African women. I cannot say, though, that I think exactly like them, because I want to change some of the harmful traditional attitudes and disturbing behaviors that I can no longer accept. I have become a transcontinental agent of change. No sole continent, country, culture, or even identity can exclusively claim me. I have become a cultural chameleon, a fluid being, as I move gracefully from one state to another, adapting to different contexts, speaking different languages, shifting positions to negotiate an improved stance for the betterment of women, wearing different hats, and taming my ardor within the immigrant African communities.

I am exposed to both Western and African cultures, thus open to different ways of thinking and doing. I became resilient to racism and African xenophobia (Gele, Johansen & Sundby, 2012). I developed an acute awareness and consciousness of Western mainstream politics of overlooking and dismissing African contributions to knowledge production. This lived experience led me to the path of becoming the African woman
warrior ready to dispel misconceptions encountered (Diop, 2004) and prepared to fight for women’s rights. In the academic world, I have worked very hard. When my colleagues spend about three hours on an assignment, the same assignment takes me nine hours all together, with three hours to understand it because of language barriers, three hours to do it, and three extra hours to redo it perfectly to become the best student.

This self-reflective exercise, performed with the goal of understanding myself within an African immigrant context and my African activist scholarship within American academia, sheds light on the complex relationship I have with the world around me which, though challenging, yet is conducive of the woman fighter within me. Drawing on Thiam’s (1978, 1986, p.119) seminal work on African women’s conditions and on her foresight that African women have to “fight to snatch back their rights” for the betterment of their lives, I take seriously my responsibility toward African women, even while acknowledging the privilege bestowed upon me by academia as well as my social location. I can neither hide my privilege nor escape my responsibilities as an educated African woman. No matter how hard it will get, and no matter the hurdles on my path, I believe it is my duty to represent the voices of my compatriots in a patronizing Western world where continental African women are portrayed as victims with no agency (Nnamuchi, 2012).

Consistent with my adherence to social justice principles (Sabbagh & Schmitt, 2016) is the logical and natural progression that led to the formation of my identity and my positioning as an African activist scholar fighting for a just society for African women subjected to social injustices. An African woman who has arrived at this level of
education against all odds in a foreign setting is not seen every day. Being so conscious about my social and academic position, I could not help but work for the betterment of my people as few of us African women are given the chance to be in these positions and have the opportunity to foster positive change in a collaborative and meaningful way. This outlook makes me realize my privileged position and possible biases since I have the power to express my views and the capability to influence people. Nonetheless, through reflexivity (Herr & Anderson, 2015) and checking back with the community as well as with my critical friends’ groups, I was able to balance that power and to put myself on the same level as the community members. I was looking for change, not an imposed change, but one that is sought and achieved collaboratively within the African immigrant communities and with the individual transplants to end the suffering of women and girls. In light of all this, I believe that I was uniquely situated to conduct this research since I was both familiar with the provenance of my potential participants and their lived experiences as transplants. Consequently, I understood that I had the assets to bridge, negotiate, inform, and comprehend a transnational mindset.

**Possible Limitations and Significance**

**Limitations.** Some of the limitations of this FGM study are connected to the fact that this dissertation reports on the process of only the first eight weeks of group meetings of the study that will continue beyond the time-frame of this dissertation. This period reveals a shorter time span in the community for community-based action research, when participatory action research most often takes longer to make a real impact on communities.
Although participatory action research is a context-based research, this study may not be generalized to larger West African immigrant communities. The aim here is not to reach generalizability of the study but to ensure transferability of the results for further research. Additionally, the sample used is limited to those individuals to whom the Senegalese association referred me, as well as the people whom the inquiry group recommended.

**Significance.** Given the paucity of published studies utilizing CBPAR partnerships with West African immigrants regarding the issue of FGM, this study contributes new knowledge about how West African immigrants in the United States consider the issue of FGM and the actions they planned to engage in regarding the practice. An important strength of the FGM research study comes also from engaging a research “with” and “by” (Herr, 2015) the African immigrant community. Although I entered the community with questions about FGM, the inquiry group members shaped the research process. As such, co-researchers actively participated in sharing roles, reorganizing the research directions, changing the order of the research questions, developing questionnaires, interpreting and analyzing data, and disseminating research findings (Horowitz, 2009). This democratization of the research empowered the African immigrant communities, which, until now, have mostly experienced research on, rather than by, them. A significant strength of the study was the mutual benefit resulting from the collaboration, thereby improving both the conditions of the community members and the outcome satisfaction of the researcher. This collaboration answered the classic question usually asked when conducting participatory action research: “Research for
whose benefit?” (Dickson & Green, 2001, p. 472). The FGM research benefited the communities as they looked into the issues while dialoguing among themselves to find the best ways to take up the issue of FGM. The communities took possession of their actions and have benefited from them. This ownership resulted in the empowerment of the communities as they tackled the FGM concerns and contemplated [in a preliminary stage] several culturally relevant solutions by themselves. They were also able to afford capacity building and action to strengthen their communities as well as the well-being of their members. Another strength of the study lay in the production of authentic knowledge from community member experts of their own cultural practices and lived experiences. Community members were the best source for insider knowledge about FGM and, hence, were able to provide to the outside world a fuller understanding not only of what holds FGM in place in the United States, but what is also increasing its incidence.
CHAPTER IV

The Research Team

The following sections give the background of both the inquiry group and resource group. Originally, the inquiry team (co-researchers) was comprised a core group of 10 West African immigrant volunteers. However, since the membership of the group was open, with the expectations that some group members could leave and new members could join at any point during the data-gathering time frame, ultimately everyone who attended at least three meetings and were West Africans were considered to be part of the core group.

During the initial meetings, inquiry group members numbered about five. In the hope of broadening our understanding of the FGM phenomenon in the context of migration, the inquiry team decided to invite interested members of the community to join us. The group evolved and increased; the number of community members who showed interest in our female genital mutilation study exceeded our expectations and meeting attendance eventually grew to as many as twenty in a setting. The membership of the core group agreed to amend the initial plan to include relevant individuals of the community, whether experts, community activists, or simply concerned parents, in a richer and enlightening dialogue. As a result, we gathered a resource group responsible for supplying the extra information the group deemed necessary to fill the missing pieces of the puzzle. Consequently, the resource group is an informal cluster whose members were invited, based on the needs of the inquiry group, to explain certain aspects of FGM beyond the bounded sphere of the West African immigrant population and within the
broader American society and communities. Descriptions of inquiry group and resource group members follow.

The co-researchers of the FGM CBPAR from the two African immigrant communities fell into two distinct groups with differing purposes: the inquiry group itself, composed of volunteers to discuss the specific elements of interest of FGM; and the resource group, composed of selected experts in different areas of concern to FGM. Both groups provided an overview of what might be uncovered in our quest for understanding the phenomenon of FGM in the context of migration. These women and men collaborated, discussed, argued, shaped, and directed the research to its intended aims. Finding time to record my observations on the physical as well as the interactional behavior of the co-researchers was difficult because of my many roles in the process.

When it was time to depict my colleagues in this document, I struggled immensely. I felt something was missing in my descriptions. I looked for dissertation samples in which participants were described, and yet I was not satisfied. My conversation with a critical friend made me realize the reason why I was struggling so much. I could have described members of the inquiry team in my own terms, but, subconsciously, I wanted to be true to participatory action research, giving each one of them the ability to express who they were. In the same way that I struggled in finding a research method and design that would be fair to African immigrants, I also struggled in the simple yet complex task of describing my co-researchers. In light of my critical friend’s advice, I decided to create with my co-researchers the description of their own identities. Instead of telling them how I saw them, they now had the ability and the power
to define who they were. Hence, this section was written with information provided by my co-authors. The purpose of this methodological choice was to return to the co-authors the agency to speak to their own identities. I then supplemented extra information gathered during my occasional observations to help situate those identities within the study.

The Co-researchers

The following ten profiles, identified by pseudonyms, represent members of the inquiry group team. These profiles were developed cooperatively between the team members and me. I provided the initial draft, and they supplied additional details to evoke accurately their individual identity and their relationship to the study of female genital mutilation project. In this study, the team members were drawn from the two West African immigrant communities of New York and New Jersey.

Makeba. Makeba, a 28-year-old female, identifies herself with the Bambara ethnic group living in Senegal. She is a medical student born and raised in Senegal and is profoundly knowledgeable about the FGM phenomenon since her mother is a medical doctor who has been active in Senegal fighting to stop the harmful practice. Throughout her youth, she joined her mother’s campaign advocating for the eradication of FGM. At the time of the study, she has been in the United States for three years, living in Harlem -- in the heart of the West African communities. Makeba was referred to me through Oubab, a former member of the Senegalese Association and she was eager to join the inquiry team, believing she would be a meaningful asset in the area of the medical consequences of FGM. She had been in touch with family members in Senegal to provide
the group with necessary information about the health outcomes resulting from the practice.

**Kofi.** Kofi, a 23-year-old male, identifies himself as a member of the Wolof ethnic group of Senegal. Even though Kofi’s ethnic group has one of the lowest rates of FGM practice in the country, with only 2% of Wolof women subjected to FGM (DHS, 2010), he was excited about joining the team and offered to talk to local religious leaders to bring us more understanding on their particular perspective on FGM. Kofi came to the United States approximately a year before the study with the intent to further his education. Oubab also introduced him to me as an open-minded young man capable of bringing changes in our communities.

**Sheba.** Sheba, a 32-year-old female, also identifies herself with the Wolof ethnic group. With a master’s degree from Senegal, she came to the United States in an attempt to further her education and to learn the English language. Sheba is highly aware of the physical, psychological, and sexual consequences resulting from the practice of FGM and offered to join the inquiry team in our endeavor to find a meaningful understanding of the continuation of the practice among West African immigrants.

**Nabi.** Nabi, a 53-year-old male from Senegal, identifies himself with the Pular ethnic group, which has the highest FGM rate in Senegal. According to the Senegal Demographic Health Survey (2005), 64% of Pular women are subjected to FGM. Nabi, who is a former adviser to a cabinet of a government ministry, is a fervent advocate for the eradication of FGM. He believes that the practice is outdated and has no place in present time. Nabi is an opinion leader and a strategist who brought his considerable
skills to the planning of next steps for the inquiry group. During the discussions, he challenged the women to be more assertive, telling us that “women do not need to demand their rights but in fact they need to snatch them.”

**Adada.** Adada, a 57-year-old female, identifies herself as a citizen of Ghana in West Africa. She has been a legal citizen of the United States for decades. Adada wears many hats as she is a city worker, a community activist, and a United Nations representative. As the only participant who campaigned for the eradication of FGM in the tri-states over twenty years ago, Adada has brought unique contributions to our study. For instance, she educated the inquiry group about the FGM campaigns in the United States and their outcomes and provided documents to support her claims.

**Fari.** Fari, a 64-year-old woman from Benin, is a descendant of the royal family of Abomey Amazons, the women warriors in the late 19th and early 20th centuries serving King Behanzin of Dahomey, currently named Benin. Fari comes from a lineage of women warriors who valiantly fought to defend and protect their fatherland, the Kingdom of Dahomey, against the invasion and occupation of foreign armies, most notably the colonial troops of Western countries. Fari, as some of the team refer to her, is active in the civil society, collaborating with international organizations. She is conscious of and concerned about the practice of FGM among African immigrants and made a commitment to contribute to the quest to finding a solution to this harmful practice. Her participation in the inquiry was instrumental in reaching out to the different West African communities of New York.
Asantewa. Asantewa, a 53-year-old female, identifies herself with the Senegalese community. Asantewa is married with three children including an 18-year-old daughter. She is a biology teacher and an active member and head of the education committee for an African organization. Asantewa has a bachelor’s degree in biological science and master’s degrees in secondary education and in special education. Mrs. Asantewa has been in the education field since 2003. She taught science in various grade levels and school districts in New Jersey. Asantewa remembers, “My attention to the FGM phenomenon was generated by events such as obtaining an adoptive niece whose father gave her to my sister to save her from female circumcision.”

Nandi. Nandi, a 23-year-old female, identifies herself with the Wolof ethnic group. She is an MBA student who has been living in the United States for the past five years. Nandi is an active young woman who was referred to the inquiry group by a core team member. She is considered an activist with a strong goal of bringing social changes into our communities. Nandi was instrumental in the creation of our WhatsApp group and in maintaining the group communications. Nandi stated: “I deeply value and respect our African cultures. I love all our beautiful ways of doing things and I always promote them; however, I strongly feel that certain practices are not only outdated but they also cause detrimental consequences to women and girls and endangers their lives. Therefore, I believe FGM must be stopped by any means necessary and I hope to bring my contribution to this cause.”

Natu. Natu, a 54-year-old female, identifies herself with the Soninke ethnic group of Senegal. She is a mother of two boys (one in college and the other one in middle
school). Natu holds a Bachelor of Science in physics and chemistry and is currently enrolled in a master’s program in education. She is involved in the Senegalese community of New Jersey and tries to bring valuable languages such as Wolof and French to the children of the Senegalese community. Natu was invited to join the inquiry team and did so devotedly, educating herself in the area of FGM to better understand the phenomenon and enhance her contributions to the FGM project. Natu stated that: “I appreciate being part of the inquiry group and my interest in it is that I would like to look at different facets of FGM to understand the impact of the practice on women’s self-esteem as well as their sexual and marital experiences. Additionally, I would like to investigate the motivation of women and men who support this practice and to comprehend their perspective as a starting point in our effort to stop FGM.”

**Kahina.** Kahina, a 47-year-old female, identifies herself with the Bambara ethnic group originating from Mali; however, she was born and raised in Senegal. Kahina holds a bachelor’s degree in hospitality management and is to soon finish a second undergraduate degree in economic science. Presently, Kahina is the administrative and accounting specialist for an agency. Kahina described her interest in our FGM study through an emotional recount in which she and her sister narrowly escaped FGM the day they were scheduled to be cut. She stated: “It was a miracle that day. My sister and I were already prepared, washed, and dressed by our grandmother and ready to be sent to the circumciser. God decided otherwise because it is then that my mother came by and threatened my grandmother, arguing that my father, who is not Bambara but Wolof, would not appreciate the practice. My mother shouted that my father would kill them all
if his children were excised. That is what aborted the process. I always have chills when I think about it and I am grateful and lucky that my grandmother’s FGM plan was undone."

**The Resource Group Members**

The following brief profiles of 16 resource group members illustrate the diverse experiences and educational backgrounds they contributed to the research project.

**Mita.** Mita, a 23-year-old female, identifies herself with ethnic groups from two different African countries. Her first country of origin is Senegal, since her father is Senegalese from the Pular group. Her mother, from Burkina Faso, is Fulani, which is a West African nomadic group. Mita speaks Pular, French, English, and very little Wolof, which is the national language of Senegal. To the surprise of the group, Mita identifies herself as a victim of FGM, since she was excised at the age of six. Mita eagerly joined the group with the intent of bringing firsthand contributions toward our understanding of FGM. She shared with the group, in a willing and uncensored way, her experiences and fears of potential repercussions of the practice on her physical and sexual well-being. Hence, she became our primary informant and reference in our quest for understanding the lived experiences of FGM victims.

**Kwame:** Kwame is a retired American chaplain who identifies himself as an indigenous person who, in the past, has worked diligently with African immigrants to provide them spiritual support and guidance in a context in which most of these immigrants feel lost. Kwame is extremely empathetic to the plight and dilemmas of
African immigrants and his goal is to address and care for the spiritual and emotional needs of West African immigrants.

**Sundiata:** Sundiata is the president of an association of Malians in Harlem. in addition to bringing the Malian community together to celebrate their heritage, as an active community leader, Sundiata gathers Malians from diverse ethnic groups and all works of life and gives them a platform so they can meet regularly to discuss the challenges they face as immigrants.

**Sirdi:** Sirdi holds a doctoral degree in theology with a concentration on conflict management and negotiation. A victim of injustice and torture from the Ivory Coast first civil war, he prides himself in overcoming a vengeful spirit to be able to reunite and heal West African communities. Sirdi was a great asset to the FGM study as he inspired us to continue the FGM project in a peaceful approach. He is the director of student life at a college in New York City.

**Mansa.** Mansa, a 53-year-old male, identifies himself with the Yoruba ethnic group of Nigeria. He introduced himself in these terms: “I am the executive director of an organization. We have been dealing with violence against women for many years. We are part of the CSW, which is the Commission on the Status of Women. So, this is a subject that is very close to our heart. We had addressed it from multiple perspectives”. Mansa is the father of four girls and cannot but despise FGM and fights fearlessly to stop the practice. Mansa is one of the resource group members who does not compromise about girls’ lives and rights and would not hesitate to take families to criminal court if they were to touch or have the slightest intent to subject any girl to the harmful practice. He
was invited to join the group by one of the members. Since then, Mansa has been a loyal contributor and a great asset to the FGM project.

**Sysy:** Sysy is a Malian immigrant living in the heart of Harlem, New York City. She is the founder and executive director of an NGO that organizes key events at the United Nations. Sysy develops programs and activities to reach out to isolated and at-risk mothers and Malian families. Her familiarity with FGM greatly benefited the inquiry group in our quest to understand the phenomenon better.

**Oubab.** Oubab, a 56-year-old male, identifies himself with the Pular ethnic group of Senegal. Oubab is a community activist who works tirelessly with young West African immigrants to greet, settle, and guide them toward high school, community college, or four-year college. Oubab is an African immigrant who has had great impact on the lives of numerous young West Africans because he tirelessly advises and guides them toward higher education. He believes that education is a means for success in a context where academic merit is paramount. Oubab joined the inquiry team and referred many others either to the inquiry team or the resource group. FGM is an important concern for him as he recalled that “all my sisters have undergone FGM and I have seen them suffer throughout their lives. I once confronted my grandmother about it and, since then, I know that the practice is unnecessary, and it should be eradicated.”

**Khoim:** Imam Khoim is a professor of Arabic and Islamic studies in Staten Island, New York. His knowledge of the Islamic scriptures was significant in our quest to understand the connection between religion and the practice of FGM. Khoim confirmed
that FGM is not mandated by the Koran since it is nowhere to be found in the Holy Book, the Qur’an.

**Amilah.** Amilah, a 43-year-old female, identifies herself as a native of Gambia, which is a strip within Senegal along the Gambian river known as being the smallest country in Africa. She also relates to the Senegalese culture since both Senegal and Gambia share the common native tongue of Wolof. Amilah is another team member whom I met on the bus in Harlem while Adada and I were on our way to meet the queen mother. While on a tour of Harlem, Amilah, Adada, and I talked about immigrant issues. Adada asked Amilah if she knew any women who worked in a FGM project. Coincidentally, they both knew the same women activists and we learned that Amilah herself was an activist working with women of her community. We invited her to join our meeting because we thought she would be a great asset and gatekeeper within the Gambian community in Harlem. Amilah confided in us, stating that “This issue of FGM is close to my heart because I was a victim.”

**Eikem:** Eikem, dean of education and academic affairs for an educational organization, is a scholar and administrator who practices law extensively in Africa, Europe and the United States. Eikem, a Nigerian immigrant, is a former Global Law Scholar. He holds a Ph.D. in interdisciplinary law and social work education policies. Eikem was instrumental in our understanding of FGM laws in Africa and in the United States, in addition to becoming a critical friend in the meaning-making of our data.

