ATTITUDES AND PERCEPTIONS OF FEMALE CIRCUMCISION AMONG AFRICAN IMMIGRANT WOMEN IN THE UNITED STATES: A CULTURAL AND LEGAL DILEMMA

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ATTITUDES AND PERCEPTIONS OF FEMALE CIRCUMCISION AMONG AFRICAN IMMIGRANT WOMEN IN THE UNITED STATES:
A CULTURAL AND LEGAL DILEMMA

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ABSTRACT

One of the first Female circumcision (FC) cases to be prosecuted in the U.S. occurred in Atlanta, GA in 2006. In this case an Ethiopian man was sentenced to 10 years in prison for circumcising his infant daughter. This case illustrates some of the cultural and legal dilemmas immigrants can encounter who reside in the U.S. where FC is outlawed. That is, immigrants must choose between complying with their cultural practice of FC or the anti-female circumcision laws, where either choice could have equally unfavorable outcomes.

This dissertation employed the case study approach to describe immigrant women’s perceptions and attitudes, about FC as well as their awareness and knowledge about policies that outlaw this practice. The major research question posed for this dissertation is: Do African immigrant women currently living in the U.S., who come from communities that practice FC, encounter cultural and legal dilemmas? Interviews were conducted with nine female participants who currently reside in the U.S. Most of the participants reported that they were against the practice of FC. Majority of the participants were aware of and experienced some of the physical and psychological problems associated with this practice. All of the participants were aware policies in the U.S. exist that outlaw FC. However, none of them could identify specifics about these regulations or punishments related to the policies. Some of the participants believed that
policies in the U.S. that outlaw FC were ineffective because they were poorly enforced or not enforced at all while some of the participants felt that knowledge about specific laws may deter African immigrants from practicing FC in the U.S. A large proportion of the participants indicated that FC was a culturally endorsed practice that occurs in the U.S. where it has been outlawed. The participants experience different types of cultural and legal dilemmas related to FC while residing here in the U.S.
DEDICATION

To my Parents, Titus Kamau Githiora and Elizabeth Wanjirũ Kamau
and my Sisters Louise Wambūi and Linda Nyambura,

_Thaai thathayai Ngai thaai._
ACKNOWLEDGEMENTS

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I also wish to thank Dr. Sandra Spickard-Prettyman who provided valuable recommendations and insight into my dissertation, Mrs. Ellen Wingate who tirelessly edited my dissertation, and Elijah Agyapong for assisting in finding additional relevant materials that added value to my dissertation. I express gratitude to all my professors at The University of Akron who offered me the academic opportunity to pursue and excel in this endeavor. I also wish to thank my friends for their continued support and understanding in this undertaking.

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who embody wisdom, tenacity, hard work, strength and faith having sacrificed to give me the opportunity to pursue my goals. To my mother who taught me the meaning of unyielding strength, endurance, compassion, the importance of diplomacy, and who also introduced me to female circumcision as a human rights and women and girls rights issue while continuing to offer wonderful insight by openly and freely discussing these issues with me, to my father who always encouraged a steadfast spirit and to my two sisters Wambūi and Nyambura for your countless visits and dialogues always encouraging and supporting me in this journey.

May you all be blessed.
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CHAPTER I
INTRODUCTION

Statement of the Problem and Purpose of the Study

On March 10, 2010, a 35-year-old mother was arrested and charged with the surgical removal of her infant daughter’s clitoris (FGMnetwork.org, 2010). Female circumcision\(^1\) (FC) was outlawed in Georgia in 1995 (General Assembly of Georgia, 2005). One of the first FC cases prosecuted in the U.S. occurred in Atlanta, Georgia in 2006. In this case, an Ethiopian man was sentenced to 10 years in prison for circumcising his infant daughter with a pair of scissors (FGMnetwork.org, 2010). The intersection of the cultural practice of FC and anti-female circumcision laws in the U.S. creates a dilemma for immigrants who reside in the U.S. but come from communities that practice FC, as illustrated by these two cases. Immigrants must choose between complying with their cultural practice of FC or the anti-female circumcision laws; where either choice can have equally unfavorable outcomes. On the one hand, immigrants can be imprisoned for violating anti-FC laws. On the other hand, immigrants can comply with anti-FC policies and be shunned and ostracized by their families and communities.

\(^1\) Female circumcision, also know as female genital mutilation, female genital cutting, or female cutting is a term used to describe a cultural practice that involves cutting the female genitals (Toubia 1999).
This dissertation will be one of the first studies to explore the cultural and legal dilemmas immigrants who practice FC face when they reside in countries that have enacted anti-FC laws. No study has explored the attitudes and perceptions of immigrants about their cultural practice of FC and policies that outlaw it. The purpose of this study is twofold: (1) to gain an understanding of African immigrant women’s attitudes and perceptions about the practice of FC and (2) to gain an understanding about how African immigrant women’s culture influences compliance with policies that outlaw FC. The major research question posed for this dissertation is: Do African immigrant women, living in the U.S., who come from communities that practice FC encounter cultural and legal dilemmas?

Cultural and Legal Dilemma

Numerous immigrants, who come from countries that practice FC, have relocated to countries that have outlawed this practice for various reasons, including pursuing education, improving economic conditions, as well as escaping political strife. Between 1992 and 2005, 64,439 persons born in Somalia were admitted as refugees to the United States where FC has been outlawed (U.S. Census Bureau, 2000). Somalia is one of the countries where a high percentage of women are circumcised. Generally speaking, some Muslim communities support the continuation of FC as being an Islamic recommendation or obligation (Budiharsana, Amaliah, Utomo, & Erwinia, 2003). As foreign nationals from countries that practice FC immigrate to countries that have outlawed FC such as the U.S., many of these immigrants hold onto their customs and beliefs and continue their
cultural practices. Despite the adoption of policies that outlaw FC, the practice persists among some immigrants who may encounter cultural and legal dilemmas.

**Prevalence of FC**

Most FC occurs in Africa, Asia (particularly Malaysia, Indonesia, India, and Sri Lanka), the Middle East, as well as Central and South America (Burstyn, 1995; www.unifem.org, 2009). Toubia (1999) found that FC is more common among certain ethnic groups than others. For instance, the highest occurrence of FC in Kenya is found among the Somali (97%), Kisii (96%), and Maasai (94%).

The Population Council (2005) in Indonesia found that most females under 19 years of age were circumcised, while Burstyn (1995) found that in some communities, girls are circumcised as early as two weeks after birth. In Somalia, Egypt, Guinea, Sierra Leone, Mali, and Sudan 90% or more of females between the ages of 15 and 49 years old have been circumcised (see Table 1). Table 1 shows the various percentages of circumcised females between the ages of 15 and 49 years old in different African countries. The percentage of circumcised females ranged from 0.6 in Uganda to 97.9 in Somalia (see Table 1). The World Health Organization (WHO, 2006) and United Nations Population Fund (UNFPA, 2006) noted that in Kenya 25% of women aged 20 to 24 and 20% of women aged 15 to 19 have undergone FC.