**Dr. Chez:** Dr. Chez is a native of Guyana who immigrated to the United States in her early teens. She is the founder of an international organization and has earned
numerous awards as an outstanding community leader. In 2005, the United Nations appointed Dr. Chez a Goodwill Ambassador. With her commitment to empowering and promoting women and children, Dr. Chez took a particular interest in our FGM study and hoped to contribute to the improvement of African women’s and girls’ conditions in the United States.

**Shasha:** Shasha is the program manager of a community wellness program in the Bronx. Her agency is a community-based nonprofit organization dedicated to mobilizing African immigrant women to improve the quality of their lives, strengthen their families, and develop their communities. She contributes to the education and empowerment of African women and girls by providing them with culturally appropriate health resources on sexual health, family planning, and female genital mutilation. Her personal mission is to give strength to under-served communities, particularly women and girls, whose voices are not heard, who deal with inadequate services in their communities, or who think their contributions are of no value. As the daughter of Sudanese immigrants, Shasha also serves as an advisor for her community.

**Naivi:** Naivi is a native of Liberia who immigrated to the United States over 25 years ago. She is an active member of the Liberian community in New York and is also involved in social issues and is connected to the fashion industry. Naivi believes that practices such as FGM have no place in contemporary societies and supports groups and community members who are fighting to end the harmful practice.

**Yaye:** Yaye is a native of Senegal who has been living in the United States for the past ten years. She voluntarily approached the inquiry group to offer her contribution to
the study. She was the oldest member of the group. Yaye told us her poignant story that recounts her familiarity with FGM, since she was also subjected to it around the age of seven. Yaye spoke genuinely and generously about FGM with detail and insight only a first-hand sufferer could provide. Her testimony on the physical and sexual consequences of FGM contributed to our better and fuller understanding of the phenomenon from an elder’s standpoint.

**Chaz.** Chaz, a 32-year-old male, is a pharmacy student at Rutgers University who identifies himself with the Soninke group of Senegal. He was invited to join the group by an inquiry group member. He is very much aware of the harmful practice and as his pharmacist career allows, has heard and seen the detrimental consequences resulting from the practice. Chaz wanted to join the inquiry group to bring his support to women, to share male perspectives, and to show solidarity to women in our quest to eradicate FGM. He believes that men have a responsibility to stand by women and to voice their opinion which is, “We do not want FGM, we do not want our daughters to be excised, and we do not want our women to be excised. This is an outdated practice that is more likely to ruin the lives of women as well as men.”

**Lala.** Lala, a 48-year-old female, identifies herself with the Wolof ethnic group of Senegal. Lala was married to a Guinean man and has familiarity with the Guinean culture and practices. A hair braider, mother of four boys and a daughter, Lala was well-informed about the practice of FGM because her husband’s family members practice FGM. She recalled fearing that her in-laws would excise her daughter if she was to send her to Guinea for vacation. Lala nervously reminded us that 97% of women from Guinea
have undergone FGM. Consequently, to safeguard her daughter, she never sent her to Guinea. Now that the daughter is a college student, she is thinking of sending her to visit her father’s family, but she is still questioning whether it is safe for her to go. She reflected, “Now that my daughter is grown (she is about 20 years old), I don’t think that my husband’s family (especially the mother) would force her to go through FGM. My family in Senegal advised me not to send her to Guinea but I still want her to know her other side of the family. I just want to make sure it is safe for her to go.” Lala expressed her interest in the FGM studies because, beyond her familiarity with the topic, she also has friends who have been excised and she vividly recalled their physical, sexual, and psychological trauma and their fear of going back to their home countries with their daughters.

**Complexity, Diversity, and Unity of Team Members**

FGM is a multifaceted practice that spans across many countries and appears within multiple ethnic groups; its prevalence rate varies widely by country (Appendix A). Because of this complexity, attempts to address FGM must approach issues from multiple perspectives, diverse viewpoints, and through the collaboration of community members, experts, and activists. The combination of the initial inquiry group and the additional resource group afforded this study a FGM wide-ranging inclusive team of community members of varying types of people, with different ethnicities, cultures, languages, national origins, and perspectives. Despite their many differences, the team members all came together with the common goal of supplying answers for both the facilitation of our
understanding of FGM in the context of migration and our plan to find the best ways to deal with FGM within our immediate communities.

**Diversity through ethnicity.** While the inquiry group comprised members from multiple African nations (Benin, Ivory Coast, Gambia, Ghana, Liberia, Mali, Nigeria, and Senegal), it was the ethnic diversity of the inquiry team and the resource group that has allowed the study to break ground not well explored in previous research (See Appendix A on diversity through Western African countries of origin). This multiplicity of voices engendered great complexities that led to broader understanding of FGM in the context of migration. Individual females and males from different ethnic groups with contrasting values and traditions, different languages and countries of origin beyond our initial bounded frame of West African countries, rounded out the complexity of the team’s reflections, viewpoints, and interpretations in untangling the FGM phenomenon in the course of our quest to find appropriate and more culturally relevant solutions. Afterwards, the coming together of people from different backgrounds resulted in an array of acceptable and applicable solutions and means to achieve our intended goals. Because ethnicity is at the heart of FGM practice, I identified several ethnic groups within the inquiry team and described them below.

Since ethnicity is an important identifier to Africans and African immigrants and also undergirds a central contribution of this study, I have elected to reflect that significance by giving it a prominent position within this chapter. Giving primacy to ethnicity echoes the emphasis on African communal societies and thereby acknowledges the significance of ethnic belonging along with each group’s specific lens of reference for
FGM practice. To attempt to understand the individual before acknowledging the group would be counter to an authentic approach to researching and writing about African people and its diaspora. I believe that focusing solely on individual, intricate biographical narratives and separating them from their ethnicity would signify to the African diaspora that I have adopted an individualist perspective and not the communal stance with which most of them would align themselves. I argue that, in order to contextualize the African immigrant FGM problem, one must not dismiss the concept of *Ubuntu*, which mirrors an African collectivistic philosophy, a reference to everlasting ethnic belonging, beliefs, and identity, and ethnic groups’ inherent understanding of FGM cultural practices. This holistic and culturally relevant framework presents a promising line of inquiry as it allows the inquiry group to look into all the relevant components of FGM issues, along with a course of reasoning designed to establish the intricate linkages of a complex phenomenon; without this approach, only fragments of the truths might be revealed.

In this study, the issue of ethnicity emerged unexpectedly among the inquiry and research group participants, complicating the process because ethnicity intertwines with the ways African societies are hierarchal. African societies are stratified based on characteristics such as social profession and social birth and range from high social or superior members of society to a category or group of people labeled as inferior. For one participant, this identification was particularly difficult, and her experience is described below. Despite these complications, the overall benefits brought by the multiple ethnic and social perspectives of the group allowed disparate voices to speak to the complex issue of FGM.
**Wolof.** The Wolof are the largest ethnic group in Senegal representing 43% of the overall population (U.S. Department of State, 2017). Today, it is estimated that as many as 15,000 Senegalese women and men live in New York metropolitan area (Joshua Project, 2018) with smaller numbers in some other United States cities. Within the Wolof ethnic group are several subgroups with sub-dialects and different variances that indicate not only the complexity of the social fabric but also the richness of Wolof cultures and cultural practices. Only 2% of the Wolof ethnic group members practice FGM (Diop, 2012; DHS, 2005).

Included among the inquiry group was a Wolof griot. A griot has a specific function in West African societies, similar to the medieval European bard or the Turkish *ashik*; they serve as raconteurs of records of our national heroic prowess, family lineages, marriages, births, deaths, as well as other important social events deemed important to be kept alive in our cultures. The griot groups are our traditional oral libraries as they safeguard past social accomplishments and endeavors and relay the stories from generation to generation. Yet, in the Senegalese caste system, this group is placed at the bottom of West African social classes, resulting in complex behaviors that reveal certain group members’ denial of their belonging to the group (Hale, 1997). I had discerned significant emotional dilemmas and uneasiness relating to ethnic identification for a particular inquiry group member who asked to be identified with any other group as if she were trying to obscure or break any linkages with her ethnic caste or group.

**Toucouleur, Pular, or Halpular.** The French colonists named this Senegalese ethnic group as Toucouleur a term sometimes used by group members. However, most of
the time, members of this ethnic group refer to themselves as Pular or Halpular meaning the speakers of Pular. I will refer to this group as Pular and its members as *Halpularan* and identify myself with this ethnic group. The Pular group represents 23% of the Senegalese population (U.S. Department of State, 2017) and are highly educated with either Western or Arabic education. The Pular group is one of the most conservative of all the ethnic groups of Senegal; 62% of Pular women have undergone FGM (Diop, 2012; DHS, 2005). The two participants from the inquiry who identified themselves with the Pular are the ones who voluntarily revealed that they were excised.

**Diola.** The Diola is another ethnic group from the south region of Senegal called Casamance. They represent about 4% of the Senegalese population. This is also a big umbrella group that encompasses numerous sub-groups with great variations in language and cultural practices. The Diola were originally animists and were held to wield traditional mystic or supernatural powers. Consequently, this ethnic group is less well-known by other Senegalese ethnic groups who fear their practice with idols and fetishes. The Diola neither have a stratified society nor a caste system; living in remote thick forest woodlands protected them in large part from other regional as well as Western influences. FGM is highly regarded among the Diola ethnic group with as many as 60% of the women having undergone the practice (DHS, 2005).

**Bambara.** The Bambara are the largest ethnic group of Mali, a West African country on the southeast border of Senegal. The Bambara are the most dominant Mande racial group of Mali and speak *Bamana*. Every ethnic group of Mali is branded as an initiation society and the Bambara people are part of the *korè* society referred to as the
“father of the rain and thunder.” Through initiation rituals held every seven years, a cohort of young boys experience the enactment of death and rebirth as well as circumcision ceremonials to establish their masculinity. A cohort of girls are initiated every year through female genital mutilation to fulfill a rite of passage from youth to womanhood and to appease the dominant cultural belief that the clitoris endangers newborn lives since its contact with a baby’s head would be fatal. Hence, most females from Mali have experienced FGM.

**Yoruba.** The Yoruba belong to the largest nation in Africa, Nigeria, and are estimated to number 12 million living in the southwest region of that country. The Yoruba ethnic group is associated with Gods and Goddesses. While the Gods represent the elements of nature linked to rivers, forests, storms and other natural phenomena, their twelve recognized Goddesses are celebrated as the Orisha, which means divine spirits. In Yorubaland, these female deities have protective qualities and look after their followers. According to the Nigerian Demographic Health Survey (NDHS, 2014), 55% of Yoruba women have undergone FGM; however, the Immigration and Refugee Board of Canada (2003) estimated that about 90% of Yoruba women practice FGM. It is worth noting that within Nigerian FGM cultures including the Yoruba, grandmothers and kin are the critical decision makers for the continuation of traditional practices (Okeke, Anyyaehie, & Ezenyeaku, 2012).

Throughout our FGM study, the connection between ethnicity and language was strikingly inseparable and intricately interwoven. In fact, Halpular, the name of one of the ethnic groups in the study, which means the “Speakers of Pular,” illustrates the
intrinsic link between ethnicity and language. What stands out is the fact that the composition and combination of both the inquiry group and the resource group gave a more complex edge within the team thought processes stemming from the variety of languages spoken.

*Diversity through languages spoken.* The inquiry group was conscious and concerned about the languages spoken. With eight countries represented, four of the participants spoke French and the other four spoke English. However, some of the French-speaking co-researchers felt that they had not mastered either English or French language sufficiently to engage in the kinds of group conversations we were planning. Instead, they preferred to communicate in Wolof, the Senegalese national language. To allow maximum communication without the language barriers that can hinder the exchange of ideas, a co-researcher who was fluent in all three languages volunteered to be the interpreter for the group. As a result, everyone was able to exteriorize their inner most sincere and accurate thoughts about FGM, with a significant positive effect on clarity and efficiency that resulted in meaningful and productive group participation. The diverse languages spoken during group discussions resulted in a rich data with powerful, uncensored, and unobstructed reflections on FGM. However, since English, French, and Wolof were spoken during group meetings, I was the only one who could do the transcribing, without recourse to translation software, as it would not be able to navigate the different languages.
CHAPTER V

Findings

Introduction to the Context of FGM Decision-making

The primary purposes of this study were 1) to reach a fuller understanding of the reasons for the continuation and perpetuation of FGM in the context of migration and 2) to find out how the New York-New Jersey West African immigrant community wanted to address FGM. For the purpose of this document, specific terminology will be used: *excise / excision* will be used to refer to the practice of performing FGM of any type. Additionally, the term *im/migrant(s)* will be used to reflect the idea that in many cases, Africans living in the United States initially appear to be immigrants but subsequently are found to be migrants, which is to say that they intend to return to and permanently reside in their native countries in Africa after some years of residency in the United States. Furthermore, the notion of *mobility* will be used to refer to West African immigrants’ belief that their stay in the United States is temporary and that they will return permanently to their native countries. It is imperative to understand that these West African im/migrant parents are determined to limit ties with the American culture, while ensuring their daughters are provided with every advantage that will enable them to achieve full social integration when they return to their homeland.

To better comprehend the rationale behind these migrants’ maintenance of FGM, one must understand the intricacies of the decision to excise or not to excise daughters. It is crucial to remember that these im/migrants are recent arrivals (1980-Present) to the United States from Africa, not African Americans, most of whom are descendants of
enslaved Africans subjected to forced migration. In contrast, many of these newcomers migrated for either educational or economic purposes or fled war-torn zones for a better future in the West, yet desire and plan for an eventual return to their countries of origin. It was fascinating piecing the puzzle together and figuring out the conceptualization of West African migrant thoughts and calculations behind the FGM decision-making. One pressure that concerns parents is the dilemma of being in America but always keeping in mind their eventual homecoming, which requires an aptitude for mobility and flexibility. The second pressure consists of weighing the benefits and costs of a suitable outcome for their daughters’ futures in their home country, which will require acceptance into a culture with different values and expectation than they have known in the United States. Therefore, these migrants, in their quest to ensure their daughters’ culturally acceptable behavior in the future, live in the United States integrating but not assimilating while planning for a social re/integration in the indeterminant future in the country of origin, the homeland. These migrants, driven by their complex and multifaceted cultures, beliefs, and practices, consciously weigh the costs, benefits, and tradeoffs that must simultaneously align with the culturally ideal future for their daughters—both in the United States context in which they are evolving, and in preparation for re/integration into the African context.

Decorticing the meaning-making of FGM in the context of migration took the inquiry group and me into the deeper, tangible worries and fears of vulnerable African immigrants who, even now, carry a history of extreme trauma and difficult trust relations with the Western world as the result of colonization and neo-colonial exploitation. These
inextricable worries clearly define the African im/migrants’ landscape of poignant and painful tradeoffs on both ends, while giving them strong attachment to the only valuable asset they have left, their identity. The inquiry group members were clear in their beliefs that FGM was a damaging practice deserving of eradication, yet they also acknowledged the need to understand why the practice continues in the context of migration.

The resulting data mirror the meaning-making of the reasons for FGM perpetuation in the United States and highlight the data’s foundation on West African im/migrants’ theoretically sound rationales and rigorous calculations. The first major theme, Africa’s Prodigal Sons and Daughters, highlights the West African im/migrants’ concept of mobility, which engenders the primary worries of parents in their interaction with what they consider to be a culturally unfriendly host country exemplified by female social and sexual mores perceived as exceedingly offensive to their beliefs. From this central theme emerged the subtheme of psychocultural worry rationale, which is structured around four distinct perspectives: significance of cultural heritage, significance of ethnic identity, significance of gender identity and roles, and significance of religious beliefs. The second major theme, Protecting Daughters and Ensuring Their Futures, revolves around parents’ concern for their daughters’ futures. This second major theme is organized around two key sub-themes: the psychosexual worry rationale (which expands on both the significance and preservation of virginity and the significance of loyalty after marriage) and the psychosocial worry rationale (which highlights the perception of harm to family name and family honor). Moreover, it was established that each broader theme was comprised of several sub-themes, which the inquiry group discussed, with respect to
the costs and benefits associated with their daughters’ best futures and unraveled to
compliment the complexity of the FGM decision-making processes. Additionally, I will
present briefly the preliminary stage of the inquiry group’s brainstorming regarding
potential FGM interventions within the communities of im/migrants in New Jersey and
New York.

**Africa’s Prodigal Sons and Daughters**

A specific idiosyncrasy of West African im/migrants is their firm intent to return
to their native lands. This conscious belief defines them as migrants and provides them
with the mindset of an absolute returnee, whether in the near or far future, to the
motherland. The use of the word “prodigal” refers to the son in the Biblical story who
returned home successfully after many years outside of his country. For Africa’s
im/migrant sons and daughters, prodigality refers to their much-anticipated celebrated
homecoming. With the notion of mobility on the one hand, and the consideration of their
daughters’ best future on the other, these recent im/migrants worry about raising virginal
daughters while navigating a U.S. culture whose moralities, if assimilated by their
daughters, could jeopardize their future acceptability and reintegration into their home
society. This section explores the rationale behind the cultural worries of West African
im/migrant parents confronting culture clashes between two diametrically opposed
cultures, American and African. For the sake of a successful return to their native land,
West African im/migrant parents seek to raise their daughters in ways that mesh with the
ideal female behaviors acceptable to the home country’s culture in order to ensure their
full acceptability and integration.
Figure 1: The thought process of West African immigrants’ FGM decision-making
**Psychocultural worry rationale.** The inquiry group proposed that in order to find the rationale for the continuation of FGM in the context of im/migration, one must determine the challenges faced by West African im/migrant parents and what leads them to the decision to excise their daughters. The psychocultural worry rationale is the first subtheme underlying the rationale for perpetuating FGM. The inquiry group stated that one potential worry for these parents was that their daughters might deviate in ways that contradict the parents’ own deeply held beliefs. In response to that perceived threat, the inquiry group believed that parents would devise what they saw as suitable measures to raise daughters who would fully embrace the parents’ beliefs, which in turn was seen as a necessary step toward the parents’ desired outcome. West African immigrant parents’ primary goal is to bring their daughters back to their country of origin while giving them a sense of belonging to, identification with, and acceptance into the home culture. FGM is a prerequisite to full acceptance as a member of a FGM society. In this subtheme, the West African im/migrants who participated in this FGM study discussed topics pertaining to the significance of cultural heritage, ethnic identity, gender identity and roles and how their preservation helps to safeguard their daughters’ futures.