**Physical and Psychological Problems Associated With FC**

A paucity of research has been done on the psychological problems and behavioral changes associated with FC (see Appendix E for Types of FC). This is particularly disturbing since the WHO (2000) estimates that between 100 and 140 million
girls and women suffer from some form of both physical and psychological effects related to FC (WHO, 2005). Some of the physical problems associated with FC that have been documented include: Tetanus, Hepatitis B, urinary tract infections, fever, hemorrhaging, urine retention, shock and damage to the genital organs, difficult labor, and severe tears of the vaginal opening during childbirth. All of these problems are very common among circumcised women since most procedures are carried out in extremely unhygienic conditions with crude instruments such as knives, razor blades, and sharp stones (Islam & Uddin, 2001; Rainbow Organization, 1996; Save the Children-Canada, 1997). The EngenderHealth/ The ACQUIRE Project (2006) discovered that additional physical problems include dysmenorrheal (pain during menstruation) and dyspareunia (pain during sexual intercourse). For example, they found that after marriage the homes where some Somali couples move to for their wedding night are far from villages so that others cannot hear the woman’s screams upon penetration.

Table 1
Percentage of Circumcised Females Between Ages 15 and 49 Years Old by African Country and Year

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Percentage of Girls and Women Aged 15-49 Years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>2001</td>
<td>16.8</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>2005</td>
<td>72.5</td>
</tr>
<tr>
<td>Cameroon</td>
<td>2004</td>
<td>1.4</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>2005</td>
<td>25.7</td>
</tr>
<tr>
<td>Chad</td>
<td>2004</td>
<td>44.9</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>2005</td>
<td>41.7</td>
</tr>
<tr>
<td>Djibouti</td>
<td>2006</td>
<td>93.1</td>
</tr>
<tr>
<td>Egypt</td>
<td>2005</td>
<td>95.8</td>
</tr>
<tr>
<td>Eritrea</td>
<td>2002</td>
<td>88.7</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2005</td>
<td>74.3</td>
</tr>
<tr>
<td>Gambia</td>
<td>2005</td>
<td>78.3</td>
</tr>
<tr>
<td>Ghana</td>
<td>2005</td>
<td>3.8</td>
</tr>
<tr>
<td>Guinea</td>
<td>2005</td>
<td>95.6</td>
</tr>
</tbody>
</table>
Table 1
Percentage of Circumcised Females Between Ages 15 and 49 Years Old by African Country and Year (continued)

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Percentage of Girls and Women Aged 15-49 Years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea-Bissau</td>
<td>2005</td>
<td>44.5</td>
</tr>
<tr>
<td>Kenya</td>
<td>2003</td>
<td>32.2</td>
</tr>
<tr>
<td>Liberia *</td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>Mali</td>
<td>2001</td>
<td>91.6</td>
</tr>
<tr>
<td>Mauritania</td>
<td>2001</td>
<td>71.3</td>
</tr>
<tr>
<td>Niger</td>
<td>2006</td>
<td>2.2</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2003</td>
<td>19</td>
</tr>
<tr>
<td>Senegal</td>
<td>2005</td>
<td>28.2</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>2005</td>
<td>94</td>
</tr>
<tr>
<td>Somalia</td>
<td>2005</td>
<td>97.9</td>
</tr>
<tr>
<td>Sudan, northern (approximately 80% of total population in survey)</td>
<td>2000</td>
<td>90</td>
</tr>
<tr>
<td>Togo</td>
<td>2005</td>
<td>5.8</td>
</tr>
<tr>
<td>Uganda</td>
<td>2006</td>
<td>0.6</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>2004</td>
<td>14.6</td>
</tr>
</tbody>
</table>

Note. * The estimate is derived from a variety of local and sub-national studies (Yoder & Khan, 2007).

Long-term physical complications can include but are not limited to fistula, menstrual complications, vulvae abscesses, obstetric complications, chronic pelvic infection, low fertility, sterility, lack of sensation in the genitals, painful sexual intercourse, reduced elasticity of the vagina caused by scar tissue formed as a result of the FC practice, as well as the formation of keloids (Gachiri, 2000; Islam & Uddin, 2001; Kabir, Iliyasu, Abubakar, & Umar, 2003). Keloids are benign tumors on the dermis that are a result of trauma to the skin (Jones et al., 2006).

In addition to the physical problems noted above, psychological problems occur among some females that undergo FC (Program for Appropriate Technology in Health,
The psychological effects of FC vary from severe depression to anxiety and psychosomatic illnesses (Toubia, 1993). Other studies reported that many children exhibit behavioral changes such as depression, anxiety, and insomnia after FC has been performed. This is likely due to the experience itself, which is traumatic as the girls are physically held down while the procedure is performed (Chalmers & Hashi, 2000; Talle, 2007). The psychosocial impact of FC is evident in women with fistula2. Women suffering from fistula tend to isolate themselves and refrain from attending public celebrations or functions due to the continuous leakage of urine and feces into the vagina, creating feelings of shame and trauma as the smell is offensive and difficult to ignore (Bangser, 2006; Kelly, 1995; Muleta & Williams, 1999; Women Dignity Project & Engender Health, 2006). The physical and psychological effects are compounded when some women that have been circumcised are repeatedly cut open and sown closed again each time the husband has sexual intercourse with their circumcised wives (UNFPA, 2006).

**Organization of the Dissertation**

In the remaining chapters of this dissertation, I explore the experiences of African immigrant women in order to gain a better understanding about how the cultural practice of FC may conflict with laws. Specifically, in Chapter II I reviewed the literature about the history of FC, the relationship between FC and culture, the Feminist discourse as it relates to FC, the relationship between different types of authority and FC, some of the factors that facilitate and impede the practice of FC, enactment and enforcement of

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2 Fistula is a hole between the woman’s birth passage and one or more of her internal organs (WHO, 2008).
policies that outlaw FC, and factors that influence compliance with these policies. I
describe the research design, sampling technique, and data collection and analysis that I
employed for this study in Chapter III. Chapter IV provides an analysis of the results as
well as a description of the limitations of this study. In Chapter V, I summarize the
findings, describe the contributions that this dissertation makes to the field, discuss
implications for scholars and practitioners and areas that require future research.
CHAPTER II
LITERATURE REVIEW

Few, if any, studies have examined factors that influence compliance with policies that criminalize the cultural practice of FC among immigrants who come from practicing communities who migrate to countries that outlaw this practice. This chapter is divided into two major sections, including: History, Culture, and other factors associated with FC as well as legal components associated with FC. Specifically, I will examine the history of FC, FC and culture, FC and feminist discourse, FC and different types of authority, factors that facilitate the prevalence of FC, factors that impede the practice of FC, enactment and enforcement of laws against the practice of FC and factors that influence compliance with policies that outlaw FC.

History, Culture, and Other Factors Associated With FC

Cultural practices have created meaningful experiences for societies throughout the world and provide a cultural identity. Female circumcision (FC)\(^1\) has been practiced throughout history around the world\(^2\). It is estimated that more than 300 million girls are circumcised every year (WHO, 2006).

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\(^1\) Female circumcision, also known as female genital mutilation, female genital cutting, or female cutting is a “collective name given to cultural practices that involve the cutting of female genitals” (Toubia, 1999).