**Significance of cultural heritage.** In the African im/migrant worldview, cultural heritage can be broadly defined as the complex activities, manifestations, remnants of past events, socio-political arrangements, and belief systems that governed and are still governing our complex societies. Maintaining the fundamental components of our ways of living and remaining current with the profound changes and progress made within African societies and cultures were deemed extremely important to the inquiry group
members, especially in the context of im/migration within which they feel either culturally not understood or misunderstood. West African im/migrants believe that the complexity of their cultures does not allow citizens of the host country to fully grasp and conceptualize their meanings. They also feel misunderstood because their beliefs and behaviors are perceived incorrectly and ascribed false meanings. Nonetheless, the inquiry group explained that the West African im/migrants, vested in cultural pride, believe in the importance of continuing their cultural practices and holding onto their cultural heritages because these are the most essential pieces of their identities. Nabi framed this idea as follows:

Our ancestors left us with our *coxan* [traditions] and *ada* [rituals] and without these we are nothing. We cannot shed our identities just to please those who do not understand us, and we should not rid [ourselves] of our cultural heritages. If we do not want to lose ourselves, then we need to preserve our culture and raise our children into it.

In general, African im/migrants believe that their cultural heritage is their single most important asset. It survived a devastating past resulting from slavery, colonization, and neo-colonization. Their cultural heritage is a source of pride and satisfaction for them and they want to keep it. The inquiry group members believed that in order to preserve their cultural heritage, African im/migrants originating from FGM societies opt for the continuation of FGM since it is an important part of their cultural heritage. As explained by Kofi:
I have drawn some comparisons from the different cases in some ethnic groups; for example, with the Pular in Senegal, some ethnic groups in Mali, and also in Somalia, I have seen the one common reason [for FGM] is culture . . . Africans love their culture. Of all immigrant groups, Africans seem more loyal to their culture and cultural practices than any other group.

The above statement provided by Kofi disclosed West African immigrants’ love of and loyalty to their cultures and cultural practices. It is that boundless love of their culture that guides their actions and behaviors. According to the inquiry team, cultural heritage is what provides them with pride and identity, and consequently they would want to keep and maintain it by any means necessary.

The tenacity of female genital mutilation, despite the global movement to eradicate what is widely considered a harmful practice, stresses the pressures and dilemmas West African im/migrant groups face in their quest to preserve their cultural heritage by all means, especially in a context of im/migration. On this topic of cultural heritage preservation, Makeba added:

I hope we maintain some of our most precious cultural practices because that’s what guides us, regulates, and gives meanings to our lives. In general, we truly believe that our culture is rich, valuable, and meaningful. We have an emotional attachment to it and to our native land. We will never want to trade it because we benefit more from these practices. For example, there are so many virtues attached to FGM that not doing it may cost some disadvantages and hinder our daughters’ futures.
From the inquiry group’s perspective, Makeba’s argument is very profound in that it touches upon the benefits and costs weighed by im/migrant parents before undertaking their final FGM decision. First, Makeba started with a plea for African im/migrants to keep and maintain their cultures because it is their guiding light. Early on, we pondered how West African cultural heritage encompasses precious traditional values founded on collectivistic grounds (the theory of Ubuntu) and is based on valuing the needs of the group (kin) or community over individual caprices. It was obvious to the inquiry group that maintaining West African im/migrants’ cultural heritage best meets the demands of their home-countries’ social arrangements and as a result they should not trade it with the host culture.

Asantewa said, “Your culture dictates how you gonna behave yourself in society.” The inquiry group members agreed that our cultural values function as the founding principles of our social lives; hence, they influence the way we comport ourselves in society. Essentially, our culture is our identification marker, which differentiates our behavior and beliefs from others. For example, there are valued traditions in African cultures that endorse collectivism and respect for elders, among others. These beliefs are mostly principles not shared with the Western world and they bring about a whole world of differences between cultures. Consequently, Africans who treasure typical African values believe in their own right to preserve them because of the positive attributes attached to them. Asantewa went on to explain:

European countries, they do actually have the same process. They come from there, they come to the United States and it does not change the way they believe
they have to live their lives. It does not change the way they believe they have to conduct themselves and especially it does not change the way they have to raise their kids for them to fit better.

The second interesting point made by Asantewa is that, if it is all right for im/migrant groups from Western countries to keep their cultural belief systems, then why should we abandon ours? The inquiry group members decried West African immigrants’ encounters with prejudice and discrimination, which are attitudes that create serious obstacles for them to reach a decent level of comfort and ease in the host country. These perceived negative attitudes from Americans encourage them to keep the traditions that give meaning to their existence. To further complicate the situation, awareness of this discrimination caused us to wonder whether African im/migrants are the victims of a double standard, hence treated in the United States as inferiors. Tata’s comments further exemplify Asantewa’s point with regard to a double-standard treatment unfavorable to West Africans:

I believe we should at least acknowledge that FGM is not a new phenomenon in this country. There is an untold history of what is now called FGM, clitoridectomy, or female circumcision in the United States. FGM was performed as a therapy for female sexual problems. For example, in the 19th century, such surgeries in England and the United States were much more likely to be used in cases of so-called female hysteria and were expected to decrease sexual appetites and responsiveness considered unfitting for respectable middle and upper class white women. Also, nowadays, we have a proliferation of vagina cosmetic
surgeries called vagina rejuvenation, vaginoplasty, or labiaplasty that involve partial excision of the labia and the tightening of the vagina. What I find so troubling is that no one in the United States is condemning this practice of altering and cutting female genitals. It is upsetting that the same practice is acceptable when performed on American females, but it becomes barbaric and unacceptable when done on African girls or women.

From the inquiry group perspective, African im/migrants perceive a differential treatment intended to make them believe in the immorality and the barbaric nature of their cultural practices as exemplified by FGM. This discrimination makes them cling even more tightly to the culture to which they belong and to dismiss the host culture. In that vein, Eikem argued:

They [Americans] still vilify us and our cultures. They feel superior to us. Lately, I was watching CNN and a Republican senator said that our president is against African or Black immigration. Most Americans do not respect our countries and call us the worst names. They feel we are invading their privacy, their country, and that we are here forever. It feels like they have anger and resentment toward our ways of living, toward what we believe in and stand for. This does not make us feel like home. So, this is a stronger reason for us to maintain our cultural practices, cultural heritages, and our connection with home where we belong and will return to.

The inquiry group’s strong argument validating the significance of the maintenance of cultural heritages and practices indicates that West Africans im/migrants
do not feel at home in the United States. This realization compels them to hold on to their cultural practices, keep alive their intent to go back to their home-countries, and reaffirms their belief in the importance of ensuring future social re/integration. This understanding allows them to envision the door-of-return open. A Nigerian proverb shared by Eikem, a resource group member, illustrates fairly well the mindset of West African im/migrants and their perception of not being welcomed in the United States. The proverb states, “When you are visiting someone, and your host starts showing you the bottom of the pot, that is an indication that it is time to leave and go back home.” In the context of migration, this means that when Americans patronize African im/migrants and their cultures, it is obvious to them that they are unwanted in the United States and that they need to prepare for their return back home. The same idea is reiterated by Vivi, who affirmed, “We are not sure of what the future holds for us here [in the United States]. We live with uncertainties, anxieties, and so many other unpleasant experiences that we do not feel as if we are at home.”

The inquiry group understood clearly that West African im/migrants do not feel at home in the United States and that keeping and protecting their cultural practices is the most important task to safeguard their successful return to their countries of origin. They are also uncomfortable with and fearful of certain aspects of American female social behaviors. In alignment with this thought, Nandi stated:

Girls’ sexual behavior in this country is so shocking that I believe none of us want our girls to behave like that. They are promiscuous and what is alarming is that it seems like they are encouraged to do so while they are being taught about it in
school. They have condoms and pills handed to them so easily that I think the message to them is: go ahead, it is ok to try. These are not our ways. And if we go along with the American way, then we gonna be in trouble getting back.

Consequently, there are already indications of some concerns and stressors in West African im/migrant lives with respect to their dealings and interactions with the American culture that values, for example, the early age at which females gain autonomy over their bodies and sexuality. The inquiry group believed that West African immigrants’ perception of Western females’ absolute/unlimited rights to self-determination, bodily integrity, sexual activities before or beyond marital ties, and above all the right to bear children or terminate pregnancies, is incompatible with their worldviews of the ideal female. For West Africans, the concept of a sovereign female solely responsible of her own being and actions is inconceivable. Even daughters speaking their mind is considered sign of lack of respect for their parents, an abomination and offense to the sacredness of respect for elders. From the West African standpoint, founded on communal principles, group moralities always prevail over individual rights.

Hence, the inquiry group understood that when West African im/migrants weigh the cultural benefits and costs of FGM while also considering mobility (e.g., are they raising the daughters to either live permanently in the United States or in West Africa? Are they leaving their daughters behind (in the United States) or are they bringing them back home? Do they want their daughters to become like American women or like their idealized African woman?), the scale tips heavily in favor of FGM since the weight accumulated translates into ideal values and outcomes. For example, when weighing the
cost of going to jail if caught against the benefit of raising females with ideal behaviors for a brighter future and possible marriage prospects, it is no wonder that parents choose to continue the practice regardless of its harmful nature.

**Significance of ethnic identity.** The inquiry group believed that in order to understand the continuation of FGM in the context of migration, one must understand how FGM ties to ethnic identity. Ethnic identity reveals our sense of belonging to a given ethnic group. It is a unifying instrument that ties individuals of similar background and origins into a specific identified social group with distinct features and patterns. Having a sense of ethnic identity is crucial to individuals’ social development as well as to their individual physical and mental well-being. To West Africans practicing FGM, this identification is a fundamental aspect in the making of the self and the psychological functioning of ethnic group members whether within Africa’s borderland or in-migration. For instance, the inquiry group believed it was unthinkable for the Bambara of Mali to discontinue practicing FGM as they consider it to be a crucial piece of their identity. Sundiata, an inquiry group member originating from Mali, stated:

> In the Malians’ culture, women have to be cut. It is part of their identity or part of the Bambara ethnic identity. If you are not cut, it feels like you are not one of them since you cannot relate to an essential piece of your ethnic identity.

After consideration of the ethnicity construct, the inquiry group argued that ethnic identity plays a primary role in the continuation of FGM in countries of origin and even more so in the context of migration because im/migrants cling to such links to insure the survival of their identity. Sundiata’s statement demonstrates that maintaining ethnic identity is
particularly important to West African immigrants because it allows them to identify with their heritage and allows them to be fully recognized, acknowledged, and accepted into their ethnic group of origin.

Speaking of the African immigrant experience in the United States, Sundiata stated:

Not only are they traumatized by the way they got here--it could be that they were trying to escape war zones, persecutions, ethnic cleansing, and God knows what other traumatic experiences they have been through--but they are also confused and uncertain about this new culture that overshadows all they have known to be positive moral standards and values of reference in their lives.

Sundiata made a poignant and crucial point pertaining to the trauma experienced by West African im/migrants and the inquiry group believed that trauma sometimes drove their FGM decision-making. They need to hold on to the one thing they are sure of, which is their identity.

Sheba brought further emphasis on West African im/migrants’ distress caused by stereotypes promulgated through dominant culture (White) portrayals of West Africa and West Africans in United States media. Sheba explained:

When you watch T.V., you see how White Americans portray us in ads that show people, especially children, dying of hunger. We are shown as beggars who desperately need help. The image is always unfair but that’s what is out there and that’s what Americans refer to when they deal with us.
For Sheba, West African immigrants commonly experience distorted American beliefs about Africans in general. What she perceives as being problematic is the negative stereotype they face from White Americans. On a similar note, Nabi spoke of how doomed we feel in the United States:

I agree we face disturbing and irrational acts in this country [the United States] but the worst, the one I cannot comprehend, is the way African-Americans see us. I was excited and hopeful coming here, thinking that those who look like us will embrace us, but I was hit hard by reality. I believe African Americans are angry at us for some reason. Looking at the big picture, our situation here is deplorable because we are rejected by both Blacks and Whites. So, no matter what, we will never be allowed to fully enjoy ourselves as human beings in this country.

Knowing that, we would rather try to achieve the goals that brought us here. But as soon as we are done, then we are back to our people and our countries.

Nabi’s description demonstrates the uncertain life of West African im/migrants in the United States. They evolve within the American society but do not find anything in this society that welcomes them fully and makes them feel as if they are part of it. On the contrary, they experience constant reminders from the media of who they supposedly are and where they come from. Their only solution to this problem is to go back to their homeland. The inquiry group believed that West African immigrants experience racism from White Americans and experience prejudice from Black Americans.

This state of mind is understandable because of their past history with European colonists. Since their early contacts, the lives of Africans, no matter the regions of Africa
they are from, have been in chaos, and their complex social order and organizations disturbed. It is in that vein that Tata asked:

Is anyone familiar with the history of Kenya and its late President Jomo Kenyatta around the early 1900s? During that time, FGM was not only used as a defiance weapon against colonial power but also to protect women from Western and Arab raids and rapes on African women. No wonder infibulation was widespread in certain parts of Africa where the contact with invaders was recurrent. We should not forget that women are the bearers of our societies and for that we are affirming the sacredness of women.

Tata’s historical reference to FGM and its originary, noble motive of saving women from rapes reminded us of the chastity belts once used in Europe to protect women from outsiders as well as from acting upon their own temptations. The African im/migrants long to reunite with their traditional beliefs and practices. For example, FGM and its power to shape women to the liking of African societies are idealized, but physical distance from Africa and differences between Western and African principles and philosophies make attaining those ideals seem elusive. It is true that FGM is an ethnic identity marker but, in the inquiry group’s understanding, it is also a statement about the value of women in African societies, a wealth that should not be compromised by sexual violence or illicit sexual activity. As a result, the inquiry group concluded that African im/migrants may resort to FGM to affirm their belonging to a specific ethnic affiliation and to adhere to the values of their ethnic group. Consequently, considering benefits and costs, the inquiry group believed that West African im/migrants will not hesitate to
enforce FGM in their context of migration because once more, the benefits of keeping one’s ethnic identity outweigh the costs of adjusting to or assimilating to a host culture that is diametrically opposite to their own. The inquiry group’s understanding of FGM in the context of migration grew more complex as we repeatedly recognized that West African im/migrants’ decision to excise or not excise is incumbent upon the weighing of the benefits of safeguarding their ethnic identity, along with their hope to re/integrate into their home country (The use of the word “re/integration,” spelled in this manner, as with the term “im/migrants,” indicates two levels of meaning: one represents the parents’ reintegration into their original environment; the second represents the daughters’ initial integration into their parents’ home culture). The West African im/migrants’ ways of living and dealing with the challenges of culture shock convey a strenuous life imbued with constant tensions of here or there and the benefits and costs dilemma.

**Significance of gender identity and roles.** The inquiry group spoke of FGM and its relation to gender identity and roles within the private sphere as well as within the larger community. Gender identity refers to the gender with which an individual identifies, whether or not that identification aligns with the physical sex of the individual. Gender roles refers to the expected and prescribed roles and behaviors society assigns to individuals based on their physical sex at birth. For instance, in African traditional societies, women’s roles are to cook and care for the children and husband while men’s primary role is to work outside the home to provide for the family. Adada explained:

> FGM is a way to differentiate females from males. This practice is part of our cultural and social values and carries specific functions to control female
sexuality and to increase male sexual pleasure. It is done along the line of gender to emphasize the importance of women’s role as wife and mother. As a rite of passage, a female becomes a suitable woman after FGM. In FGM settings, the practice accentuates the division of social roles and consequently, women are referred to with respect to their reproductive function and caregiver abilities.

The inquiry group referred to the linkage between FGM and gender as it is an identity marker embedded within the notion of femaleness, motherhood, and what it takes to be a female in an FGM society. They believed it was important for West African im/migrants to continue the practice and to hold on to their gender identity and gender roles if they are to reintegrate back to their home culture. This gender identity marker reinforces the social values and socio-cultural distinction between males and females which determines their socially sanctioned roles, tasks, and opportunities.

Mita expands on the important role of motherhood in raising female status in society:

With FGM, women’s social status is raised. For example, they are allowed to join secret societies. On the other hand, females who are not “circumcised” are clearly identified as inappropriate and not belonging to the group. They are not only made fun of, but also ostracized.

For the inquiry group members, gender identity is paramount in the African worldview and provides a female with a social organization and order, a particular role in society, the benefits of motherhood, the integration into female secret societies among other things. Therefore, FGM is an important practice in societies where female social
stratification is determined through FGM. Those who do not adhere to this social requirement are simply ostracized and powerless. In fact, non-FGM women are considered the bottom of the human scale.

The inquiry group believed that, in order for West African females to get access to social networks and social support, they have to continue the practice. It seemed FGM’s purpose was to shape women in accordance with prescribed social behaviors and roles that are highly appreciated especially by men. As explained by Kahina whose mother was subjected to FGM:

When parents subject their daughters to FGM, it is for a specific reason. The underlying statement behind the practice is to shape women in a way that they play a role of submission and obedience to the men around them, starting with the father, brothers, uncles, and later on the husband. When I look at my mother and I assess her attitudes and behaviors in front of my father, I can categorically swear that she was trained to be docile. For example, when my father enters the house, my mother stops everything she was doing to go and greet him with a glass of water and she kneels down until my father finishes the water and gives her the permission to get up.

The above statement validates the understanding of FGM as shaping and grooming women in the ways traditional society wants them to behave and act. In FGM communities and societies, women are taught to revere male figures starting with the father and later the husband. This is a quality females must have in order to interact appropriately with male counterparts. Explaining the role of socialization, Sirdi said,
“Parents teach their children how to be a proper and acceptable woman who is also submissive to male power and authority. All Senegalese women have, what we call in Wolof, *Kelifa*, and they pretty much control women’s rights.”

As Sirdi indicated, in Senegalese culture, children are socialized to understand that each female has one or more male guardians known as *Kelifas* (father, brothers, husband) in her life; a Kelifa either makes all her important decisions or his opinions weigh heavily in the final decision.

The idea is that FGM is a means to inculcate desirable female comportment according to the West African ideal society, and thus determine the opportunities they are offered in life and the role they must play in African societies. In that vein, Awa stated:

Female genital mutilation is a means to bring a significant distinction between males and females and to make women subservient. With FGM, female roles revolve around male happiness and satisfaction in all aspects of life and this concept is interiorized and acted upon through a rigorous socialization.

In the African mind, female submission, subordination, or subjugation are considered positive attributes and do not carry the negative connotations they have in the Western world. Referring back to the concept of *Kelifa*, which pairs every female with one or several male guardian(s), one can understand that women are groomed to accept and embody these attributes. Therefore, women accept being submissive in the hope that their solemn acceptance of and compliance to these heavy social responsibilities will bear fruit and that they will have successful children.
Individual females are always inculcated with submissive values. In that vein, Asantewa observed, “With FGM, parents are guaranteed an obedient daughter who will not bring shame to the family name but will honor it instead…During the FGM training time, females are taught to Degueul ak Jamoo sen jeukeur [be submissive and to worship the husband].” The last attention-grabbing point made by Asantewa refers to the purpose of FGM to guarantee obedient females, a behavior that is in alignment with African patriarchal cultures that promote female submission (Degueul sa jeukeur/Degueu Ndigueul referring to female submission to the husband’s authority) and exploitation (Jamoo sa jeukeur). This is an argument that will be explored further in the discussion session, but for the time being, it is worth noting that FGM can be used as a means to ensure that daughters will not be Americanized because this condition will bring chaos into the family.