\(^2\) For cultural sensitivity purposes, in this study, this practice will be referred to as female circumcision (FC) in place of female genital mutilation, unless it is a direct quote.
History of FC

Toubia (1999) noted that preserving cultural identity is especially vital for groups that have faced colonialism and immigrants who are threatened by a dominant culture. In many communities where FC is practiced, gender inequality is deeply rooted within the societal structure. Historically, female sexuality has provoked controversy and debates worldwide. FC reflects one of the many ways that societies have attempted to control female sexuality. For instance, the widows of deceased Pharaohs were buried alive to ensure that they did not have any sexual relations with other men (Cloudsley, 1983). In ancient Rome female slaves had rings put through their labia majora to prevent them from getting pregnant. Chastity belts were used for women in 12th-century Europe to ensure women’s virtue, fidelity and prevent rape (Cloudsley, 1983).

Various cultural practices have been employed to control female sexuality, including FC, Chinese footbinding, and Sati to name just a few. For instance, the practice of Chinese foot binding was used to ensure chastity and fidelity among females. Footbinding originated during the T’ang Dynasty, 619-906 A.D. (Llewellyn, 1966). The bindings were applied when a child was 6 to 8 years old and was a sign of high social status. The wealthier the family, the less work the girl needed to do and therefore her feet could be bound as small as two inches in length (Mackie, 1996). This process of binding involved bending the four smaller toes underneath the foot and successively tightening the bindings until the toes were broken and finally atrophied. Blake (1994) noted that footbinding conferred great benefits on a girls’ family and her marriage prospects significantly increased. Schelling (1960) argues that this practice was viewed

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3 The average size of bound feet was four inches. Two inches was much smaller.
as a self-enforcing convention that was defended and transmitted by women at a time when urbanization, bureaucracy, and agriculture were expanding. This practice lasted for 1,000 years. The physical health problems associated with footbinding which could compromise a girl’s physical well-being were often overshadowed by the need to conform with society; these problems included: ulcers, paralysis, gangrene, and mortification of the lower limbs; which would socially isolate girls and women suffering from these conditions (Drucker, 1981). Mackie (1996) notes that footbinding started ending between the Boxer Rebellion of 1900 and the Revolution of 1911 when opposition towards the custom had increased especially among the upper society members in larger cities (Gamble, 1943). Likewise, it can be argued, that FC is also self-enforcing, as it is supported and perpetuated by women due to the patriarchal nature of the society and the “context and parameters of women’s sexuality” (Rahman & Toubia, 2000, p. 5).

Similarly, the Hindu practice of Suttee/Sati was a form of controlling female sexuality where a widow would be burned alive on her dead husband’s funeral pyre (Huber, 1986). Narasimhan (1990) notes the wife’s death prevented her from having sex with other men after her husband died. Sometimes the widows did this willingly while

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4 The definition of self-enforcing in this context is a practice that has the capability of enforcement within itself and regulates itself.

5 Peasants largely led the Boxer Rebellion from North China whose aim was to push Western foreigners out of China and with foreign intervention the Boxers were defeated, at this time the Empress Dowager Cixi issued an unsuccessful edict against footbinding, which led to the 1911 Revolution where footbinding was outlawed. The Revolution of 1911 was led by Sun Yat-Sen a Westernized revolutionary who pushed for a democratic revolution aimed at expelling the foreign Manchu Dynasty and set up a democratic Chinese Republic, during this time footbinding was outlawed.

6 Sati is said to have began in the 6th Century A.D.
others had to be tied down. Several reasons were given for this practice including a widow’s sin in her previous life had caused her husband to die first; it was an honorable way to die, and it elevated the widow to becoming a goddess. The wife’s death gave the husband’s relatives undisputed influence over the children as well as rights to the estate. The British found this practice to be appalling, which led to the passing of the 1829 Sati Abolition Law\(^7\) (Narasimhan, 1990).

These practices served to control women in ways that were harmful physically and psychologically. At this point, all of these practices have been outlawed and are relatively rare. In contrast, FC is still very common today.

**FC and Culture**

Culture is often used as a reason and defense for the perpetuation of the practice of FC that is required of women and girls (Waldner-Ferrero, 2006). Culture has been defined in numerous ways. Soyinka (1999) defines culture as

\[
. . . \text{a matrix of infinite possibilities and choices. From within the same cultural matrix, we can extract arguments and strategies for the degradation and ennoblement of our species, for its enslavement or liberation, for the suppression of its productive potential or its enchantment. (p. 1)}
\]

Gachiri (2000) defines cultures as being “a learned way of behaving, a response to our innate need for meaning of life, security, identity and a sense of belonging” (p. 3). She notes that cultures have repeated symbolized behaviors tied to a fundamental understanding of the purpose of our existence. These repeated symbolic behaviors are called rituals and the explanatory verbalizations are called myths. A myth provides a

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\(^7\) Sati was abolished in 1829 by the British colonial government of India and deemed illegal and punishable by criminal courts. The Indian Penal Code 1988 declares Sati a criminal offense punishable by one year imprisonment and/ or fines up to mandatory life sentence, fines and/ or death (The Commission of Sati Prevention Act 1987 No. 3 of 1988).
way of comprehending phenomena outside ordinary experience and a ritual offers a way of participating in it.

There are various descriptions such as “embedded” and “entrenched” used to reflect the cultural ties to this practice (Boddy, 1982; Morris, 1996). Studies on this issue described girls as being “prisoners of ritual” (Lightfoot-Klein, 1989, this is the title of Lightfoot-Klein’s article) who are simply “victims of outdated customs, attitudes, and male prejudice” (Dualeh, 1982 & Fara-Warsame, p. 261). Bettelheim (1955) maintains that this practice is a copy of men’s initiation and circumcision ceremony. Yet, it has also been argued that cutting off the clitoris is equivalent to cutting off much of the penis (Burstyn, 1995).

Hosken (1994) found that practicing communities circumcise girls at young ages in order to avoid resistance from the children because as they get older and form their own opinions, they may choose not to practice FC. The element of choice for girls to accept or reject FC is removed and is culturally endorsed as being desirable for girls who wish to marry honorably as that is deemed their role in society; that is, to be groomed into obedient, submissive wives, and mothers. Many women in these societies are disempowered and do not receive the same educational opportunities as their male counterparts (Hosken, 1993). Therefore, they lack skills necessary for obtaining employment and, thus, become completely dependent upon men as providers for the homestead (Hosken, 1993).

FC also serves as a rite of passage from childhood to adulthood and occurs during early adulthood. Visandjee, Kantiebo, Levine, and N'Dejuru (2003) note that an uncircumcised female is not considered a woman. Circumcision bestows womanhood on
females where they will be recognized as a mature adult. The circumcised female moves from the “asexual world of childhood into the sex-segregated world of adulthood where the woman’s social role has already been set” (Van Gennep, 1960, p. 71).

**Origins of FC**

Some scholars believe that FC originated in the 5th century BC in Egypt and Ethiopia (Cloudsley, 1983). Mackie (1996) argues that these traditional practices are self-enforcing as with female footbinding in China, which ended in 1,000 years (Schelling, 1960). FC is also self-enforcing maintained by inter-dependence on marriage prospects for the female and imposing the imperial male’s exclusive sexual access to his female consorts. Ebrey (1990) noted that, as women’s status declined in the Sung Dynasty, an increase in concubines, female chastity, and a higher dowry among girls with bound feet increased. Likewise, Mackie, (1996) argued that FC began in the pharaonic times (1479-1425 BCE) and was used as a means of enforcing the imperial males’ exclusive sexual access to the females. FC gradually spread southwards and westwards starting out as infibulation (the most intrusive form of FC) and later became clitoridectomy (a less intrusive form). During the pre-Christian era, Greek papyrus mentioned girls in Egypt undergoing circumcision (Boyle, 2002). Agatharchides of Cnidus wrote about circumcision of girls among communities along the Western coast of the Red Sea as well (Boyle, 2002).

The societies that practice FC employ it for different reasons. FC was carried out in England and the U.S. as a “treatment for hysteria, masturbation, lesbianism, and female deviance” from the 1930s throughout the 1960s (Lightfoot-Klein, 1989, p. 27).
Arabs and Romans carried out this practice as a mark of high social ranking for some women and enslavement for other women (Lightfoot-Klein, 1991). Functionalists hold that FC is not about sex; it is about group membership, representing a rite of passage (Durkheim, 1912/1995; Van Gennep, 1960). That is, FC is seen as a coming-of-age practice serving as a rite of passage from girlhood into womanhood. UNICEF (2005b) found that in some societies where FC is practiced, it is an indicator that deep gender inequalities exist within these communities.

The Pharaonic belief about FC was supported by the idea of bi-sexuality of the gods that every mortal possessed both a male and female soul. The feminine part of the male was located in foreskin of the penis, while the male part of the female was located in the clitoris. It was believed that in order for the healthy development of the female soul the male soul had to be excised and vice versa for the male soul, which ensured that girls became women and boys became men (Meinardus, 1967). Similarly, in Egypt, the foreskin of the males’ penis is considered a female organ, while the clitoris in women is considered a male organ (Assaad, 1980). Consequently, a boy is considered female by virtue of his foreskin and a girl is considered male by virtue of her clitoris, hence the need for circumcision. Currently, many individuals who practice FC believe in the early mythology of bisexuality continue to stereotype “uncircumcised” girls as being more masculine (Assaad, 1980).

FC is usually endorsed by both males and females, often goes unquestioned, and any individual who deviates from the norm suffers the consequences of being ostracized, stigmatized, condemned, and harassed (Ahmadu, 2000; Behrendt & Moritz, 2005;
Hernlund, 2003; Johansen, 2007). For example, in one instance an uncircumcised woman noted:

> The people initially rejected the assistant chief of one of the research areas. They formulated many reasons why they did not want her and presented them to the authorities. When she made her own investigations some time later she found out that they were saying among themselves, ‘we cannot be ruled by an uncircumcised woman.’ (Gachiri, 2000)

Yet, those individuals who conform to the norm and accept the practice reap rewards, such as being eligible for an honorable marriage, increasing family honor, and receiving a higher dowry among other benefits (United Nations Children’s Fund-UNICEF, 2005a).

This is also one of the few times when a woman or girl is the center of attention in her community (Mabala & Kamazima, 1995).

Societal pressure makes it difficult for communities to abandon this practice. The decision-making process about whether or not to engage in FC occurs within the nuclear and extended family structure. The women in the family are charged with helping raise girls properly with the main objective being preparation for adulthood and marriage. These women place a lot of emphasis on virginity and fidelity within the marriage to the girls as they socialize and prepare them to get circumcised.

In some societies FC is viewed as a religious requirement, where some Christians, Jews, and Muslims practice FC. None of these religions’ holy texts endorse the practice of FC. More importantly, this practice actually pre-dates Christianity and Islam (United Nations Population Fund, 2008; WHO, 2006).
International debates regarding the elimination of FC are embedded in concepts of cultural relativism\(^8\) versus universalism\(^9\) (Thomasen, 2007). An extensive body of work that include numerous disciplines, including women’s studies, anthropology, international law, and international relations have partaken in this debate (Perry, 1997). Currently, there is consensus that FC violates human rights\(^10\), yet many scholars and other actors “recognize that cultural adaptation to eliminate FC and promote the integration of new practices and norms must be done in a way that does not compromise the cultural integrity of the people for whom this practice is a tradition” (Ibhawoh, 2000, p. 839). This dissertation agrees with the premise that FC is a violation of human rights and moves past the debate about cultural relativism versus universalism to focus on African immigrant women’s views about FC and their awareness and knowledge about policies that outlaw FC in the U.S.

Immigrants from countries that support the cultural practice of FC who settle in Western countries are also faced with a different country’s cultural beliefs about women’s status and roles in the new environment. This exposure can result in encouraging immigrants who practice FC to hold onto their cultural identity with zeal.

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8 The premise that practices specific to a culture cannot be properly judged by those outside that culture because they can only be interpreted in terms of one’s own beliefs and cultural understandings).

9 The premise that fundamental human rights apply equally to all human beings regardless of culture, race, religion, etc.)

10 UN Convention on the Rights of the Child (UNCRC), 1989, states the basic human rights of all children, these include: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Article 24 (3) “States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.” National governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community (UNCRC, 1989).
Other immigrants from practicing communities become uncertain as to whether or not they should continue the cultural practice of FC assimilate into the new environment.

**FC and Feminist Discourse**

Feminists believe that FC is rooted in controlling women’s sexuality and ensuring that they are clean, chaste, subservient, faithful, and virginal (Daly, 1978). They maintain that FC is a by-product of patriarchy and that women are not just circumcised, they are mutilated (Daly, 1978).

Huber (1986) states that gender differences in power and privilege continue to take for granted the fundamental reason for the practice of FC, which is the basic need to control women’s sexuality. The practice of FC was used as a means of maintaining family or clan honor by preserving the girls’ virginity in Egypt, Somalia, and Sudan. FC has also been used to reduce female sexual urges and to promote marital fidelity. Rahman and Toubia (2000) argue that sexuality is a socially constructed concept that varies depending on the community. Given that sexuality is socially constructed and FC is imposed as a requirement for girls and women to ensure that they can secure their family honor and become eligible for marriage, women’s control over their sexuality is effectively taken away from them since they do not get to decide if they truly wish to be circumcised or not.

**FC and Different Types of Authority**

Authority can help to perpetuate or eliminate the practice of FC. Traditional, charismatic, and legal-rational authority influences the practice of FC. Traditional authority is legitimated by the sanctity of tradition and the right to rule is passed down
based on cultural norms (Weber, 1958). This type of rule is irrational, does not make social changes, and does not evolve over time. Tradition and culture, thus, trump all other systems of order. Traditional authority does not facilitate social change and perpetuates the status quo. Consequently, it is presumed that traditional authority would help to perpetuate the practice of FC.

Charismatic authority is found in a leader whose mission inspires others. Weber (1958) viewed a charismatic leader as the head of a new social movement; that is, one instilled with divine or supernatural powers, such as a religious prophet. It is based upon the perceived extraordinary characteristics of an individual. He further notes that charismatic authority is ‘routinized’ when orders are traditionalized. He argued that charisma played a strong role in traditional authority systems. Under charismatic leadership, the practice of FC may or may not persist. The role of the charismatic leader is, therefore, integral in the persistence or discontinuation of FC depending on how the religious leader perceives the practice in relation to cultural and personal morality for girls and women as decreed by her/his religious beliefs.