Thus, using FGM to establish female gender identity and roles in society is an important factor im/migrant parents consider in making their decision to excise their daughters. Earlier, we established that parents make their excision decision based upon their sense of mobility (are they staying in the United States or are they going back to Africa?) and their weighing of the benefits and costs for their daughters’ future (are they preparing their daughters to stay in the United States or for their re/integration into their home culture?). We know that African im/migrant parents want to go back to their homeland and they wish to take their children with them. This idea was reinforced by Nabi who pointed out, “We all know that going back home is inevitable whether alive or dead. One thing that we cannot accept is leaving our children back meaning giving them
up to the American culture. That would be our greatest loss ever.” Consequently, it is not surprising that West African im/migrant parents, knowing that they intend to go back to their home countries, choose to excise their daughters. When they consider the costs of going to jail if caught versus the benefits of giving their daughters positive attributes that will make them more desirable females in their acceptance of male authority, then it is no wonder that parents choose the practice of FGM.

**Significance of religious beliefs.** The inquiry group discussion of the reasons for the continuation of FGM in the context of migration also touched on the issue of religion. Diligently, the inquiry group examined the role of religion and religious identity or affiliation in shaping the decision of West African immigrant parents to excise their daughters. Although FGM is practiced across religions (Judaism, Christianity, Islam, and African-Animism), most of the inquiry group members spoke of it in association with its linkage to Islam since they were all Muslims.

The link between Islamic religious affiliation and FGM is neither widespread nor clearly defined however, the inquiry group referred to some mentions of FGM in the Sunnah and hadith as discussed in the literature review. The inquiry group believed that FGM is associated with Islam first because the practice is mentioned in a number of hadiths or sayings of the Prophet Mouhamed (SAWS) and second, FGM is considered a customary purifying ritual. My understanding of the inquiry group’s association of FGM with Islam and how that influences West African im/migrant parents to excise their daughters rests on (1) their belief that FGM is a religious mandate even in the absence of
formal Koranic texts and (2) their understanding of FGM as a purifying ritual in parallel with male circumcision ritual. Vivi stated that:

Some immigrant parents believe that FGM is mandated by religion. They believe it is in the Koran. When you want to maintain a practice and you make the link with religion then no one will question it let alone dismiss it. As a result, parents believing in the religious aspect of FGM continue the practice even in the context of migration. They think they are doing a good service to their children and they also think they are adhering to the religious teaching of their faith. We need to understand that in the mind of a believer, religious mandates override any other social rules. I believe it is in alignment with their religious beliefs that parents keep the practice of FGM going on despite its illegality in this country.

Vivi spoke of religion as a strong influencer for the continuation of FGM in the context of migration. Her argument matches the two beliefs held by West African immigrant Muslim believers since on the one hand, they perform FGM to conform to the mandates of the sunnah and hadiths and on the other hand, FGM is their means to purify the female body. Based upon the inquiry group’s understanding of the continuation of FGM on religious grounds, it is evident that there is a strong link between FGM and Islam, a connection that strongly supports the perpetuation of FGM, even in a context in which it is criminalized.

The inquiry group noted that the association between FGM and Islam gives the practice an unquestionable legitimacy in the eyes of parents in observance of their belief.
Faith requires body purification and it is in line with religious beliefs that purification rituals are maintained. Oubab stated:

In our culture, especially in FGM societies, an uncircumcised female is considered *haram* [forbidden]. Her whole being is not pure and she is harshly sanctioned by other family members, by the community, and society at large. We are talking here about a woman who will never marry because she will not find a man from there who will marry an uncircumcised female. Then I can understand immigrant families complying with these religious demands since they will want their daughters to marry within their ethnic groups.

Bab’s statement compliments that of Vivi as they each spoke of a particular aspect of FGM and its linkage to Islam. Here we can clearly see the connection with FGM, Islam, and West African parents’ decision to excise their daughters. Furthermore, even though the general debate engaged in by scholars supports the fact that FGM pre-dates Islam and that such acknowledgement could break its linkage with Islam; yet, the inquiry group found that FGM is performed in the context of migration to fulfill religious requirements.

When it is time for West African im/migrant parents to decide to excise or not excise their daughters, mobility and daughters’ future are added to the equation. Based upon the inquiry group’s understanding of the importance of religious affiliation, religious identity, and religious customs, we can understand why these parents opt for FGM. The benefits of following religious requirements and inculcating religious beliefs, identity, and affiliation to daughters outweigh U.S. legal sanctions. Again, these temporary West African migrants hoping to integrate back into their home countries and
cultures, hoping to live their last moment on earth with their continental families and relatives, realize the importance and the benefits to excise daughters.

**Protecting Daughters and Ensuring their Futures**

West African im/migrants intend to return to their home countries after a short or long stay in the United States. As established previously, their motivation to leave reflected ideas such as their feelings of not belonging to the American society that is hostile in many ways to their beliefs and practices. Going back home seems inevitable in the West African im/migrant mind, but what about their progeny? What about the daughters born in America? The inquiry group members believed that no proud family, let alone a conscientious mother, would ever want to leave their children behind. No family would ever want to lose their children to a culture that is incompatible with their own. West African im/migrants are no exception to these natural feelings. They are even more forceful in their intent to bring their daughters back to their homeland and ensure that re/integration at that time is possible. In order to achieve this goal, West African im/migrant parents have to align their daughters’ future with cultural, sexual, and social acceptability that would allow successful integration.

This section will give an overview of the rationale of the worries West African immigrant parents manifest while accounting for daughters’ best future in view of their daily interactions with American culture as well as parents’ concern for their daughters’ future re/integration into their home culture. Consequently, they expressed both psychosexual and social worries, which in their mind could be counteracted with FGM to
ensure proper female behavior, a determining condition for daughters’ integration into the home culture.

**Psychosexual worry rationale.** The psychosexual worry rationale refers to the West African immigrant parents’ assessment of the suitability of the mental attitudes and sexual behavior typical of women in the host country as compared with their own frame of cultural reference for the ideal female. The inquiry group members affirmed that West African immigrant parents experience psychosexual worries as they try to instill in their daughters the importance of preservation of virginity in addition to inculcating values such as loyalty (including sexual fidelity) after marriage. In the West African mindset, FGM is a means to ensure these objectives.

**Significance and preservation of virginity.** During the process of FGM meaning-making, the inquiry group understood the pivotal role FGM plays in guaranteeing virgin brides. The inquiry group members discussed virginity as a condition that is highly valued and prized in West African societies and associated its relationship with chastity, honor, and female respectability. Virginity is perceived as a female’s embodiment of sexual morality, which is central in the recognition of the decency of female sexual behavior. Keeping the body pure until marriage, meaning that no man had ever touched the female body, let alone explored the private parts, is a cultural expression associated with high cultural values that honor virginity. Understanding the social construct of West African sexuality requires attention to the mores attached to it. Such understanding provides a rich insight in a context where culture plays a crucial role in shaping female sexual behaviors before and after marriage.
The inquiry group believed that in African cultural and religious beliefs, virginity is a prerequisite for marriage eligibility. The inquiry group strongly advocated the view that im/migrant parents choose FGM to prevent daughters’ potential promiscuity and thereby guarantee their virginity. The inquiry group also felt that FGM has proven to be an effective means to preserve daughters’ chastity by inhibiting any sexual desire, especially during their adolescence while most of their American peers are experimenting with their sexuality. Kahina, a member of the inquiry group, explained:

For me, I think the reason why FGM still exist in our community like in the U.S., sometimes, it can be culture, but sometimes, it can be something else…. So, let’s say [someone] like me, I am both from Senegal and Mali. So, I decided to immigrate to the United States. I come to the United States, but I was very frustrated that they [parents] did the FGM on me. I am still frustrated, but then I was married, and I started having kids. Before having kids, I witnessed the troubles of my neighbors who has daughters who do not listen to them, who sometimes you know go with men because sometimes it has to do with having a relationship with the guy. So just seeing that and then when I started building my family, having a daughter, and all of a sudden, I’m like you know what, I am gonna do that [FGM] to my daughter even though I was very frustrated it was done to me. I didn’t want that at first, but because I wanna keep my daughter at home, safe, now I am think of having the FGM on her. Just to keep her from being sexually active or promiscuous. Because you know, when they do FGM on you, it’s just like in some culture, it’s to make you no being sexually active. You
don’t have any sensation and things like that. You wouldn’t look for having any relationship with a guy.

Kahina’s statement revealed the importance of maintaining daughters’ virginity while affirming the necessity to continue FGM practice to fulfill that goal. The most important point Kahina made pertains to the purpose of FGM, which is to weaken female sexual desires and to curb any perceived sexual immoralities. Going back to the West African im/migrant context, virginity has a positive meaning and the loss of such a valued quality, a prerequisite for marriage, will damage daughters’ future and desirability. The inquiry group spoke of the frustration and stresses parents experience and discussed the cost/benefit calculation these parents envisioned in order to come up with the best solution for their daughters’ future.

When virginity is ensured it predicts that girls will not bear out of wedlock children, a situation that tarnishes a daughter’s future when she returns to her parents’ home culture. The inquiry group also believed that the protection of the female womb is extremely important to West African cultures. Because they hold procreation to be sacred, any offspring carried by a female must be in accordance with the religious endorsements. Therefore, out-of-wedlock births are forbidden. The only means to safeguard the female against such an unfortunate outcome is to subject her to FGM, which can eliminate sexual feelings and urges. Lala argued:

Each African culture has its own ways of protecting the female body and the female womb. For example, among the Bambara of Mali, they perform the
extreme form of FGM, which they call infibulation...This is the most effective way to guarantee virginity and to prevent unwanted pregnancies.

Lala’s statement spoke of the sanctity of the female body that has to be protected by extreme means.

By the same token, out-of-wedlock births are despised in the African mindset; they are vilified and consequently cursed religiously, socially, and culturally. As Mita asserted:

This situation affects seriously the lives of women as well as the children who are considered, in this case, the fruits of shame. In the Senegalese culture, the one I am familiar with, these children are called *domoram*. Our belief is that, a child must be born where he or she is supposed to be born; with lawful parents whose union was tied religiously and traditionally. When there is social and cultural conformity, then the parents are praised by God and the children blessed. My point here is that the sexual activity of young girls and young women has serious implications for the family and the consequences affect the ways children are seen and accepted in society.

As Mita pointed out, in the Senegalese belief system, out of wedlock children are socially rejected and labeled as *domoram* or *domou-haram* a slang word of the Wolof language to brand a child as a forbidden fruit (bastard) of an unlawful sexual relationship. This is a kind of birth that no one in the community would forget or forgive as that child is always seen as impure and consequently is considered as an *untouchable* and *unclean* being who would have no future in that specific society, let alone be considered marriageable to
other, clean, beings. Consequently, in Senegalese culture, it is believed that the formation of a family starts with the sacredness of wedlock from which will stem lawful offspring who are fully recognized and accepted, blessed by the family and society at large. This is the state of mind that guides parents’ conduct in enforcing female genital mutilation to ensure that daughters will be well behaved, meaning that FGM is used to curb female sexuality so that they do not look for premarital or extramarital sex that may result in out of wedlock births or unwanted pregnancies. Since West African im/migrants’ frame of reference seems to be a return to their own countries, it is imperative to them to uphold the home culture criteria for females to ensure the successful integration and acceptability of daughters. Loss of virginity as well as out of wedlock children would disqualify daughters of the diaspora from their consideration for a marriage pool.

Additionally, the inquiry group discussed the sanctions that happen at the family as well as the community level when a girl becomes pregnant. In such cases, the pregnancy violates the family as a whole and social norms and sanctions are carried out. Young women who have the misfortune to get pregnant before marriage are considered as social and religious outcasts. As such, they are unworthy of marriage and of fulfilling maternal roles such as the educator, the family buttress, and the exemplary of the future children of the family. The inquiry group believed also that parents take recourse in FGM to prevent social and family embarrassment. Sirdi agreed with the above conclusion:

The worst thing that could happen to a young African girl is to have a child out of wedlock. It is contrary to our religion, and it is not acceptable based on our cultural morality. That is not our culture and that is not the way we handle our
children. It brings shame over the family. It is like the parents did not do their best in raising their daughters, and they are also ashamed by this act. This is the greatest challenge parents may go through. No one wants to have a forbidden grandchild because the community will condemn you as family, and, as parents, you may resort to repudiate your daughter so that shame is not constantly in your family. According to the type of culture we have, parents must have a certain control over this issue, and they prefer to do FGM so that [their daughters] do not disappoint the family, the community, and society.

According to the inquiry group, West African im/migrants in the context of migration face challenges while trying to raise decent daughters. They understood that virginity is a prerequisite for marriage and that FGM especially infibulation can guarantee that goal. We can also sense the pressures experienced by im/migrant parents as they feel obligated to sanction daughters who lose their virginity. West African im/migrant families choose FGM in trying to prevent any inappropriate sexual behavior by their daughters, which would lead to harsh sanctions from the larger society and daughter who can never marry.

**Significance of loyalty after marriage.** The inquiry group members unanimously spoke of loyalty as a driving force behind the continuation of FGM both in Africa and in the context of im/migration. They explained that loyalty is a quality that is highly sought in women, especially in female-male marital relationships. Amilah clearly draw a link between FGM and loyalty in these terms:

In most African cultures, the notion of female self-sacrificing for the greater good of the family is often reinforced during FGM ceremonies in which elders teach
young females to be loyal to their husbands and families. My interpretation is that the idea of loyalty to the husband is also a motivating force behind the practice [FGM]. When females are deprived of sexual feelings and urges, which means that their libido is suppressed to prevent infidelity, then husbands are given a kind of guarantee that their wives will be loyal at all time.

Consequently, in the African worldview, loyalty is translated as being faithful to one’s engagements or obligations. Loyalty refers to internal moral characteristics that translate into physical and emotional behaviors that are guided by high moral principles. In West African societies, females are vetted and ranked based upon their likelihood of physical loyalty to their male providers, which is their ability to pledge and sustain physical fidelity. Natu echoed this FGM-loyalty linkage and explained its consideration in the context of marriage. She stated, “Before marriage, grooms’ families carefully consider and compare the potential competing females and their families and choose without hesitation the female who demonstrate more loyal and self-sacrificing qualities.”

Concurrent with physical loyalty, females are also assessed based upon their moral loyalty, which appeals to their ability to carry out emotional devotion, commitment, care, and love in every aspect of a couple’s life. The belief is that loyal women must have self-sacrificing qualities such that they surrender their self-loyalty and lives to their husbands and family, which enables them to become esteemed role models.

During our FGM meaning-making processes, the inquiry group members explored the importance of female loyalty and its linkage to FGM perpetuation and expanded upon the issue in the context of migration. They believe that FGM is performed
on females to train them to become loyal to African cultures and to reject the way
Western women are molded. Hence, the inquiry group members believe that West
African im/migrant parents resort to FGM to increase daughters’ access to high-quality
marriage prospects, especially when they are identified with FGM loyal qualities. Their
daughters must compete with continental females born and raised in a traditional African
environment where female loyalty and its role-modeling is a daily routine. In the same
vein of parents’ stressing daughters’ loyalty, Fari stated:

Parents try to do their job seriously. I mean, they educate and train their daughters
to give the best care they can to their husbands. This is the most important thing
they teach us, because I remember my mother telling me how loyal I should be to
my husband so that I earn his respect and the respect of the family. It is presented
in a way that makes you believe that loyalty will earn you heaven and, if you are
disloyal, then you will go to hell.

Fari continued, “Here in America, children are raised to talk back, and they carry this
habit into their parents’ home and later on into their marriage and it creates problems in
our communities because we are not used to this kind of interaction.” Fari’s statement
speaks of the reasons why female loyalty matters in African cultures and beliefs and
shows how that quality demonstrates female respectability and honor. A comparison is
made here between the home culture and the American culture to show their
incompatibilities. It seems as though parents are trying to raise American-born daughters
in the African way in the hope that they do not assimilate into the American culture;
otherwise, the behaviors learned will be problematic for those entering the home country
for the first time (i.e., insertion) and for those reentering (reinsertion) to their home country.

The Senegalese culture goes further in putting more pressure on females for their loyalty and promotes ideas and ideals as in the saying that “behind every great man is a self-sacrificing woman.” In the im/migrant context and for the African im/migrants, loyalty has a wealth of positive implications, guaranteeing daughters’ bright futures, social acceptance, happy marriages, satisfying relationships, respect and honor, paternity assurance, culminating in admission to heaven.

The inquiry group also discussed loyalty, commitment, successful children, and FGM. Asantewa explained how FGM morals could shape women in ways that, despite their expected sufferings, their later lives become brighter. She explained:

African women gain higher social rank after motherhood. They gain even more social status when their children are grown and become successful. We all have noticed in our communities that women with successful sons are more respected. Our belief is that women who suffer stoically in their marriages and devote their lives to their husbands and families will have children with Barakah [increased wealth not necessarily in financial terms but in terms of benefits]. We are also told that the reward for their life of devotion and hardship endured in their marriages is blessed and successful children who will bring them joy and respect in their communities for the rest of their lives. Therefore, we believe that women who are devoted to their husbands are rewarded with successful children and we
all want to have successful children. Since FGM is known to produce docile women, then it becomes reasonable for parents to enforce the practice.

Loyalty of the African female-wife consists of a complex combination of lifetime commitment in which she surrenders her rights and desires to her husband and transmits strong moral values to her family. To uphold their husbands’ commendations, women surrender their own loyalty. For example, stories in Senegal abound of successful wives and mothers whose only goal is the satisfaction of the husband. The desired outcome is for women to have successful children, through which they can attain higher social standing and respect.

In a similar line of thought, Nabi clarified that not only does FGM produce ideal females in their marital relationship, it is also a guarantee for paternity assurance. Nabi argued: “In our polygamous stance, FGM can be seen as an assurance for fathers that the children are his. FGM is meant to produce loyal females and consequently, there won’t be any doubt in the husbands’ head that the wives’ children are his own flesh and blood.” The inquiry group members believe that for females, being loyal means ensuring to their husbands that every child born from the union is his. This guarantee gives husbands the reassurance of their paternity in a context where DNA testing does not exist in order to address any doubt about the legitimacy of a child. Hence, loyalty after marriage is a high moral quality that African societies impose on women for marriageability purposes. African patriarchal societies impose FGM to ensure female loyalty after marriage and to promote paternity confidence. Consequently, inquiry group members argued that FGM is also performed in the context of im/migration in an effort to
avoid unfaithfulness after marriage. The intended consequence of this procedure is to guarantee the fidelity of wives and the paternity assurance of husbands. Therefore, FGM is continued in the context of im/migration to give daughters better marriage prospects.

The inquiry group members have come to the understanding that FGM is used to guarantee females’ faithfulness and loyalty after marriage, which are also intended as means to exercise control over the female body and sexual behavior. It is obvious that the West African im/migrants’ frame of reference is not the United States and that parents are perpetuating the African conventional way of life and living, albeit in the United States, until they return home to Africa. In the African context, being labeled as unfaithful may ruin future marital opportunities for females or end their marriages, leading parents to use FGM to safeguard the female body and behavior. FGM has also another intended consequence, which is to prevent wives’ extra-marital affairs, infidelity, or betrayal. especially in polygamous settings. Other inquiry group members found that, in the context of migration, parents may use FGM because the practice is believed to maintain women’s chastity and prevent future infidelity.

The inquiry group also talked about potential sanctions when females do not demonstrate this quality of loyalty. In cases where females are disloyal, neither the family nor society would ever forgive them. Society will never forget this betrayal and would constantly disparage the so-called sinner. Natu spoke about a case of a disloyal female and the community response to it:

Female loyalty is very important. I would say it is even more important than all the wealth on earth. A neighbor was just thought of being disloyal to her husband.
No one ever caught her doing anything wrong, but because of the husband’s jealousy she was tied on a tree with a heavy rope, under the sun, in their house front yard. The husband was cursing at her and the community assembled in front of their house to express their disgust and to bring shame to her. She was crying and miserable and, from then on, no one ever respected her or trusted her. If the husband ever divorced her, I am sure no man would ever want her. Loyalty is everything.

Natu’s statement illustrates the costs associated with disloyalty. Even though this scenario happened in the African context, this event is, nevertheless, a reminder and an example of family and social sanctions. West African im/migrant parents have to deal with their challenges while considering all the stressful factors such as mobility and their daughters’ future that influence their FGM decision-making. Consequently, the inquiry group affirmed the importance for West African im/migrant parents to inculcate loyalty to their daughters, thus explaining their recourse to FGM in the context of im/migration.

**Psychosocial worry rationale.** The psychosocial worry rationale refers to the West African immigrant parents’ concerns about ideal female social behavior and their assessment of their daughters’ social functioning abilities and their adaptability to their future social environment within their frame of reference, which is still their home-country. The intent of West African im/migrant parents is to groom their daughters for a future African social life. Hence, their future acceptability depends on how well daughters are taught to protect their family name and family honor. The inquiry group members agreed that West African immigrant parents experience psychosocial worries as
their daughters may be challenged in their efforts to preserve their family’s good name and honor. In this subtheme, the West African migrants who participated in this FGM study discussed topics pertaining their perception of harm to family name and family honor.

**Perception of harm to family name and family honor.** During the process of meaning-making of FGM in the context of migration, the inquiry group noted the relationship between FGM and the preservation of and respect for the family name. Family name and family honor are important social constructs in West African beliefs. Family name is the most important identifier of an individual’s ethnic background, country of origin, or even tribal affiliation, whereas family honor guarantees a higher social stance and recognition. Adada explained the relationship between family name-family honor and FGM in the following terms:

In Ghana, but this is also true of other West African countries, people are referred to by their family name. Your family name carries the family history and tells if a family is in good or bad standing in society. The protection of family name is important because family members are vulnerable. The mishandling of the family name can cause great damage… I believe families use drastic measures such as FGM to protect the name.

The inquiry group believed that there is a clear perception of harm to family name and the slightest stain on it affects negatively the entire family. For West African immigrants, family names must be respected. Consequently, families perform FGM to protect the family name.
Preservation of family name. Respect for the family name is paramount since it connects individuals to their family heritage and community. In this FGM study, family honor was referred to as the prestige given to a family. In fact, family honor entails the preservation of the family image, the family heritage, the family lineage, and the family legacy. Family honor is particularly important to the im/migrant parents because it reveals symbolic meanings that regulate and shape family behaviors. Practices such as Tuddu, the naming ceremony in Senegal, celebrate the family line and function through traditional family rituals that bestow personal meaning and moral obligation toward the family. Oubab talked about family names as identification cards and stated: “Your family name functions as your identification card and the family honor gives you a passport to navigate society while you are given the respect you deserve.”

The inquiry group believed that West African im/migrant families utilize FGM as a means to guarantee respect for family names. The inquiry group expressed here the idea that maintaining FGM is important to West African immigrant parents to ensure that the daughters’ family name is not tarnished, hurting their eligibility for a future marriage pool. One concise representation of this viewpoint came from Adada, who stated:

Family name has great importance in our African cultures. If your family name is associated with positive occurrences, then your daughters have chances to be accepted culturally and socially. But if the family name is associated with some wrong doings, daughters are doomed, and the family reputation is tarnished. Parents may use FGM to control daughters’ social behaviors because their actions and interactions with the American society will impact the whole family. When
daughters’ social behavior is under control, then the parents have less worries about their actions tarnishing the family name and FGM is known to produce a proper behavior we look for.

Daba reiterated the idea of preservation of family and took a step further in demonstrating the linkage between family name, and FGM, noting, “The motivation most commonly given for FGM is to preserve family name and family honor.”

The inquiry group believed that FGM is perpetuated in the context of migration because it is not only an essential part of the family heritage of West African im/migrants, but it is also used as a means to safeguard their family name. Based upon our understanding of the solemn passing down of family names from generation to generation and their significance in terms of meaningfulness, it was then understood that FGM had a strong link with the preserving the respect for family names. It is evident from the inquiry group findings that the preservation of family name is a strong motive to maintain the practice of female genital mutilation in the context of migration. Sirdi spoke of the importance of the family name in relation to family honor and explained:

When my last name is said out loud, people from Senegal, Mali, and Guinea recognize the prestige attached to it. There is a long history behind it. A history of my ancestors as warriors. Therefore, there is a special honor bestowed upon my family name. So, no matter where we are on this earth, we feel obligated to preserve the family name. However, it is very difficult to keep the name clean because of the difference in cultural context and beliefs. We do know though that we have to preserve the name no matter
what. We know also that we need to convince our children born in America of the importance of our family name.

The inquiry group believed that West African immigrants extend this familial value as the foundation of their lives in the United States. The family name is well-maintained at the parents’ level, but the challenge is to transmit these values to the children who are exposed to the American culture. Nabi expressed the rigorous scrutiny African im/migrant families face when they return to their country of origin:

Family honor is even more scrutinized for us living outside of Africa. Because we have been living for so long in the United States, our relatives from back home believe that we are all corrupted by Western ways of thinking and it is hard to prove how loyal we are to our traditions. As a result, I believe we, the im/migrants, are even tougher in raising our children. We are tougher in trying to preserve our family name intact because of the liberal environment we are confronted with.

The inquiry group observed that families are respected based upon each members’ conduct as it brings honor to the family name and makes its members valued and esteemed among others. Misconduct on the part of any member of the family brings an irrevocable stain to the family name and ultimately ruins the family reputation and social standing within the larger communal society. This predicament can be caused by the wrongdoing of any member of the family. African family philosophies require that family members, especially the offspring, give respect and care for the elders and honor the
ancestors. Since family honor is paramount in the African mindset, immigrant parents take it upon themselves to raise their children based on family values and expectations.

During the process of FGM meaning-making, the inquiry group understood the critical role FGM plays in promoting and sustaining family honor. The inquiry group members believed that FGM can frame moral values that support family honor and uphold important family ideals and aspirations. They understood that the continuation of FGM is important to West African immigrant parents to safeguard honor. Hence, the inquiry group members established the relationship between FGM and the importance of developing and maintaining family honor. In that vein, Sala stated:

There is an understanding among Africans that before marriage the grooms’ families investigate the future brides’ families in search of any shameful sanctions. If they find that the family is not honorable, then the marriage proposal is broken. But, if the family honor is intact, they will proceed to the marriage celebration.

Sala’s example demonstrates the importance of family honor and how it is constantly put to test before daughters can be given a chance for marriage. Marriage is extremely important in African societies because that is the path for females’ high social status, respect, and motherhood. While dealing with family name and family honor, the inquiry group believed that a key challenge to West African im/migrants is the cost associated with being seen and labeled as a family with a soiled name.

The inquiry group understood that a daughter’s family name is always put to test for marital eligibility. Safeguarding it is an assurance or a green light for the daughter’s
access to marital networking and a chance for marriage. It is important to acknowledge here that the process of decision-making is not an easy one. In fact, the decision is complex and complicated as West African parents’ concerns create numerous stressors they must consider in order to make the best-informed decision for their daughters’ future. Their starting premise is that they want the best for their children, they want a good future for their daughters, and they want them to be able to integrate in their home country.

Conclusion

To summarize, the inquiry group found that West African immigrants are motivated to keep and maintain their culture and cultural practices, including FGM, to ensure the best outcome for their daughters. Regardless of any potential costs associated with FGM (e.g. criminal liability), the thoughts of a successful return to their native land outweighs such consequences. It is not surprising that West African immigrant families continue to perpetuate FGM in the context of migration and in defiance of U.S. legal sanctions.

The inquiry group members believe that observing long-established cultural practices, and in this case, FGM, help African immigrants keep and maintain their cultural heritage while living in the United States. They also feel that since they will return to their countries, keeping and maintaining cultural practices, such as FGM, will help them assimilate with their home cultures. Since West African im/migrants know that they want to return to their home culture and they are here in the United States on a temporary albeit often long-term basis, they have to carry out FGM for their daughters in
the United States because FGM is usually performed on relatively young girls. Upon returning to West Africa with daughters at marriageable ages, their daughters would have better chances to get married in their own culture.

In conclusion, understanding and knowing the reasons for FGM practices among African im/migrants is a complex and multi-faceted phenomenon because FGM is situated in their culture, the source of much pride and feelings of belonging, which they want to maintain. The current study provided a fuller understanding of the respondents’ beliefs, perceptions, and opinions associated with the reasons for carrying out FGM practices. In turn, this newly articulated understanding of a complex phenomenon may provide important insights for future interventions to mobilize and educate these communities as they seek to understand, examine, and analyze the costs and benefits associated with FGM.
CHAPTER VI

Discussion

The purpose of this Female Genital Mutilation (FGM) Community-Based Participatory Action Research (CBPAR) study was to reach a fuller understanding of the continuation of FGM among West African im/migrants. This chapter discusses how the inquiry group’s findings give us a more complex comprehension of how West African im/migrants understand FGM. It also offers limitations of and implications for the study and briefly touches on ramifications generated by the inquiry group for community-based interventions aimed at im/migrant families whose beliefs and practices uphold FGM. The chapter is organized around three major sections, which align with the main findings presented in the previous chapter:

1) Stuck in limbo: Here or there? Here and there?

2) Cost/benefit analysis of tradeoffs

3) Connection with Black African Feminist à la Awa Thiam framework (BAFAT)

Previous literature on FGM in the context of “migration” has a considerable shortcoming in that it largely fails to examine the influences that guide West African im/migrants’ decision to excise their daughters. The literature on these im/migrants tends to focus on a) the reasons for FGM continuation as if the im/migrants were still living in the African context, and b) intervention models created from a Eurocentric perspective. The incompatibility of the two approaches necessarily leads to the failure of these models.
In contrast, the current study differs from other studies on FGM in the context of migration because it explores the practice from the vantage point of West African im/migrants. A group of West African im/migrants acted as co-researchers with me in an inquiry group, and the findings resulting from those inquiries are a unique contribution to the existing literature. This CBPAR study, guided by the Black African Feminism à la Awa Thiam (BAFAT) conceptual framework, explored the nature, complexity, and intricacies of the worries that lead West African im/migrants to the decision to excise daughters. Though these im/migrants live in the United States, the primary frame of reference which controls their actions and decisions is their country of origin. It is important to note that the United States, where they currently live, is not supportive of FGM and that the Illegal Immigrant Reform Act (1996) criminalizes the practice.

According to the present study, FGM decision-making occurs with mobility in mind. Most West Africans intend to live temporarily (defined broadly here) in the United States with determination to return to their home countries at a future time. Moreover, the use of BAFAT as a conceptual framework allowed for the identification of the ways in which gender construction intersects with the unique socio-cultural and historical contexts of West African im/migrants, the dire plight of females within a rigid patriarchy, and an improved understanding of the social relations of individuals within a dual U.S. and African cultural context. The study found that West African im/migrant parents reinforce patriarchal ideologies and structures through FGM. For example, worrying exclusively about daughters and not sons in terms of future marriageability underscores differential treatment on the basis of being female. Concerns about daughters’
embodiment of African ideals of virginity, fidelity, loyalty, and submissiveness toward future husbands demonstrate the indelible mark of patriarchy. Through this FGM study, we found that West African im/migrant parents worry that daughters’ potentially “deviant” social behavior through physical intimacy before marriage could hinder their acceptability to future husbands, which suggests overt patriarchal intent to maintain the male-dominated status quo.

It is important to acknowledge that in my attempt to report the rationale and decision-making processes that lead im/migrants to FGM, neither I nor the inquiry group wish to defend, support, or foster empathy to the practice. Quite the contrary, I am an avid opponent of FGM and a fervent activist fighting for a total eradication of FGM; and the inquiry group members also disapprove of the practice. However, to render justice to the complex decision-making involved in why West African im/migrants continue the practice in the United States, the study needed to clearly present the rationale behind the decision by providing a comprehensive, logical, and honest account of the reasons and reasoning behind the continuation of FGM seemingly articulated by supporters and practitioners in the United States.

**Stuck in Limbo: Here or There? Here and there?**

The phrase, “stuck in limbo” paints a picture of the lived stresses of West Africans struggling between African cultural ideals and a current residence that often contradicts or dismisses those ideals. These pressures of *stuckness, in-betweenness, and movement* lead im/migrants to weigh the perceived costs and benefits of FGM for their
daughters’ futures, which in turn shapes and influences their decision to excise their daughters.

**Here or there?** We, the inquiry group, revisited our understanding of West African settlement in the United States, wondering: “Are they here to stay? Or are they here temporarily?” Like Oji (2004), the group found that, in general, West Africans in host countries have a profound wish to return to their native land. They seek to return to a place—*home*—where their identity is acknowledged and celebrated, and where they can contribute to the advancement of their people. Anthropologists and social scientists have advanced our understanding of African im/migrant lives and challenges in Western host countries (Eze, 2002). Nonetheless, the current literature on West African im/migrants’ decision to excise their daughters has failed to explore mobility as a contributing factor. This is concerning, because, as documented in this study, the overlooked worries of migration and the African frame of reference strongly affected FGM decisions. The tension between living abroad and eventually returning to Africa left them stuck between two sets of difficult and competing choices.

**We are not here to stay.** The inquiry group emphasized that to meaningfully understand and contextualize the complex mindset and worldview of West African im/migrants, one must include their deeply held beliefs about their ultimate return to their native lands. For West African im/migrants, their unchanging reality is that home is in Africa regardless of and unconnected to the fact that they reside in the US. Knowing that for West African im/migrants, home is and will once again be their country of origin can help cultural outsiders to understand why im/migrant parents feel they must maintain and
enforce African cultural practices that connect their daughters ethnically, intellectually, and emotionally to their land of origin and to the social networks and kin residing in Africa.

In making their FGM decision then, West African im/migrants experience tensions. However, based on insider experiences, the inquiry group understood the struggle West African im/migrants experience raising daughters in alignment with the demands of a home culture, religion, perceptions of social desirability of female sexual conduct, and eventual continental social integration. The inquiry group believed that the FGM decision was grounded in African continental social demands that West African im/migrants feel forced to adhere to in order to facilitate daughters’ future integration.

**Resisting Americanization.** Though African perspectives were central, being grounded in Africa was not the only factor that sustained FGM practices. While describing reasons for the continuation of FGM (excision) outside of its traditional geographic boundaries and within a larger context that objects to the practice and has declared it illegal, the inquiry group also unanimously referred to West African im/migrants’ worries about and fears of mainstream American culture. The inquiry group believed that West African im/migrants worry about the best future for the daughters being raised in “the belly of the beast” (i.e., in the US). It was apparent that West African im/migrants neither approve of nor endorse certain aspects of the American culture, let alone believe that its socio-cultural values live up to the collectivistic ideal moral standards of their home culture(s). When asked about the reasons for the continuation of FGM in the context of migration, the inquiry group described the worries of West
African im/migrants regarding settling in the United States and the perceived clash between African and American culture. These worries included the perception of loose female mores that were contrary to their beliefs. As a result, they expressed difficulties in associating themselves with such a culture.

Coming to the United States is extremely challenging for West African im/migrants and their adjustment to a conflicting host culture becomes more problematic while raising daughters who must reflect fundamental elements of their culture of origin (Kamya, 1997; International Organization for Migration, 2005). These im/migrant parents’ fear of American culture has brought gendered concerns to the forefront of their attention. Several studies have indicated that West African im/migrants do not assimilate Western host cultures (Dryden-Peterson, 2009; Oji, 2014). According to assimilation theories, immigrants will become Americanized as they integrate with the American social fabric based upon the normal trend founded on the “melting pot” concept (Porter, 2011; Hirschman, 1942). Whereas European immigrants’ assimilation to the United States is simpler because of their racial and cultural similarities to mainstream American society, West African immigrant adaptation is more complex due to profound racial and cultural differences (Porter, 2011). Informed by the residual effects of slavery and colonization, West African immigrants and Americans have preconceived ideas about the “other,” resulting in the manifestation of fear and social distance on both sides and thus making assimilation difficult.

This study contributes to the literature on immigration and assimilation because, as the inquiry group argued, West African im/migrants try to integrate into the host
country’s social arrangements in order to navigate the foreign social system while preserving, to some extent, their own culture and cultural integrity, all the while planning to return to Africa at a future point. This finding builds on Dryden-Peterson’s (2009) study showing that African im/migrants do not assimilate, they integrate; however, this study adds the key point that they do not assimilate because their intent is to return to their home countries.

Based on the inquiry group assessment, West African im/migrants experience culture shock and conflict when they come to the United States. All they have known previously appears to be diametrically opposed to the host culture. The im/migrants perceive that Americans believe that they are loud, speak unintelligible dialects, cook with strong spices, and dress and eat differently. Additionally, they feel that, in the United States, their belief system, values, morals, and cultural ideals are considered either old-fashioned or primitive. This finding is similar to that from a study of West African immigrants in Philadelphia, which argues that because African immigrants come to the United States with preconceived ideas and mindsets about the American culture and society, they experience grave life complications when confronted with the different ways of life and behaviors of Americans (Oji, 2014). These difficulties engender culture shock, hence creating significant stresses and worries among West African immigrants. This study extends Oji’s (2014) finding by naming a key element of West African im/migrants’ preconceived ideas about the host culture as having loose mores, which goes beyond culture shock to morality-based culture worry. Consequently, a great
number of West African immigrant families live a tormented life while they are trying to find their way within the host culture.

The inquiry group established that, in addition to these aforementioned conflicting situations, West African im/migrants are subjected to biases based upon their looks and accents while they also undergo denigration because of their traditional moral beliefs. This finding concurred with a study of West African immigrants in the Baltimore-Washington area that indicates that African im/migrants experience a multitude of prejudices in the United States (Eze, 2002). As a result of these prejudices and vilifications, the inquiry group concluded that West African im/migrants act strategically in order to navigate a challenging social system in which the richness of their home cultures as well as the diversity among them as West Africans remain indiscernible to the host society. Even as they have one foot here in the United States, they also have to safeguard their place in their native land and among their people. This study advances the literature while affirming that the more estranged and quarantined African im/migrants are from mainstream America, the more likely it is that they will cling to their own ethnic identities and traditional cultures and beliefs. The inquiry group made it clear that from this angle, it is no wonder that West African im/migrants cling to FGM. As they experience these biases, they feel excluded from the American social fabric which spurs their traditional practices in order to ensure future re/integration into their “unbiased” home society.