Legal-rational authority is empowered by a formalistic belief in the content of the law (legal) or natural law (rationality). Obedience is given to a set of uniform principles and not an individual whether traditional or charismatic. For example, legal-rational authority can be found in the bureaucracy where people simply obey rules and policies. Milakovich and Gordon (2008) state that legal rational authority formed the springboard for bureaucracy and is not attached to an individual. Legal rational authority vests power in the office rather than to a person who occupies the office. This form of authority is commonly found in the modern state, city governments, private and public corporations.
and various voluntary associations (Weber, 1958, p. 3). Blau (1963) in his critical discussion on Weber’s theories of authority found that legal-rational authority is dynamic, rational, and impersonal unlike traditional authority, which is stable and charismatic authority, which is personal. For a particular authority to sustain itself, that authority system needs to retain its unique traits and reject the traits that make it more conducive to another type of authority. Legal-rational authority could eradicate the harmful effects of FC if policies are enacted and enforced that criminalize FC and the communities that practice FC comply with those policies.

Factors That Facilitate the Prevalence of FC

FC continues to persist as it has cultural significance to the communities that maintain this practice. Many factors contribute to continuance of the practice of FC. Communities that practice FC who immigrate outside of their country for various reasons including education, employment, as well as political strife within their homelands, will find ways to continue this cultural practice. As Burstyn (1995, p. 38) noted “families will transport a circumciser from the homeland to the United States because it's cheaper to import a circumciser than sending several girls abroad” in order to sustain this practice. The aim of FC in these communities is to limit the sexual desire and promiscuity among girls and women (Save the Children Canada, 1997). One of the major reasons most communities hold onto this practice is that FC encourages chastity before marriage, loyalty, as well as faithfulness during marriage. For example, among the Kikuyu of Kenya, Kenyatta (1938) found that FC is perceived as bringing prestige and honor to a girl and her family, which makes her eligible for marriage and raises the status of her
family in the eyes of society. The practice of FC is a prerequisite to marriage in these communities and even where women would choose not to be circumcised they submit to the practice to avoid being shunned by society and remain unmarried. Herein lies the cultural dilemma! Women in these communities view being ostracized by the community as unfortunate and traumatic. Hence, by submitting to the practice, the women are seen as restoring their dignity and obtaining respect from the community even though the women would rather not undergo circumcision (Visandjee et al., 2003, 118). That is, women who would otherwise not choose to be circumcised or have their daughter circumcised do so in order to be accepted by society and become eligible for marriage.

Case in point, Ahmadu (2000) reflected on her remigration from America back to Sierra Leone where she underwent FC willingly in order to avoid being ostracized by her community. Ahmadu (2000) argues that immigrant women, including those who may not support FC, are obliged to mutilate their daughters in order to prevent their daughters being the “odd one out” (p. 290).

Hygienic, health, religious, and mythical reasons have also been used to facilitate the practice of FC. Claims have been made that girls who do not undergo FC will be dirty and smell (Ahmadu, 2000; Johansen, 2007; Talle, 1993). Others argue that it makes childbirth easier and that women who have not been circumcised cannot have children (Gachiri, 2000). One myth asserts that the clitoris will harm the baby during childbirth or it will grow and dangle like a man’s penis, secreting poisonous substances that could kill a man upon penetration (Save the Children Canada, 1997). Another myth claims that there are supernatural powers that the women hold over the men through this practice legitimizing female authority especially among mothers and grandmothers (Ahmadu,
Lastly, religious obligation is another reason used to justify the practice of FC. Gachiri (2000) notes that some parents justified circumcising their daughters by recounting that, “it is good…it is like the circumcision of boys, even the Bible tells us to circumcise our children” (p. 31).

Families and practicing communities play a vital role in promoting the practice of FC. As one scholar noted below, circumcision was demanded by her extended family:

Everything your mother desires, especially the mother of your husband, plays an important role in the family. I can send my daughter home today and they’ll [circumcise] her. I don’t even have the right to send a letter to my in-laws saying to them not to [circumcise] her because I could be divorced for it. (Visandjee et al., 2003, p. 120)

Vissandjee et al. (2003, p. 121) also found that “Somali immigrant women in Ottawa who plan to return to their country of origin, once the political situation permits, generally maintain their values regarding excision and infibulation.”

UNFPA (2008) found that the medicalization of the practice of FC undermines efforts to eradicate this practice and its harmful effects. Medical professionals who agree to circumcise girls and women in hospitals further endorse the practice. It is imperative to call on medical professionals to uphold medical ethics and end any form of medicalization of FC. The continual practice of FC stems from the collective cultural and social pressures within immigrant communities.

Factors That Impede the Practice of FC

Various factors can help to eradicate the practice of FC. It appears that some second-generation immigrants are open to giving up the practice of FC when they move away from their country of origin. For example, Grassivaro-Gallo (1985) found that
younger women in Somalia and those with more formal schooling are more likely to favor the least severe forms of the practice or to favor no circumcision at all. Roosens (1989) asserts that cultural assimilation is easier for second-generation immigrants than it is for their parents. The second-generation immigrants might view themselves as straddling the previous world where they originated and the new environment. These second-generation immigrants might have a different view of traditional practices such as FC that may have no place or support in the new environment. A cultural dilemma may occur on several levels between the immigrants and their new environments’ values and laws as well as a clash between second-generation immigrant children’s and their parents’ views about the practice of FC. That is to say, on the one hand, the immigrant women might be shunned by their communities and families if they choose not to be circumcised. On the other hand, the women might be placed in prison for violating the anti-FC policies of the host country if they choose to get circumcised.

Immigrants also noted that being far from their country of origin could also affect the decision-making process about practicing FC where the parents’ decision overrides the societal or community decision (Vissandjee et al., 2003). For example, one mother stated: “here in Canada, it is the parents alone that decide!” (Vissandjee et al., 2003, p. 121). Another respondent indicated that “since you are outside [the country of origin], you decide” (Vissandjee et al., 2003, p. 121). This author also found that an overwhelming majority of immigrants felt the need to preserve their ethnic identity and continued to hold onto major cultural practices just as they did in their country of origin. “Most of the families who have girls and the means, money, and accessibility or the contact usually send their girls back to Africa and the girls are circumcised” (Vissandjee
et al., 2003, p. 120). In situations, where the parents are faced with deciding whether or not to send their daughters abroad for circumcision, the parents may or may not choose to have their daughters undergo FC.

**Legal Issues Associated With FC**

The international community has generally regarded FC as a violation of human rights. A number of African nations have also incorporated a number of human rights provisions into their constitutions and laws to criminalize the practice of FC. These include child protection laws in addition to national laws. Regional treaties such as the African Charter on Human and People’s Rights\(^{11}\), adopted in 1981 provide protection and contain safeguards against FC (WHO, 2005). Strong legal support against FC is also found in the Children’s Rights Convention 1989\(^{12}\) that focuses on the rights of women and girls (Rahman & Toubia, 2000).

**Enactment of Anti-FC Laws**

Recently, Western governments have been placed in situations where they are practically forced into advocating against FC to protect asylum seekers from being deported back to their countries of origin where they fear being forced to undergo this

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\(^{11}\) The African Charter on Human and People’s Rights pushes for the protection and promotion of women’s rights in Africa. It explicitly calls for the legal prohibition of female circumcision and sets forth a broad range of economic and social welfare rights for women.