**Cost/Benefit Analysis of Tradeoffs**
The inquiry group argued that many of West African immigrants’ dilemmas in terms of making the decision to excise their daughters revolve around assessing the benefits and costs associated with the practice. Chesnokova and Vaithianathan (2010) empirically confirmed the importance of FGM economics in their study conducted in Burkina Faso, from which they asserted a correlation between marriageability and FGM. Their analysis indicates that parental cost/benefit factorizations influence parental investment in daughters’ “desirable” characteristics (in this case FGM) to enhance their marriage eligibility chances. Our study goes beyond the recognition of the cost/benefit analysis to explore the profound costs parents will pay to meet social demands for daughters’ marriageability. In alignment with this mindset, the inquiry group believed that, in the context of migration, parents do ask themselves whether FGM benefits outweigh the costs including the legal implications, which include incarceration. West African im/migrant parents believe that the benefits of FGM are paramount and far outweigh any costs, and that the practice is acceptable and justifiable because it guarantees desired outcomes (e.g., daughters’ virginity, marriageability, fidelity, and loyalty, which all ultimately relate to a future husband’s paternity assurance). Parents who conclude that the benefits of FGM significantly outweigh its costs are the strongest advocates and implementers of FGM in the context of migration.

Understanding this perspective is contingent upon grasping the influence of West African im/migrants’ consciousness of their future mobility (i.e., the unwavering belief that their daughters will return to the home culture and therefore must be acceptable there), which is always informing parents’ decision-making. The inquiry group concluded
that despite its drawbacks, parents believe that the eventual transition, integration, and acceptance of their daughters into their home culture will be impossible without FGM. It is necessary to remember that the West African im/migrants believe that FGM is a tangible marker that ensures their daughters’ future social integration into the culture of the parents’ country of origin. Therefore, the FGM decision is complicated by the broad landscape of fears and potential tradeoffs heavily considered by im/migrant parents. In the West African im/migrant mind, losing these valuables and/or values (e.g., culture, religion, etc.) will lead to detrimental consequences for the daughters’ future and will jeopardize their acceptance and integration into the im/migrants’ home culture. As they see it, the resultant effect is either inculcating their culture to their daughters and systematically closing the door to Americanization or not safeguarding the daughters and losing them to the American culture. Wondering about the nature of the topography of these additional tradeoffs, the inquiry group asked: what was too big to trade off?

**What was too big to trade off?** Within the context of decision making, West African im/migrants are worried about trading (i.e., losing) their culture, religious beliefs, and desirable female sexual behavior social conduct for life in a host culture that is not up to their ideals. The FGM decision is highly driven by that fear of multi-dimensional tradeoffs. FGM decision-making is incumbent on both the desire for access (to home country) and fear (to losing daughters to the American culture). This section specifically discusses the inquiry group’s consideration of some of the West African im/migrants’ fears and desires. The inquiry group concluded that females will be excised if the benefit gained from FGM in a particular market (i.e., marriage market) is perceived to be
sufficiently greater than the gain from other value markers (e.g., female education, unconfirmable fidelity, etc.), even when the costs of FGM are accounted for. For instance, Coyne and Coyne (2014, p. 137) in their study examining “how identity influences the costs and benefits associated with participating in FGM” stressed that non-monetary factors influence the benefits and costs associated with FGM and suggest that identity is highly considered in parental FGM decision-making. In the same vein, Cloward (2015, p. 386) argued:

> When an individual group member is making a decision about norm-related behavior [such as FGM], he or she must factor in these social costs and benefits, which are separate from the intrinsic costs and benefits of the practice itself and which can exert significant influence on observed behavior.

**The fear of trading female social position/social status to the U.S. prototype.**

Social position or social status refers to a particular location an individual has within a social group and determines his/her duties, privileges, and rights (Higginbotham, 2015). In FGM-abiding societies, having undergone FGM procures females high social status, respect, marriage opportunities, and an acceptable pathway to motherhood (Rossem, Meekers, & Gage, 2015). FGM is the most important social factor used to determine which females can become brides and mothers in a socially accepted way (Thiam, 1995). By examining West African im/migrants’ worries about cultural tradeoffs made for the sake of their daughters’ futures, the inquiry groups’ findings suggest that it is more beneficial for West African im/migrants to embrace FGM because the perceived social benefits outweigh the costs (e.g., daughters’ ostracization). This finding concurred with
other research findings that assert that FGM has a strong link with females’ social position (Rossem, Meekers, & Gage, 2015; Berg & Denison, 2013).

In light of this standpoint, it becomes less problematic to understand the importance of social position and status for women in FGM societies. It becomes even less difficult to see how FGM plays a major role in females’ social status and social position (Higginbotham, 2015). Additionally, social status is central to social integration (Yoder & Khan, 2008). Females who are not excised risk not being welcomed, hence they are more likely to incur rejection and not integrate into their societies of origin. This fear represents a significant driving force in the West African im/migrant FGM decision-making.

_The fear of trading heritage culture and cultural identity._ West African im/migrants worry about trading their culture for that of the host country. The inquiry group observed that “Africans love their culture.” This immersion with their culture translates into a profound and awe-inspiring appreciation of their deeply held ways of believing, knowing, seeing, doing, acting, and being. The inquiry group confirmed the findings of Amayo (2007) that Africans bring their culture with them when they come to the United States. Maintaining and sustaining culture is a common denominator that cuts across African im/migrants’ countries of origin, although the degree or the intensity of the migrants’ love for particular aspects of their culture may vary (Eze, 2002). According to the inquiry group, West African im/migrants consider FGM as a tangible identity marker. FGM women from FGM societies are identified as such in order to have a sense of belonging to their community.
Defining West African im/migrant identity is not a simple matter, in part because such a definition would need to account for countless factors, including West African im/migrants’ complex history with the Western world. West African im/migrants exist in a world that has been and continues to be troubled by the aftermath of *colonization* and *neo-colonization*. The Oxford English Dictionary defines *colonization* as “the action or process of settling among and establishing control over the indigenous people of an area”.

Certainly, the status of a “colonized” people (i.e., the Africans) did not end at the close of the so-called colonial period and was not solely limited to the physical confiscation and occupation of African lands by European colonizers. On the contrary, the present, lived experiences of Africans within their home countries continues to be one of horrendous degradation of their beings and culture (Taylor, 1997). West African im/migrants bring with them a colonized status and a history and awareness of colonization as they embark on the im/migrant’s journey. When they arrive, they are welcomed by the compounding intersection of their new status as racial and geographic/cultural minority and related dreadful conditions within their host culture.

This conclusion of the inquiry group is confirmed by Ogby (1986) and Steel (1992), who argued that minorities are consciously aware of their stigmatized cultural heritage in juxtaposition with mainstream (American) culture. Further, the inquiry group emphasized that West African im/migrants are overwhelmingly aware of negative outcomes resulting from the unequal power balance between them and the typical American. Consequently, West African im/migrants come to the United States with the understanding of how the members of the dominant culture will stereotypically view them as inferior and lesser.
Informed in advance by portrayals of Africans in U.S. popular media as well as long-standing histories of oppression and prejudice, West African im/migrants are highly conscious of the hegemonic—though erroneous and tacitly accepted— theories of genetic inferiority, cultural deficiency, hierarchies of differences, and benevolent colonization they encountered, and which continue to assign and confine Africans to low status in the United States.

As a result, many contemporary Africans, including African im/migrants, adopt rebellious mindsets toward inaccurate and damaging Western stereotypes. They also constantly reconstruct their own notions of African pride, image, and identity in order to shield their most valuable assets and to survive while in the “belly of the beast.” It is not surprising that West African im/migrants hold fast to their culture and cultural practices in this context. They feel the urge to transfer their cultural practices to their daughters so that the latter can exhibit pride of who they are in order to survive in the United States. In middle school, my son was called “Kunta Kinte,” the name of the main character in Alex Haley’s *Roots* to disparage him and his close relationship with Africa. Similarly, Okpalaoka and Dillard (2012, p. 125) affirmed a dominant discourse around African im/migrants that presents Africans as uncivilized, poor, hungry, and diseased. The Western perception of Africans has led to West African im/migrants embracing a “strong identity in resistance to the stereotypes they face or to their own stereotypes” (Okpalaoka, 2009a).

The inquiry group also understood that West African im/migrants have internalized the oppressed/oppressing experiences of African Americans because those
identities are often forced onto West African im/migrants by mainstream American culture, even though the two groups’ experiences are vastly different. The embodied example of African Americans intensifies West African im/migrants’ fears of losing their culture or having it stripped from them, because the history of America has unequivocally demonstrated white Americans’ willingness to systematically dismantle and destroy the cultural identity of members of the African Diaspora in the United States (Munyaradzi & Mubaya, 2016; Kolawole, 2017).

According to the inquiry group, the benefits of FGM identity and identification marker extend beyond the individual and translate into social acceptance. They believe that FGM provides females with an entry to African society, whereas the door is closed to females who have not undergone the practice, resulting in ostracization. According to Thiam (1995), FGM identity guarantees women access to all the social capital and social network connections available to their sex. For example, FGM women are valued whereas non-FGM women do not have any value in the marriage market since their identity marker as appropriate future wives and mothers is absent. Additionally, FGM women are accorded much social support whereas non-FGM women cannot rely on community support (Ukoha, 2015). In this way, FGM identity becomes the key that unlocks social doors and group acceptance.

In this study, the inquiry group believed that West African immigrants cling to their cultural identity as they would to a life raft because for them, cultural identity reflects their shared historical experiences and values as expressed through common traditional practices (e.g., FGM). West African im/migrants utilize FGM as an assurance
that safeguards an underlying connection and identification of their daughters with their people and culture (WHO, 2008). FGM is believed to be a means of protecting daughters from the perceived threats of Americanization and assimilating transformation, while assuring future access to integration in the parents’ home culture. West African im/migrants resort to FGM as a definitive act that keeps daughters within the parents’ cultural sphere while providing what the in-group accepts as indisputable affirmation of the daughters’ Africanness.

The inquiry group concluded that the desire to hold on to their home culture is not unexpected because most African migrants do not assimilate into Western host cultures (e.g., become “Americanized”); rather, they integrate by retaining their home cultures and practices while navigating the mainstream host culture. The expectation is that they will return and re/integrate into their own countries and live the rest of their lives among their peers and within their societies and cultures. Rootedness in their culture provides im/migrants a sense of belonging as realized through a shared cultural heritage including coherent ethnic identity, common set of behaviors, and collective sense of history and values. Usborne (2009) asserts the psychological importance of cultural identity and suggests that cultural identity translates into common cultural codes that provide individuals a collective self, a sense of belonging, and a sense of oneness. Similarly, Taylor (1997) claimed that group identity is necessary in the construction of a clear personal identity; without it, an individual has no template to serve as a normative reference through which to define themselves.
This suggests that constructing personal identity is incumbent upon and secondary to the in-group’s predetermined collective cultural identity and adherence to the identifying characteristics that bind the group together. This is part of why the inquiry group believe it is unsurprising that many West African im/migrants choose to maintain their cultural heritage and enforce adherence to collective identity markers for their daughters. From this perspective, it is not surprising that parents appear eager to bring their daughters into this cultural heritage via FGM, because undergoing that procedure is the accepted primary identity marker that assures their daughters will not be seen by home-culture insiders as deviating from the normative template for womanhood and marriageability.

**The fear of losing identity and identification.** The inquiry group believed that West African im/migrants are extremely concerned about their daughters’ identity and identification. Since daughters are exposed to the mainstream American culture, the fear is that they may not identify themselves with their parents’ ethnic identity and identification. FGM is perpetrated to shape an identity that aligns with and embraces specific social values, norms, and relations relative to practicing ethnicities. These ideal values mirror the complex and varied, culturally and historically grounded, social construction of identity among the West African im/migrant population in the United States. Within West African societies, authentic African identities must be part of African people’s internalized values and attitudes (Muyingi, 2015). Usually these im/migrants identify themselves with the continental motherland, indigenous people, ethnicities, and cultures, which make their identities culturally fluid and geographically mobile.
West African im/migrant parents believe that membership in a group that receives positive judgements is a way to ascertain that what benefits the group also benefits the individual. In this case, membership in the group of FGM women is seen as a powerful benefit to daughters. Incentives for group identification/membership include gains in social support, social capital, and acceptance. Multiple African identities are promoted; however, African identity along with American identity is highly discouraged. According to Brewer (1991), social identities are chosen. Based upon the inquiry group understanding, FGM is enforced on daughters to confirm their identity as African women but also to ensure they can never conceal or refute that identity due to the irreversible nature of excision. The inquiry group argued that once the excision is performed, it becomes an embodiment, a marker that daughters will carry forever because there is no way to grow back the clitoris. With FGM, daughters, unequivocally, belong to the FGM group whether or not they identify themselves with the group. This identity in turn allows daughters to integrate into the parents’ home society. The literature on identity and FGM has generally overlooked the ineffaceable indicator that stamps daughters with an FGM seal.

Further, the inquiry group believed that the American identity is much more lenient sexually, and that does not fit in with the moral code of their home culture. West African im/migrants worry that their daughters may identify themselves with the American culture, become Americanized, and consequently lose their original identity. Their greatest fear is that their daughters will not be accepted into their home culture and society when they return to the continental homeland. For West African immigrants,
FGM symbolizes the essence of their identity. Consequently, weighing the benefits and costs of either keeping one’s identity or losing it greatly influence West African im/migrant parents’ decision to excise or not excise their daughters. No wonder West African im/migrants hold on to their identity and enforce and foster it on their daughters.

Identity is extremely important to West African im/migrant families any loss of identity is detrimental to their self and sense of belonging. The inquiry group shared the troubling feeling of identity deprivation they experienced. Western practices of slavery and colonization operated in part by dispossessing Africans of their own histories and cultural identities. If we reverse our historical gaze and review African history through a Western lens, we can recognize how the contemporary African has inherited a dark portrayal of his identity/ies as a result of the singular imposed definition of his being: Africans are uncivilized. Such attitudes are unfortunately far from outdated, since the current president of the United States recently referred to Africans im/migrants as coming from “shit-hole” countries. West African immigrants are well aware of long-standing American portrayals of Africans and African Americans as being racially inferior. In reaction, they build and reside in their own enclaves, which act as silo communities within the larger American society.

To survive the American social system, West African im/migrants have developed a sense of communal ethnic consciousness that allows them to hold their communities together (Takougang & Tidjani, 2009; Eze, 2002). Because of American attitudes, West African im/migrants developed bonded social networks and relationships with robust cohesion and solidarity maintained in part by practices such as FGM which
permit them to uphold their identity (Eze, 2002). Though the usual U.S. rhetoric toward im/migrants refers to a melting pot, research has shown that West African immigrants do not intend to change themselves to fit into the American social fabric (Takougang & Tidjani, 2009). Quite to the contrary, they fight to preserve their own identity amid numerous complications resulting from prejudice. Giving their daughters an identity and identification is a pathway to re/integration into the home society.

For West African immigrants, loss of identity is equated to the adoption of American ways. A study conducted by Gordon (1964) addressing European immigration in the United States can be utilized to assess West African im/migrants’ potential absorption of the host culture and ultimate abandonment of FGM. This perspective would seem to suggest that West African immigrants will eventually be immersed into the dominant culture and society. However, our findings indicate otherwise for the West African im/migrants whose sole frame of reference is Africa and whose sense of mobility influences their clinging to traditional culture and related practices. Similarly, Apraku (1991) indicated that the more alienated and isolated from mainstream America West African im/migrants become, the more they identify with their ethnic group. This confirms our finding that West African im/migrants will continue to claim their identity and identification markers. It is not surprising that West African immigrants continue their FGM cultural practice.

Referring to the nature of identification, Freud asserted that “Identification endeavors to mold a person’s own ego after the fashion of the one that has been taken as a model” (1922, p. 48). West African immigrant parents want to shape their daughters’
persons to their group’s identification. Through the identification process, they hope their daughters will become exactly like them, adopting and adapting an all-encompassing positive attitude toward their shared societal values. Consequently, daughters are expected to behave exactly the same way the FGM female would, imitate the group’s manners, and adhere to the rules, regulations, and values of the group.

The inquiry group also discussed identity as an important factor in determining how West African im/migrants view themselves, the choices they make, and how their identity shapes what they consider acceptable for a member of society. Among West African im/migrants and their children, there may be discrepancies between what the children see as their identity (juggling their African and Black American identities or hybrid identity) and how their parents view their children’s African identities (Asante, Sekimoto, & Brown, 2016). In fact, West African im/migrant children are “negotiating their black racial identity in the United States” and their parents are extremely concerned about this identity negotiation (Asante, Sekimoto, & Brown, 2016, p. 367). Identity formation shapes the process by which im/migrants and their children settle and integrate into their new countries (Abedi-Anim, 2017; Amayo, 2007). The inquiry group asserted that how we identify ourselves determines the actions we take and the choices we make in life. West African im/migrants fear that their children may deviate from their cultural identity (Abedi-Anim, 2017). An FGM identity and identification can influence daughters’ choices to integrate into their parents’ home society. Nonetheless, exposure to the American culture and the possibility of affiliating with African American and/or West
African identities opens up the possibility that their children may not choose to culturally identify solely with their parents’ home culture.

**The fear of trading religious grounding for Western attitudes.** One important element of African beliefs, particularly for West Africans, is religion, which guides social practices and gives meaning to our lives. This argument holds true for the inquiry group which noted that West African im/migrants worry about trading their religious beliefs for Western attitudes, including those toward FGM. The inquiry group understood that religion is one of the greatest influencers of FGM, especially in the context of migration. This holds particularly true for West African migrants and especially some inquiry group members of Pular (Senegal) and Bambara (Mali) ethnicities who uphold the linkage between FGM and Islam (Von der Osten-Sacken & Uwer, 2007). (As noted previously, FGM is most often connected to the Islamic faith even though it is performed across religions.)

Research has shown that religion has particular personal meaning and great cultural significance within FGM-practicing communities (Montgomery, 2002). Hayford and Trinitapoli (2011) examine the role religion plays in shaping FGM within the geographical boundaries of Burkina Faso and find that various aspects of religiosity such as religious affiliation, certain beliefs, and collective religious identity are among the factors informing FGM decision-making. Consequently, religion is highly indicated as plausible justification for the continuation of FGM. The role of religion as a determining factor in the perpetuation of FGM is also emphasized by Deason and Githiora (2014) who, while examining the perception of FGM among African immigrant women in the
United States, found that religion was primarily cited among Muslims as justification for the continuation of FGM. West African im/migrants may have intended to follow the perceived religious mandates/recommendations to purify their daughter’s body. In spite of the sincerity of their FGM decision, their belief is based on erroneous religious information. The danger of linking FGM to Islam is the religious legitimacy bestowed by that link, which renders FGM an unquestionable practice. Additional research has found that Africans who live away from their native land but who maintain contact with their homeland and its people tend to be more religiously conservative and more inclined to follow strictly what they perceive as mandates of their religion (Porter, 2011). For example, among the Gambian, Mauritanian, Malian, and Senegalese immigrant communities, the main reported reason for FGM practice is Islam although no religious scripts prescribe it (Yasin, Al-Tawil, Shabila, & Al-Hadithi, 2013). The underlying belief is that FGM is highly recommended by religious leaders to shape a religious identity. In our effort to better understand the linkage between FGM and Islam, the inquiry group consulted with several imams from the New York communities. They seemed to be more progressive because from their understanding of the scripture, Islam does not mandate FGM. These meetings allowed the inquiry group to understand that West African im/migrants may perpetuate FGM on false premises. Nonetheless, since religion is a guiding light, religious people will always abide by their perceived beliefs that give meaning to their lives (Kelly, 1995b).