\(^{12}\) UN Convention on the Rights of the Child (UNCRC), 1989, states the basic human rights of all children, these include: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Article 24(3) “States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.” National governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community (UNCRC, 1989).
practice (Dorkenoo & Elworthy, 1992; Hosken, 1994; WHO, 1998). The 1979 Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) was publicly endorsed by the international community for addressing equal rights for women in all fields (U.N. 1979). CEDAW “calls on governments to modify or abolish customs and practices that constitute discrimination against women or are based on the idea of female inferiority or stereotyped roles” (Toubia, 1995, p. 233). CEDAW determined that FC is a harmful practice to women’s and girls’ health. Furthermore, CEDAW recognized that there are cultural, traditional, and economic pressures that perpetuate the practice of FC. As of October 1, 2009, 186 countries have ratified the CEDAW Treaty. Some of the countries that have not yet ratified it include Somalia, Sudan, Iran, Nauru, Palau, Tonga, Holy See, and the United States (CEDAW, 2010). The U.S. State Department issued a press release on December 18 2009; marking the 30th anniversary of the UN’s Adoption of CEDAW, supporting its ratification by the U.S. a process that requires a two-thirds majority senate vote. Although the Obama administration has expressed its desire for ratifying this treaty, the greatest challenge will be in ensuring that CEDAW is placed on the Senate Foreign Relations Committee (SFRC) agenda, and that it is actually ratified by the Senate (CEDAW, 2010). The treaty may have some additional support as Senator Barbara Boxer who is a strong supporter and chairs the Foreign Relations Subcommittee on International Operations and Organizations, Human Rights, Democracy, and Global Women’s Issues, where the bill

13 The Holy See is the Episcopal jurisdiction of the Bishop of Rome who is the Pope of the Catholic Church. It represents the central government of the Catholic Church and is not the same as the Vatican City State. The Holy See has been recognized, both in state practice and in the writing of modern legal scholars, as a subject of public international law, with rights and duties analogous to those of States. It has the capacity to engage in diplomatic relations with 177 states and to enter into binding agreements with one, several, or many states under international laws that are largely geared towards establishing and preserving peace in the world (Araujo, R. and Lucal, J., 1979).
will be debated. Additional support comes from John Kerry the Democratic representative of Massachusetts and also the Senate Foreign Relations Committee (SFRC) Chair, who has indicated that he supports the bill. In 2002, the Senate Foreign Relations Committee (SFRC) voted to pass CEDAW, but Republican opposition stalled the treaty before the 107th Congress came to an end. In order for the U.S. to ratify CEDAW, the Senate Foreign Relations Committee (SFRC) must vote again in favor of sending it to the full Senate for ratification (Skibola, 2010). Ratifying the CEDAW treaty in the Obama administration will help with strengthening human rights efforts geared toward gender equality and serve as a tool for greater accountability, for example to document that FC laws in the U.S. are being enforced since FC is a human rights issue (Skibola & CEDAW, 2010).

Many countries have enacted formal policies that outlaw the practice of FC. France, Sweden, Switzerland, and United Kingdom were some of the forerunners that adopted policies in the early 1970s into the mid-1980s (Boyle, Songora, & Foss, 2001). Numerous African nations that practiced FC and some Western nations enacted anti-FC policies in the 1990s. The U.S., Egypt, and Tanzania were among the group of late adopters (Boyle et al., 2001).

Table 2 provides a list of countries specific to my study sample, which are Egypt, Kenya, Somalia and U.S. and the specific policies that have been enacted to outlaw FC. Yoder and Khan (2007) note that some countries have formal policies enacted against FC such as the U.S. while others have no laws against the practice of FC while others impose lenient punishment (imprisonment of 2 years or less) against those that practice it, including Belgium, Central African Republic, Chad, Democratic Republic of Congo,
Denmark, Egypt, France, Eritrea, Ethiopia, Mauritania, Niger, Sierra Leone, Somalia, Germany, Netherlands, Sudan and Uganda.

Table 2

Countries With Policies That Outlaw FC

<table>
<thead>
<tr>
<th>Country</th>
<th>FC Policies</th>
<th>Provisions and/or Penalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egypt</td>
<td>No specific provisions against FGM are in the Penal Code. Article 240 on “wounding” applies to FGM.</td>
<td>Article 236 covers unintentional death caused by harm, the punishment is three to seven years with or without hard labor. Article 241 covers intentional and unintentional infliction of harm resulting in illness or disability. The punishment is imprisonment and or a fine. Article 244 addresses harm resulting from negligence or breaching of laws, the punishment is imprisonment and/or a fine.</td>
</tr>
<tr>
<td>Kenya</td>
<td>Penal Code section 250 on “Assaults”, Section 251 and 234 on “Grievous Harm”.</td>
<td>An unlawful assault on another is a misdemeanor, but if it is serious it will result in imprisonment for one year. Assault occasioning bodily harm carries a punishment of imprisonment for five years with or without corporal punishment. Any person unlawfully doing grievous bodily harm to another is guilty of a felony and is liable to imprisonment for life with or without corporal punishment.</td>
</tr>
<tr>
<td>Somalia</td>
<td>No law specifically prohibits FGM. However the Penal Code of the Somali Democratic Republic applies to this practice.</td>
<td>Hurt caused is punishable from three months to three years. Grievous hurt is punishable with imprisonment from six to twelve years.</td>
</tr>
</tbody>
</table>
Table 2

Countries With Policies That Outlaw FC (continued)

<table>
<thead>
<tr>
<th>Country</th>
<th>FC Policies</th>
<th>Provisions and/or Penalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>Department of Defense Omnibus Appropriations Bill (Public Law No. 104-208, 110 Stat. 3009-3708, 1996)(^{14})</td>
<td>FGC on females under 18 years is criminalized as an “infringement on the guarantees of rights secured by federal and state law, both statutory and constitutional” (Department of Defense 1996, Sec. 645). 1) The law also made education about the physical, medical, and legal implications of the practice mandatory for all immigrants coming from cultures where FGC is practiced (Sec. 644). Furthermore, the U.S. Executive Director of each international financial institution is ordered to “use the voice and vote of the U.S. to oppose any loan or other utilization of the funds of their respective institution, other than to address basic human needs,” (Sec. 579) for government of any country which the Secretary of the Treasury determines has a history of FGC and has not taken steps to implement programs designed to prevent the practice (Sec. 579) while considering the cultural values of the societies in which such practice takes place. (2) Provides information concerning potential legal consequences in the United States for (A) performing female genital mutilation, or (B) allowing a child under his or her care to be subjected to female genital mutilation, under criminal or child protection statutes or as a form of child abuse.</td>
</tr>
</tbody>
</table>


\(^{14}\) This law has also been called The Criminalization of Female Genital Mutilation Act of 1996 and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996.
Recall in Chapter I that Somalia, Egypt, and Sudan were countries where 90 percent or more of females ages 15 through 49 had been circumcised (see Table 1). Not surprisingly, these countries have no laws or extremely lenient sentences for those who practice FC on young females. Overall, the years of imprisonment imposed on those caught practicing FC ranged from 8 days (Belgium and Democratic Republic of Congo) to hard labor for life (Guinea). The fines ranged from $.01 cent (Sierra Leone) to $3,200 (Cote d’Ivoire).

It was not until 1994 that the U.S. took a stand against FC by offering political asylum to 17-year-old Fauziya Kasinga from Togo. Kasinga ran away from her home to the U.S. to escape FC but was arrested upon her arrival for illegal entry and imprisoned. The U.S. courts dismissed her case as ‘not credible’ despite the human rights groups advocating for her release (Equality Now, 1996). Kasinga was finally released when the media exposed her case in 2002 on the Family Education Network. Kasinga’s case helped to bring focus to the realities of the harmful effects of FC (Equality Now, 1996). The Kasinga case also illuminated some of the cultural and legal dilemmas that arise for immigrant women who choose not to partake in their communities’ cultural practice of FC. Kasinga was placed arrested and imprisoned (legal dilemma) in the U.S. for choosing not to undergo FC in her country (cultural dilemma).