*The fear of trading African feminine ideals and femininity for Western ideals.*

Practicing communities associate FGM with positive qualities such as womanhood,
virginity, marriageability, fidelity, loyalty, and the enhancement of male sexual pleasure (Nyairo, 2013). FGM is associated with virtues men look for in their potential wives (Halim, 2006). The physical “cutting” would be the proof that a girl/woman received the necessary teachings that make her eligible to become the ideal wife and mother with acceptable mores (Halim, 2006). According to Kaplan et al., (2013), FGM is synonymous with cleanliness, femininity, beauty, and purity; it is a means to protect virginity, a guarantee for family honor, and a security for marriage. West African im/migrants have a broad perception of FGM that ranges from perceived benefits to social sanctions if females fail to comply with the prescribed social norm. In most FGM societies, the removal of the clitoris reflects the smoothness of the genital area (Rose, 2010), a state that eliminates a potential rivalry with a penis. Tribal members of the Dogon of Mali believe that an uncut clitoris will grow to the size and shape of a penis (Thiam, 1995; Dorkenoo, 1992). Considered as an indication of masculinity, the “erection” of the clitoris is likened to the male penis and thereby considered to be an organ that defeats the cultural ideals of femininity. Consequently, West African im/migrants may resort to FGM to correct what they see as an anomaly. In all FGM-practicing communities, women are taught to believe that the clitoris is ugly and threatening (Johnsdotter, 2012). West African im/migrants, especially those from Mali, may also have a perception that the clitoris is dangerous. The instilled fear that the clitoris is physically contrary to female identity and to their ideals of femininity is a sufficient motivation for West African im/migrant parents to continue the practice even beyond its geographical borders.
Connection with Black African Feminist Framework à la Awa Thiam

A theoretical framework that accounts for the multitude of factors that enforce FGM practice and explains realistically and comprehensively the phenomenon has yet to be clearly laid out. Our hope is to bring to light a perspective that has a more holistic outlook on FGM and offer an approach through which one might understand what is holding FGM in place among members of the West African im/migrant communities in the United States. In the current study, the practice of West African im/migrants vis-à-vis FGM seems to be informed by a patriarchal system that reinforces women’s subjugation and submission to men’s power. Through the lens of Black African Feminist Framework à la Awa Thiam (BAFAT), several expectations explain FGM; the basic tenets are as follow: FGM, maintained by embedded patriarchal socio-cultural practices; FGM, glorified through the social construction of its positive attributes; He who controls the marriage market, controls the female body; and finally, Culture as a life raft against identity loss.

FGM, maintained by embedded patriarchal socio-cultural practices. Issues related to patriarchal ideology seem to shape the sociocultural contexts and construction of FGM. Much of the social construction of FGM is attached to the institution of marriage; the structure and power relations within marriage support females’ subjugation. Thiam’s perspective underlined potential factors that could contribute to the maintenance and perpetuation of FGM in the context of migration. The practice of FGM reinforces males’ domination and control over females (Hosken, 1979, 1994), promotes gender inequality (Momoh, 2005), and socializes women to submit themselves to men.
**FGM complements and maintains gender inequality.** According to BAFAT, society creates gendered norms, which allows for control and subjugation of women. In general, disparities between men and women based on gender are caused and enforced by family, community, and society. These contexts operate against women, creating situations and milieus that promote female subjugation and male domination. In the current study, the practices of West African im/migrants were already informed by patriarchal ideologies since daughters are raised to become docile, submissive to male figures, preserve their virginity for marriage, and so forth. Thus, women’s subjugation and submission to men is a continuous process. Females are considered lesser than men. In order to earn respect from men, they have to confirm their ability to be faithful and loyal by going through pain and by validating patriarchal cultural values and practices. Women internalize societal norms, and they see their cultural practices as beneficial because they are grounded in their culture. West African im/migrant communities are highly influenced by these patriarchal beliefs and values. As a result, they perpetuate FGM, which in turn subjugates women.

**FGM supports women’s social oppression.** Thiam speaks specifically about deeply embedded forms of female oppression and asserts that the relationships between males and females have elements of social oppression, as the organization of social life enables the male dominant group to oppress women. West African im/migrants’ adherence to FGM establishes their determination to confine daughters to their reproductive function. These young American-born daughters, once excised, are forced to embrace traditional roles: submissiveness toward men and female domestic labor to
please the husband. While husbands can be polygamous, females are robbed of their sexuality.

According to Black African Feminism à la Awa Thiam, African women suffer a triple oppression by virtue of their sex, class, and race (Thiam, 1978, 1995). Thiam (1978, 1995) also argues that Black African women suffer three oppressions within a double domination context of colonial/neo-colonial patriarchy and traditional patriarchy. Women are dominated by the colonial/neo-colonial men and also by the African men living in the Western world and in their home countries. The conceptual framework explains women’s self-enforcing of cultural norms as a result of internalized oppressions. Here, FGM is considered as a self-enforcing social system that establishes and maintains gender hierarchy. Thiam (1978) argued that African women who adhere to FGM are victims of internalized oppression. That is the reason why they become the enforcers of the practice without even recognizing that they are executing FGM for the benefit of men. This may be a plausible explanation for West African im/migrant mothers’ support of FGM continuation despite its harmful nature. As such, the internalized oppression of West African im/migrant mothers creates a strong drive for the continuance of FGM practice in the United States as they take it upon themselves to ensure that their daughters are excised (Thiam, 1978, 1995).

**FGM, glorified through the social construction of its positive attributes.**

The socially constructed symbols of FGM glorify women with positive qualities. Studies about FGM have shown that, for survival purposes, women adhere to prescribed norms (DHS, 2005; UNICEF, 2016; WHO, 2008). For example, the knowledge of the stigma
attached to non-FGM women and the qualities associated with women who have undergone the procedure outweighs West African parents’ worry about the physical, psychological, and sexual consequences. For these im/migrants’, FGM is associated with marriageability, virginity, fidelity, and loyalty.

**FGM symbolizes marriageability.** FGM is deeply associated with marriage eligibility. In the mindset of African im/migrant women, marriage and children fulfill their gender expectations, so failure to marry will be damaging to their daughters’ reputations and family honor. Consequently, daughters’ marriage becomes a survival issue of great concern for parents. Since FGM is supposed to enhance women’s marriage prospects, and as marriage is traditionally imperative for defining women’s status, efforts are made by parents to ensure that the daughters are excised to increase their marriage likelihood.

A study conducted in West Ethiopia in the district of Hababo Guduru concluded that one of the most common reasons for resorting to FGM is to prepare daughters for marriage (Gajaa, Kebede, Derseh, & Wakgari, 2017; Adetunji, 2018). For West African im/migrant women, the expectation of marriage is universal, and the benefits associated with it are extremely high (WHO, 2008). But what about the daughters born in the United States, a context that does not support FGM? Research has shown that African im/migrant parents still practice FGM to adhere to their traditional social norms (Gele & Sundby, 2012) since their frame of reference is still the home country. It seems that West African im/migrants prepare their daughters for marriageability but in their home-country context. Consequently, to avoid a mishap, the control of daughters’ sexual behavior
becomes indispensable and the teaching of marital norms emphasizes the importance of preserve female virginity and fidelity to the husband (Gajaa, Kebede, Derseh, & Wakgari, 2017).

**FGM guarantees virginity.** In light of BAFAT, it became apparent that certain traits in women are viewed as valuable. It is clearly understood that the preservation of daughters’ virginity and the elimination of premarital sex are among the chief reasons for the continuation of FGM in the context of migration. In societies where virginity is sacred and is an absolute prerequisite for marriage, FGM is considered to be a means to safeguard and preserve daughters’ virginity and curb their libido. Females in such societies are strongly associated with FGM and non-excised females do not have any chance for marriage since their virginity and fidelity are questionable. Virginity is strongly endorsed in FGM-practicing communities to address males’ demand for virgin brides (Thiam, 1995). BAFAT acknowledges the significance of virginity for West African im/migrants but finds it to be based on patriarchal ideologies that highly reward virgin brides and harshly sanction promiscuity.

According to BAFAT, FGM is known to reduce or eliminate women’s sexual desires while preserving girls’ virginity and lessening temptations for females’ future extramarital affairs (Thiam, 1995). Johnsdotter (2012) affirmed that genealogical affiliation is demonstrated on either the maternal or paternal side. The advantage of mothers is their certitude of biological relatedness for children they gave birth. The problem lies on patrilineal biological relatedness as it will be always a challenge for men to prove paternity in the African context. The uncertainty of paternity is the cause for
society’s actions in promoting female virginity through FGM. BAFAT would explain that extreme measures, such as excision, clitoridectomy, and infibulation are taken to reserve the exclusivity of the female body to the husband. The paternity confidence/assurance theory may also explain the harsh retributions against adultery in most patriarchal and patrilineal societies (Vissandjee, 2003). Coyne & Coyne (2014) found that FGM is a means for parents to ensure that their daughters remain virginal until marriage. As a result, FGM becomes a means to ensure daughters’ virginity for the sake of raising their value in the marriage market (Coyne & Coyne, 2014).

**Assurance for daughters’ loyalty and fidelity.** It is a common belief that reducing female sexual desire ensures a wife’s faithfulness to her husband (Shell-Duncan & Hernlund, 2000). Men assert that FGM will keep women from being promiscuous (Dorkenoo, 1994), especially in contexts where polygamy is rampant. FGM is a means for husbands to ensure that their wives remain faithful. This implies a cost-benefit mechanism that is intended to lower males’ cost in monitoring females’ sexual activities. It is clear here that FGM is supported and maintained within patriarchal ideologies to lower the cost of monitoring female sexual behavior by annihilating their capability to seek extra marital sexual pleasure. Believing that clitoridectomy, excision and infibulation each lead to better marriage outcomes is a sufficient reason for West African im/migrant parents to continue the practice. In this instance, premarital sex and unfaithfulness after marriage are counteracted with the absence of sexual desire resulting from FGM.
He who controls the marriage market, controls the female body. Research has shown that in FGM societies, men believe that without FGM women will not be faithful, and women believe that without FGM men will not marry them (Macky, 2003). Marriage and children fulfill West African immigrants’ gender expectations. BAFAT explains the male-female dominant-subordinate rapport because men have power to marry only FGM women and women have to comply with FGM if they want to marry. The ways and means of controlling the female body and thereby the sexuality of females vary greatly throughout the diasporic practicing communities. As the methods differ, so does the viciousness inherent to each particular FGM method of control (Simister, 2010). Some immigrant parents may only resort to clitoridectomy, others may perform excision, and the more conservative group may enforce infibulation. In light of the West African immigrant parents’ adherence to patriarchal demands for submissive, virgin daughters, one can unquestionably deduce that daughters’ capability to self-regulate their bodies is non-existent even though bodily integrity is recognized as an entitlement for every female (CEDAW, 1990). The violation of daughters’ body integrity is a demonstration of patriarchal subjugation of the female body. Under these circumstances, Black African feminism framework à la Awa Thiam assumes that, when West African immigrant parents choose to perform FGM on their daughters, their aims are to control their daughters’ sexuality and promote their adherence to the prescribed gender roles as inspired by West African patriarchal systems (Kaplan, Hechavarría, Martín, & Bonhoure, 2011; Thiam, 1978).
Apparently, West African immigrant parents perpetuate patriarchal ideologies that convey to their daughters that their female sexuality must be controlled if they are to be married. West African im/migrants excise or infibulate their daughters so that upon their future return to West Africa, the culture into which they will be integrating, and more specifically, potential husbands within that culture, can trust them as responsible beings with controlled libido. This FGM imposition on female bodies demonstrates men’s domination over women but also indicates their insecurity in the sense that, due to their inability to enforce female fidelity or ensure the paternity of offspring, they force women to undergo FGM as a condition of marriage.

_Culture as a life raft against identity loss._ Another layer to the perpetuation of FGM in the context of migration comes from West African im/migrant colonial history. According to BAFAT, im/migrants’ encounter with dire historical events, coupled with their lived experiences of prejudice in the United States, make them cling to their culture and identity. West African im/migrants defy the Illegal Immigrant Reform Act forbidding FGM in the United States because the benefits of keeping their identity by continuing to practice FGM outweigh any potential costs. Specifically, West African im/migrants who carry out FGM do not wish to discontinue the practice because they believe in its substantial socio-cultural and religious benefits for their daughters. FGM bestows an identity and an identification marker on their daughters, which provides them with a sense of belonging. Based upon BAFAT, West African im/migrants are achieving two goals by carrying out FGM: one is that they are keeping and maintaining their cultural
practice, and the other is that they are safeguarding their daughters’ identification and thereby providing them with a pathway to integrate into their home culture.

**Significance and Limitations**

**Significance.** A number of strengths and limitations pertaining to the study need to be taken into consideration. Because of the paucity of published studies utilizing CBPAR partnerships with West African immigrants regarding the issue of female genital mutilation (FGM), this study contributes new knowledge about how West African immigrants in the United States consider the issue of FGM and the actions they planned to engage in regarding the practice. An additional strength of the FGM research study comes from engaging a research “with” and “by” (Herr, 2015) the African immigrant community. Although I entered the community with questions about FGM, the inquiry group members shaped the research process. As such, co-researchers actively participated in sharing roles, reorganizing the research directions, changing the order of the research questions, developing questionnaires, interpreting and analyzing data, and disseminating research findings (Horowitz, 2009). This democratization of the research empowered the African immigrant communities, which, until now, has mostly experienced research on them. A significant strength of the study was the mutual benefit resulting from the collaboration, thereby improving both the conditions of the community members and the outcome satisfaction of the researcher.

This collaboration answered the classic question usually asked when conducting participatory action research: “Research for whose benefit?” (Dickson & Green, 2001, p. 472). The FGM research benefited the communities as they looked into the issues while
dialoguing among themselves to find the best ways to take up the issue of FGM. The communities took possession of their actions and have benefited from them. This ownership resulted in the empowerment of the communities as they tackled the FGM concerns and forged a new understanding of the persistence of FGM in a context that is not supportive. Furthermore, this dissertation makes a significant contribution to the New York-New Jersey West African immigrant local communities by providing them with the opportunity to examine themselves using their culturally competent lens and their Afrocentric perspective to break new ground in our understanding of the continuation of FGM in the context of im/migration. They were also able to undergo capacity building and actions to strengthen their communities and the well-being of their members. Another strength of the study lay in the production of authentic knowledge from community members who are the experts on their own cultural practices and lived experiences. Community members were the best source for insider knowledge about FGM and, hence, were able to provide to the outside world a fuller understanding of what is still holding FGM in place in the U.S.

Another major strength of this work is that we have now pioneered and fostered a West African im/migrant working community from which significant research is anticipated beyond the dissertation timeframe. The next step will be to return to the inquiry group, report these findings, and ask them to further consider mobility and daughters’ futures while thinking of potential intervention models. I also see myself working with parents to reconsider FGM calculations and ask them to further complicate the equation by adding considerations of possible physical, social, and cultural harms to
their existing cost-benefit calculations. I will be interested to see how they negotiate with these complex dynamics.

**Limitations.** Some of the limitations of this FGM study lie in the fact that this dissertation reports on the process of only the first eight weeks or at least six group meetings of the study that will continue beyond the time-frame of this dissertation. This period reveals a short time span in the community for community-based action research, when participatory action research most often takes longer to make a real impact on communities. However, this work will span beyond the dissertation timeframe and is hoped to bring tremendous contribution to the FGM phenomenon.

Although participatory action research is context-based research, this study may not be generalized to larger West African immigrant communities. The aim here is not to reach generalizability but to ensure transferability of the findings for further research. A very important factor is that the study is limited to West African im/migrants within New York and New Jersey areas. Additionally, the sample used is limited to those individuals referred to me by the Senegalese association, along with people recommended by the inquiry group. FGM is performed in the United States by numerous African im/migrants with a vast array of reasons behind the practice due to the diverse ethnic beliefs and various countries of origin. Consequently, the understanding of West African im/migrants regarding the practice may not be that of im/migrants from East, Central, or Southern Africa who practice FGM.

The study began with two primary questions, which were: 1) From the perspective of the African transplants, how might we come to understand FGM
perpetuation outside of its traditional cultural context and within a larger context that is not supportive of the practice and where it is considered illegal? 2) Beyond understanding FGM, what actions, if any, might we take to address this practice? Most of the six sessions were devoted to the thorough understanding of the continuation of FGM in the context of migration. Our thoughtful consideration was that if we better understood the reasons for the continuation of FGM outside its natural context, then we could think about more appropriate and relevant interventions. Consequently, there was a brief brainstorm about possible actions to be taken. Nevertheless, none of what we initially envisioned as helping to attain eradication was covered in the findings. Therefore, my second step will be to go back to the community to present the findings and ask the inquiry group to take up West African immigrants’ notion of mobility and daughters’ futures in order to find relevant actions. Going into the study, I did not anticipate the importance of this factor. However, now knowing the drive behind West African im/migrants’ decision to excise their daughters, this understanding will allow me to take a step further into the solution domain. I cannot say for sure where this will lead us but at least we diagnosed the real problem.

Another limitation in the study pertains to the perspective of the participants who, whether members of the inquiry group or part of the resource team, were all against female genital mutilation, which may have biased their reflections on the issue. When I went in the study, my bias was that nothing could justify the continuation of FGM. However, I have learned to listen and understand in order to accurately report our
collective work. I believe I have done in such an even-handed manner that I am somewhat concerned that the dissertation may be read as defending FGM practice.

Finally, the study is limited regarding the lack of data on questions pertaining to daughters’ understanding of FGM as well as their understanding of their parents’ decision to excise them. How do they feel about it? Will they return with their parents to their native lands? Will they indeed marry someone from their parents’ country of origin? Knowing these answers may help convince parents to stop the practice. For example, if the daughters, now grown, decide not to marry into the parents’ home societies, then it will be easier to persuade West African im/migrant parents of the non-necessity or even futility of FGM. Hence, the study lacks further information that could be extremely beneficial in finding a good solution to FGM.