On September 30, 1996 President William J. Clinton signed into law the Female Genital Mutilation Act, which was part of a large Department of Defense Omnibus Appropriations Bill (Public Law No. 104-208, 1996). This law made it a crime to circumcise, excise, or infibulate the whole or any part of the labia majora, labia minora, or clitoris of another person who has not attained the age of 18 years unless the operation
was “necessary to the health of the person on whom it is performed.” The law also states “no account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that person, or any other person, that the operation is required as a matter of custom or ritual.” The federal law consisted of three major provisions: (1) it banned FC in the U.S., (2) it linked foreign aid and support for loans from international organizations to countries taking action against FC, and (3) it made education about the practice mandatory for all new immigrants where the practice is prevalent (Boyle et al., 2001). Boyle et al. (2001) assert that “part of the motivation in tying U.S. foreign aid to other countries eradication efforts, may have been to avoid a tide of . . . approximately 80 million . . . asylum-seeking African women on American shores” (p. 524).

It is arguable that the U.S. federal law criminalizing FC was largely a symbolic gesture that “regulates a group with little political or economic power in the U.S. and recent immigrants and refugees”. Moreover, U.S., political and legal interventions, as it relates to FC, have been criticized as “nationalist/racist initiatives couched in feminist rhetoric” (Wade, 2009, p. 293). That is, eradication of FC campaigns have been viewed as culturally imperialistic (James, 1998; Morsy, 1991; Nnaemeka, 2005) and the laws against FC have been perceived as penalizing instead of protective of immigrant populations (Allotey, Manderson, & Grover, 2001; Rogers 2007). More importantly, Gunning (1999) believes that the U.S. laws against FC were not enacted to address women’s well-being, but instead were a “…way [for politicians] to pretend to address race and gender issues” (p. 51).
Nineteen states in the U.S. have criminalized the practice over the period 2005 – 2006. Table 3 outlines the legal prohibitions against FC by state. Specifically, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Maryland, Minnesota, Missouri, Nevada, New York, North Dakota, Oregon, Rhode Island, Tennessee, Texas, West Virginia, and Wisconsin, have recently enacted laws against the practice of FC. The punishments for those caught practicing FC in the U.S. range from 6 months (Texas) to 30 years imprisonment (Illinois [see Table 3]). The fines for violating the statutes that outlaw FC range from $1,000 (West Virginia) to $200,000 (Oregon [see Table 3]).

Enforcement of Anti-FC Laws

The punitive nature of the set FC laws in U.S. can present a cultural and legal dilemma for African immigrants from practicing communities. They are faced with a desire to continue their cultural practice of FC within the host country or comply with anti-FC laws at the expense of a culturally identifying practice (Rahman & Toubia, 2000; WHO, 2008). The two FC cases described in chapter one along with the Kasinga case mentioned above illustrate some of the cultural and legal dilemmas immigrants that come from practicing communities encounter when they live in societies that adopt anti-FC policies or do not want to grant asylum to women who are trying to escape from their community in order to avoid being circumcised.

“Prosecution and protection is largely dependent on someone speaking up” (Leye & Sebbe, 2009, p. 9). In several countries, every citizen has a duty to report FC to the prosecuting authorities or the social services; these include: Cyprus, France, Greece, Hungary, Norway, Slovakia, Slovenia, Spain, Sweden and the U.K. It is further noted
that lack of knowledge about the practice of FC among health professionals, social service providers, and law enforcement officers inhibits effective implementation of both criminal and child protection laws (Leye & Sabbe, 2009).

In some European countries, such as France, United Kingdom, and Belgium some women’s groups that work with refugees will contact their partner groups located in nations that practice FC to let them know that one of their families will be heading home with their daughters. The partner group, once the family arrives, warns them that their immigration papers will be compromised if FC is performed on their daughters. This system of monitoring helps to reduce the prevalence of FC among immigrants (Leye & Sebbe, 2009).

Unfortunately, enforcement of the federal and state policies that outlaw FC in the U.S. is not effectively implemented. In 1996, the Centers for Disease Control and Prevention estimated that approximately 150,000 women and girls were at risk of undergoing FC or have already been cut (Dugger, 1996). More than a decade later, it has been estimated that 228,000 women and girls have undergone FC or at risk of being circumcised (Equality Now, 2009). Yet, only a few cases have been prosecuted. One such case involved a sting operation where the perpetrators were trapped by law enforcement and later sentenced to 8 years in prison in the state of Colorado (Colorado Legislative Council, 1999). Another case in Georgia resulted in the perpetrator receiving a 10 year prison sentence for cutting off the clitoris of his 2 year old daughter with a pair of scissors in 2006 (The Female Genital Cutting Education and Networking Project, 2006). The last case that was recently reported on March 12, 2010 involved a 35-year-old woman from Lagrange Georgia who was charged with 2nd degree cruelty for
performing FC on her 10-month old daughter (McCallum, 2010). Surely, more females have been circumcised in the U.S., but we must assume that few cases have been reported.

Numerous nations and states have outlawed the practice of FC and imposed varying degrees of punishments for those who do not comply with the law. These laws clash when immigrant’s cultural practices, such as FC, are transferred to a new society that criminalizes these practices. Some practicing communities proceed to reject notions of assimilation and instead cling to cultural practices, such as FC, despite the fact that policies have been enacted that outlaw it. Rahman and Toubia (2000) asserted laws can and should be viewed as instruments for social change. These laws are as strong or weak as the individuals who implement and enforce them, and the legal systems within which they operate.

**Factors That Influence Compliance With Policies That Outlaw FC**

Several authors have cited immigration and migration patterns as a contributing factor to the continuation or the eradication of various cultural practices within host countries. These practices inevitably affect the policies and law processes within the host countries. Parker (2006) argued that deterrence on its own will often fail in producing a commitment to compliance because it fails in addressing the moral commitment to comply with set laws. He proposed that responsive regulation, which is where individuals morally agree with regulations that have been adopted, would in turn move individuals towards compliance with the law.
Parker (2006) noted that the ‘compliance trap’ occurs when there is a lack of political support by individuals for the moral seriousness of the law that must be enforced. This may lead to a perception of unfair regulation, yielding a negative response towards compliance with the law. The author proposed that enforcement strategies should assume a regulatory pyramid aimed at cooperative strategies at the base of the pyramid and more punitive measures towards the top of the pyramid when the cooperative strategies are ineffective. The main goal is to motivate individuals and firms to comply with policies through institutionalization and internalization of compliance norms and the indirect threat of the stringent and punitive measures at the top of the pyramid.