**Implications for Family Science Research, Practice, and Policy**

One of CBPAR’s premises obliges me to work with the inquiry group to tackle the question of what, if anything, to do next regarding FGM. Hence, my next step is to (1) go back to the community to present my findings and (2) learn from the group how to address the implications. These findings can contribute to and influence decisional choices, the formation of values, the basis of new understandings, and ultimately shape the professional and public consideration and discourse. In concurrence with Weiss (1979), we hope to communicate findings that can encourage action(s) that will impact FGM decision-making. Nonetheless, knowing what we know now based on our research findings, the following are areas I hope the inquiry group may consider.
**Implications for “Family Science and Human Development” field.** For the field of family sciences, FGM is a relatively unexplored topic. This represents a significant opportunity to broaden the scope of attention and expertise in addressing West African im/migrant family challenges. This study extends research on West African im/migrant families who continue the practice of FGM in the United States despite its illegality. It offers a new template from which scholars, practitioners, activists, policy makers, and other stakeholders can build prevention models. This study lays the foundational of new fields of inquiry within the social science disciplines on which will rest our understanding of FGM in the context of migration and its connection to the notion of mobility and daughters’ futures. Family science considers family life within larger socio-cultural contexts and often investigates the intersection of power, privilege and social justice to acknowledge how these interactions impact family life and family arrangements. The family science field works to propel family concerns to new heights of understanding; yet, often this field’s research methodologies and the relationship between family science researchers and West African families produce further power imbalances disfavoring West African im/migrants. Inspired by the work of Freire (1968[2014]), I saw this dissertation as a means to move beyond the usual qualitative research approach in order to privilege community participation and foster potential actions that emanate directly from West African im/migrants.

One additional consideration for the family science field is that it has not historically embraced CBPAR approaches. This study helps to show the utility of those methods in accessing hard-to-reach populations in which trust is difficult to attain. I hope
that the field will consider CBPAR methods as a way of doing research with difficult-to-access populations that may otherwise distrust outside researchers, because it allows for meaningful collaboration with community members. In this way, community insiders can act as co-researchers and those community members are involved, invested, and accounted for in the research.

This FGM study yielded groundbreaking findings that can enrich the family science field. Knowing that West African im/migrants are migrants and that their FGM decision is influenced concurrently by their notion of return to their native countries and their concern for their daughters’ future integration into the home society, understanding culture is a significant step toward understanding the continuation of FGM. In the context of immigration, this study scratched the surface of a vast area of research concerning West African im/migrants and provided pioneering insights into some of the factors that lie behind the FGM decision-making of West African im/migrants in ways never before understood. Although these are crucial findings, there is still a need to focus attention on yet unnoticed and unmet challenges West African im/migrant families face within a larger American society.

Further, initiation of more community-based participatory action research studies could provide meaningful insider knowledge. Additional rigorous empirical research is essential to test the claims of our findings (Obermeyer, 2006). Most of the existing research on FGM focuses on areas such as FGM health repercussions (Utz-Billing & Kentenich, 2007), FGM scope in different countries (WHO, 2012), the reasons for the practice in African contexts (Gruenbaum, 2005), but lamentably neglects FGM in the
United States diaspora context. Research is unequivocally necessary in all areas surrounding the practice. Stakeholders assume that the reasons for FGM which guide Africans on the continent are the same as for those in the diaspora (WHO, 2008; UNICEF, 2005). Our research findings suggest such assumptions are erroneous and recommend research addressing considerations relevant to raising daughters in a context that is perceived as morally hazardous for daughters’ future as ideal women. This must be accounted for in order to tailor effective interventions. CBPAR also encourages researchers to reach out to and benefit from local experts, who know and understand the culture of the im/migrant group in ways that outsiders to those populations do not. As such, CBPAR methods afford researchers opportunities for learning that are otherwise lost.

Our study highlighted the knowledge around the worries of West African im/migrants and gave us the opportunity to introduce to the family science field the im/migrants’ pain as well as their perception of the unjust treatment they experience in the United States. Local expertise, which embodies a wealth of wisdom, is now understood as a model for healthy dealings with different cultures and as a myriad of sources to be tapped into in order to expand new perspectives and understanding about human relations (Ruiping, Stone, Hoffman, & Klappa, 2016). Our findings revealed difficulties on the American side in approaching and acknowledging local expertise/knowledge of West African im/migrants; this is reflected in the ways in which West African im/migrant family issues are framed and described. Nonetheless, relying on this local expertise is the only way to know what is going on in these communities and
what the potential solutions to their challenges might be. The findings of this study also demonstrated that participating in a collaborative research task as co-researchers, rather than subjects, positively influence the members of the West African im/migrant population to express, name, voice, and claim their community challenges. Therefore, the field of family science and human development can gain fuller understanding of West African im/migrant families when family scholars familiarize themselves with these new im/migrants and engage them to dialogue among themselves along with academic scholars. The groundbreaking findings of our study exemplify the utility of local knowledge and confirm Herr and Anderson’s (2015) participatory action research as a positive model of engaging communities into research.

Related to the concerns of FGM, the finding that these im/migrants are fearful of American culture and do not feel at home in their place of residence is an additional area of concern that this field can tap into. In light of the heartbreaking feelings of perceived ill-treatment expressed by West African im/migrant parents, it is imperative for the family science field to take a lead in exploring these families’ life conditions, challenges, and interaction with the host society. Furthermore, it is necessary to understand that however these im/migrant families may be different in their familial structures, beliefs, and worldview, they are undeniably part of the American social fabric.

Our findings revealed that when West African im/migrants feel devalued in the United States, they fold back on themselves while attempting to shield their families against the “culprit” American culture. In concurrence with Palmer et al., (2010), our findings call for better human relations, moving beyond the Western gaze on exotic
beings to create a harmonious society which reflects a holistic understanding of each other. The bottom line is assisting West African im/migrants to feel at home and have a space within the American culture so that these families neither feel the pressure to excise their daughters nor remain stuck between their home and host cultures. Beginning to address this fear would be a crucial step toward assisting families whose needs are not currently being fully met by the field.

The shadowed lives and buried experiences of West African im/migrants (Kamya, 1997) can be brought to the forefront such that the family science field can engage them in a holistic way linking participatory research, practice, policy, and theory. It is imperative for family scientists to explore all areas of West African im/migrants’ family dynamics, issues, met and unmet needs, and resource opportunities necessary to propel these families to new levels of understandings within today’s socio-cultural and economic climate. This newly generated knowledge can be utilized to broaden family science literature and provide growing empirical support for understanding West African im/migrants’ worldviews along with intervention models and programs that target FGM within West African im/migrant communities.

At the same time, these populations often live in enclaves; for example, they do not always participate or feel welcome in politics, host-community activities, school events, etc. CBPAR can help these otherwise marginalized and excluded individuals and groups to feel invested in the broader community, which in turn can help them to feel more at home in the host country because they are more active shapers and participants in the broader community. This increased involvement, participation, and belonging may
help to reduce the fear of the broader community that promotes practices like FGM. If the American society’s wish for West African im/migrants is to see them integrate and ultimately assimilate some parts of U.S. culture, we then need to consider carefully their living conditions and their perceptions, both positive and negative, of the American gaze. Family science scholars can use this knowledge to improve West African im/migrants’ social relations and social conditions within the larger American society. Family scientists should clearly identify West African immigrants’ sources of anxiety and frustration within the United States in addition to tracing potential linkages with continental African social demands. In doing so, not only will they be adhering to participatory action research principles by listening to the community, learning from local experts, respecting their contributions, but they will also be giving back power and credit to members of the community (Horowitz, Robinson & Seifer, 2009; Minkler & Wallerstein, 2003). Meaningful collaboration with West African im/migrant communities can have significant impact on West African im/migrant feelings of not belonging to American society. Although several studies have found negative aspects of assimilation for im/migrant adolescents (Gilbert, 2004), our findings support a desirable outcome in which these im/migrants can integrate in high levels of society. As a result, they may embrace the belief that they can belong to the American society without sacrificing who they are.

Implications for professional practice and practitioners. In this category, I consider the implications for all stakeholders (social workers, educators, non-profit workers, etc.) who have an interest in these West African im/migrants and issues related
to FGM. Though there are many potential implications for their work, these professionals must take into account the key aspects of the West African worldview—intent to return to their home countries, hopes and concerns for their daughters—so that external efforts have a greater likelihood of success and benefit. It has also come to light that the FGM decision is made when parents believe that their cultural, religious, sexual norms, and marriageability are the key that unlocks social integration into the home society and culture. Various interventions to address FGM have been attempted, yet none have succeeded its eradication. Quite to the contrary, the practice has increased alarmingly (UNICEF, 2015). After thoughtful consideration and brainstorming with the inquiry group, this study suggests that, and this is an absolutely necessary condition, every intervention should consider first and foremost the factors laid out by the community that highly influence the decision to excise daughters. Mobility and daughters’ future in concurrence with cultural, religious, sexual, and social tradeoffs must be accounted for.

Considering these worldviews is necessary when planning or implementing any potential interventions. These are the crucial considerations that influence FGM decision making, as voiced by members of the West African community, and they must be considered when designing interventions for that community. These worldviews can help professional practitioners tailor their approaches and interventions to the sources of hope and concern that parents express in relation to FGM and can be used to help develop less-harmful alternatives and safeguards that will make FGM unnecessary. Doing this work from perspectives that do not take into account West African worldviews only serves to reinforce the necessity of these practices within im/migrant communities, as it seemingly
reiterates that the broader host culture does not understand or acknowledge West African identities and considerations, and that the host culture poses a threat to the community.

One implication of this research for practitioners is to tailor interventions for West African im/migrant parents who are situated within the phase of contemplating FGM for their daughters. Providing workshops, programs, and even courses can inform the communities of the latest findings on FGM decision-making while encouraging community members to re-examine their approach to FGM and act accordingly to tackle the underlying challenges of Americanization (in the United States) and re/integration (in the countries of origin). Although there are limited intervention programs that deal with FGM families within these communities (WHO, 2008); thus far, and to the best of our knowledge, there is no groundwork that factored in the parental FGM decision-making based on their intent to return to their home country and their concern for their daughters’ integration into their home society. Although our findings make existing FGM interventions obsolete, to the benefit of professionals, these findings give practitioners a new opportunity to deal with family issues within their area of expertise.

Any future interventions will have to confront the connection between religion and FGM and (1) disconnect the association and (2) question the authenticity and the interpretation of the Sunnah and hadith cited to support the practice. Failure to account for these arguments can result in the continuation of FGM on questionable premises. Additionally, in order to understand how FGM is encouraged among West African im/migrant communities, one must refer to the relationship between West African im/migrants and their religious leaders. It is important to explore the role these religious
leaders bear and how they influence socio-cultural values and shape FGM social behavior. FGM must be thought about in a holistic framing that allows for a fuller understanding of the buy-in by both men and women.

**Implications for policy.** Two laws are central to considerations of FGM: the 1996 Illegal Immigrant Reform Act, which forbade parents to excise their daughters younger than 18 years of age; and the 2013 Vacation Cutting Act that was intended to close a loophole in the 1996 legislation that encouraged parents to circumvent the law by sending their children away to undergo FGM. Through this research, we now know that West African im/migrants’ decisions to excise their daughters or have them excised comes through the combined consideration of their own mobility and their daughters’ futures. We also know that legal consequences are not a motivating consideration or concern for these parents. Consequently, policymakers must come together with these communities to address the underlying and motivating factors that push parents toward the belief in the necessity of FGM, rather than the continued criminalization of the practice itself.

As demonstrated by this study, FGM policies drove the practice underground, making it harder to either address or eradicate the practice. If policy-making is to contribute to the eradication of FGM, it must take a different stance toward parents than the current criminalizing approach. Future FGM policies must work toward the incorporation of community and religious leaders, the education and support of families, and the safeguarding of these communities across the United States so that they feel their daughters are safe even if they do not undergo FGM. Addressing these broader concerns,
rather than the symptom of FGM, is how policy can help to support the eradication of this practice.

Moreover, policy must acknowledge the identities of African im/migrants as distinct members of U.S. society. Presently, Africans exist as a “ghost population” buried under the labels of Black or African American—labels that do not fit these populations and that these populations reject. By providing recognition of these individuals as meaningful members of the broader U.S. culture and population while retaining their African identities would help to reduce the perceived need for other defining identity markers, like FGM, that clearly mark individuals as distinctly and unmistakably West African.

**Future Research**

One of the most critical areas for further research based on this study’s findings is the necessity to address the gaps in the literature pertaining to West African im/migrant daughters. Future studies should make every effort to advance the prevailing limitations on FGM literature in the context of migration to the betterment of both the family science and human development field and our understanding of West African im/migrant daughters’ intentions vis-à-vis their own futures. This study’s data-gathering did not include the daughters even though the primary concern revolves around them. This is an area in need of examination in order to find out whether daughters’ intentions match that of their parents’ in terms of returning to their parents’ native countries. It is crucial to ask questions such as: Will daughters go back to their parents’ home country? Do they or will they feel connected to their parents’ culture? Will they abide by their parents’ traditional
demands? Do they want to marry an African man and live within African societies?
Investigating these areas will surely enlighten West African immigrants while they are
trying to consider re/integration and tradeoffs. Understanding daughters’ positions’ vis-à-
vis FGM and their intent or not to integrate their parents’ home countries can help parents
calm their worries and allow them to make an informed decision for their daughters’
futures.

Further studies should focus on investigating the migrant status of West African
im/migrants. The inquiry group was perplexed by these migrants’ attempt to fulfil their
wish to return to their native countries. Hence, it is important to determine if West
African im/migrants are achieving this goal. The understanding of West African
im/migrant life and all that it entails will be useful for further research. For instance,
future research is needed to discover whether the mobility concept is a vague notion that
is unlikely to happen in the far future, or an actively pursued goal. Such investigations
might allow parents who are less likely to return to Africa to make conscious decisions to
not excise their daughters. Further research could also examine West African
im/migrants’ participatory barriers in their communities and within the larger American
society.

Previous studies implied that parents from collectivistic cultural backgrounds tend
to apply more authoritarian parenting practices, compared with parents from
individualistic cultural backgrounds (Rudy & Grusec, 2006; Triandis, 1988, 1995),
however, under the contemporary social, economic, and cultural context, it would be
interesting to explore how West African im/migrant parents can reach traditional
socialization goals (e.g., obedience, safeguarding virginity, fidelity, loyalty, and alignment to collectivistic ideals) without having their daughters give up part of their societal upbringing within the American culture along their current social and economic context. Further, cross-cultural comparison of parenting attitudes from different African ethnic im/migrant families in the United States—which has not yet been the focus of research--will greatly enhance our understanding of African im/migrant families and spur the development of best practices. All this has implication for our understanding of West African im/migrant family behavior and decision-making.

Part of the FGM goal is to maintain patriarchy. This understanding has to be taken into consideration in future interventions. Since we understand FGM as a patriarchal undertaking, those privileged by it, i.e., men, are not likely to question their privilege. Consequently, for future research, we may wonder about young men of the West African im/migrant community and whether they adhere to continued patriarchy and thereby, uphold the maintenance of FGM.

This study, built on the experiences of West African im/migrants, shed light on various areas of importance that could provide vital data for fuller understanding of these migrants and their living arrangements and how these affect their residency in the United States. The aftermath of colonization and neo-colonization was a dynamic factor frequently alluded to during this study, highlighting the ways in which Americans perceive West African im/migrants and how this in turn affect their interaction with Americans and U.S. culture, along with the related decisions they make about their daughters’ futures. This allusion to the power imbalance between Africans and
Americans indicates the importance of research in this particular area to address West African im/migrants’ *second-class status* within a country that supposedly promotes human rights. Investigating West African im/migrants’ trials and tribulations in the United States can expand our understanding of the reasons why they do not feel America is *home* and can also explain their firm intent to return to their native lands. Researchers concerned with the empowerment of West African im/migrants would greatly benefit from this perspective.
REFERENCES


Ahmadu, F. (2000). Rites and wrongs: An insider/outsider reflects on power and excision in female “circumcision.” In B. Shell-Duncan and Y. Hernlund (Eds.), *Africa:...*


doi:10.1080/10646175.2016.1206047


Census Bureau (US). 2012 American Community Survey 1-year estimates. Retrieved from:

http://www.census.gov/acs/www/data_documentation/2012_release


Retrieved from


Maxwell, J.A. (2013). *Qualitative research design: An interactive approach*. 


http://www.prb.org/pdf17/FGMC%20Poster%202017.pdf


Senegal Demographic Health Survey (2005). Retrieve from website http://ghdx.healthmetricsandevaluation.org/geography/senegal
Senegalese Demographic Health Survey (2010-2012). Retrieve from website

http://ghdx.healthmetricsandevaluation.org/geography/senegal


doi:10.1016/j.socscimed.2011.07.022


UNICEF. (2016). UNICEF’s data work on FGM/C. Retrieved from UNICEF website:


UNICEF. (2010). *The dynamics of social change: Towards the abandonment of female genital mutilation/cutting in Five African Countries*. Retrieved from UNICEF Innocenti Research Centre:


http://www.unicef.org/pon96/womfgm.htm


USAID (2004). *Congressional brief on female genital cutting: Marking the first anniversary of zero tolerance: Has zero tolerance translated to zero cutting?* Retrieved from USAID website:
http://www.usaid.gov/gsearch/female%20genital%20cutting%20fgc


APPENDICES

Appendix A

*Diversity through Western African countries of origin.* West Africa is the part of Africa that is located from the Western side of the region starting from the Atlantic Ocean and going inland toward the center of Africa. Additionally, most of the West African countries are situated below the Sahara Desert going downward toward the equator. Among the official 18 West African countries, 8 of them were represented in our FGM study and below is the list.

1. **Benin**:
   b. Population: 9.05 million
   c. Language spoken: French is the official language and other national languages
   d. FGM Country Prevalence: 12% (PRB, 2017)

2. **Ivory Coast**
   a. Official country name: The Republic of Ivory Coast
   b. Population: 18,013,400 million
   c. Language spoken: French is the official language and other national languages
   d. FGM Country Prevalence: 38.2% (PRB, 2017)

3. **Gambia**
   a. Official country name: The Gambia
b. Population: 1.7 million
c. Language spoken: English is the official language and other national languages
d. FGM Country Prevalence: 75.9% (PRB, 2017)

4. **Ghana** (The first African nation to obtain independence from colonial power)
   b. Population: 24 million
   c. Language spoken: English is the official language and other national languages
   d. FGM Country Prevalence: 6.4% (PRB, 2017)

5. **Liberia**
   b. Population: 3.7 million
   c. Language spoken: English is the official language and other national languages
   d. FGM Country Prevalence: 66% (PRB, 2017)

6. **Mali**
   b. Population: 14.5 million
   c. Language spoken: French is the official language and other national languages
   d. FGM Country Prevalence: 92.1% (PRB, 2017)
7. **Nigeria** (a federal cluster of 36 states)
   b. Population: 150 million
   c. Language spoken: English is the official language and other national and vernacular languages
   d. FGM Country Prevalence: 35.8% (PRB, 2017)

8. **Senegal**
   b. Population: 15 million
   c. Language spoken: French is the official language and other national languages
   d.
   e. FGM Country Prevalence: 25.7% (PRB, 2017)

Additionally, among the experts, activists, or resource team members were from few countries out of the West African boundaries. These valuable members are from countries such as Rwanda, Guyana, and the United States.
Figure 2: Prevalence of FGM in West Africa (UNICEF, 2012)
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