Kool (2010) found that with an increase in immigration in Europe various cultural practices also accompany immigrants. The author further noted that FC in Europe was considered a harmful and punishable tradition that had to be combated effectively. France is one of the few nations that aggressively prosecute FC cases. Other nations have taken steps towards outlawing FC including the introduction of specific criminal law sections and/or imposing a statutory duty to report those individuals who participate in this practice (Kool, 2010). FC cases have never been prosecuted in the Netherlands, although it is qualified as a serious physical criminal offense in the Dutch Penal Code (Articles 300-304 Dutch Criminal Code). The Dutch Parliament observes this as a failure of the criminal justice enforcement in several instances and has encouraged a review of the policy. Yet, the Dutch government rejected the introduction of a statutory duty to report FC cases encountered by medical and social service authorities, which implies legal responsibility for noncompliance. Instead, the Dutch government decided to
introduce a reporting code where professionals would be bound by internal rules, giving them authority to decide whether or not to report FC cases to the criminal enforcement authorities. There is debate within the Dutch Parliament as to whether this policy is sufficient especially where FC affects children and the states’ obligations for child protection are more specific.

De Boer and Desta (2007) observed that the policies outlawing FC in the Netherlands are based on human rights obligations. In 2003, there were over 20,000 girls aged between 0-16 years of age from African countries that had undergone FC living in the Netherlands. Some states that incriminate FC do not prosecute FC cases. Instead, the government has the Youth Health Services use a protocol designed for early detection and prevention of FC (Leye & Sebbe, 2009). The protocol uses a culturally sensitive approach for discussing the subject of FC by the health workers in a structured conversation with the girls’ parents and later with the girls in order to prevent the occurrence of FC through regular dialogue and medical check-ups with these families. However, it is noted that this protocol does not involve the physical examination of the girls. The authors noted that professionals will not be legally obligated to report signs of FC. However, an established reporting code will be adopted nationwide utilizing an intensive approach whereby additional measures are employed to assist the practicing groups with medical, psycho-social, and legal services, as well as encouraging culturally competent and culturally sensitive education workshops and training for professionals including teachers, medical practitioners and social service providers who come into contact with immigrants who have undergone FC.
The Ontario Human Rights Commission (2008) acknowledged the complicated nature of FC with regard to its cultural and social roots and the need for educational initiatives that involve the target communities in Ontario and across Canada. The Commission noted that arguments based on defending religious or cultural values are not acceptable justifications for continuing the practice. The Commission further noted that the use of religious values as a defense for discriminating against females who have undergone FC or are believed to have undergone this practice will not be accepted. Winter, McCaffrey, and Vogt (2009) found that acceptance and compliance increase when individuals were willing to accept policies that they perceived to be fair and met their needs. Whether programs are voluntary or mandatory, the perception of fairness played a major role in acceptance and compliance with set policies. When considering issues related to compliance in a world that is interdependent, the process of negotiation, adoption, and implementation of international agreements is a major component of the foreign policy activity in every nation (Chayes & Chayes, 1993). When nations enter into international agreements, they adjust their behavior, relationships, and expectations of one another over time and will somewhat comply with their commitments. Furthermore, enforcement strategies that utilize persuasion and assistance are less costly and are less intrusive as compared to coercive sanctions.

May (2004) identified some of the factors that motivate people to comply with set policies. He found that affirmative motivations that come from good intentions and an overall sense of obligation to comply, whereas negative motivations resulting from the fear of the consequences of being discovered and being in violation of regulatory requirements played a major role in increasing compliance and motivating people to
comply with policies. Perceptions of regulations as fulfilling a social contract rather than compliance with enforced directives reflected affirmative motivations. Greer and Downey (1982) found that ineffective or inefficient legislation\textsuperscript{15} and regulations can make it undesirable to pursue goals aimed at achieving socially responsible behavior; for example, the economic inadequacies of the Occupational Safety and Health Act’s (OSHA) compliance system which has been criticized for using a one size fits all approach. Others recommend that at the national level, broad policies should be refined for each industry and structured to deal with the specific issues within that industry (MacLeod, 2010).

Leye and Sabbe (2009) believe that prosecuting FC in Europe would not be effective without the principle of extraterritoriality being applied to the specific and general criminal provisions. Extraterritoriality occurs where

it is possible to prosecute the practice of FC when it is practiced outside the borders of a European country, this applies to offenders who are citizens or at east residents of the European country and have taken a victim to the home country on ‘vacation’ and had the victim circumcision. This situation becomes problematic, where the home country and the host country have criminalized FC. (p. 4)

The authors note that a large majority of European countries have added this principle to their criminal provisions and have noted an improvement with reduction of FC cases as in Finland and Portugal.

However, Rahman and Toubia (2000) argue that different types of actions are appropriate for governments that are the origins of practicing communities and the governments that receive immigrants from practicing communities. The governments

\textsuperscript{15} Ineffective or inefficient legislation is ill conceived and poorly designed legislation that is not cost effective.
that are the country of origin for practicing communities should devise strategies to contend with widespread resistance to change where FC is deeply embedded in the culture. In the receiving countries, Rahman and Toubia (2000) suggest that these governments should be sensitive to the situation of the minority and immigrant women and girls who are likely to be affected by the practice of FC. That is, immigrant women may be wary of governmental efforts to prevent them from engaging in deeply embedded cultural practices. They also suggest that receiving governments consider employing three different types of government action, including: legal measures, regulatory measures, and broad policies.16

The WHO (2008) found that multi-faceted holistic approaches are more effective in getting practicing communities to abandon the practice of FC. These holistic approaches use a bottom-up, community-based grassroots efforts to get communities to stop practicing FC. Winter et al. (2009) found that acceptance of policies and compliance increased when people perceived laws as being fair and meeting the needs of the community (Chayes & Chayes, 1993). Moreover, Chayes and Chayes indicate that enforcement strategies that utilize persuasion and provide assistance are less costly and less intrusive compared to coercive sanctions.

One successful holistic community-based enforcement approach used religious leaders from the practicing communities to educate the community about human rights, child rights, health problems associated with FC, and policies that outlaw the practice.

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16 Legal measures include reforms designed to promote women’s rights. Regulatory measures should be aimed at specific groups such as health professionals, who may be in a position to discourage FC. Lastly, broad policies addressing FC can encompass education and outreach programs that are aimed at helping to promote women’s empowerment.
This community-based effort was implemented in Senegal (Tostan Community Led Development, 2007). This effort started at the community level with involvement from the Muslim religious leaders, ‘Imams’, who talked about the health impacts associated with FC, human rights, child rights, and laws that criminalize FC. As a result of employing this approach, many communities have abandoned the practice of FC. Currently, 3,307 communities in Senegal, 298 communities in Guinea, and 23 communities in Burkina Faso have abandoned this practice (Tostan Community Led Development, 2007).

Another example of successful implementation of a holistic community-based approach is the “Alternative Rites of Passage” program, which has been used as a substitute for the cultural practice of FC that moves a girl from childhood into womanhood. This approach program combines the positive aspects of the cultural practice of FC with modern family life education that excludes the genital cutting. This program was successful in Kenya among the Tharaka called ‘Ntanira na Mugambo’ meaning ‘Circumcise with Words’. This program used the same approach that was employed in Senegal and was implemented by the Program for Appropriate technology in Health in Kenya and Maendeleo Ya Wanawake (Save the Children-Canada, 1997). That is, religious and/or community leaders from the practicing communities were recruited and trained to educate the community about the health impacts associated with FC, human rights, child rights, and laws that criminalize FC. This program helped the Tharaka to abandon the practice of FC altogether.

Similarly, the Foundation for Research on Women’s Health, Productivity and the Environment successfully implemented an “Alternative Rites of Passage” in the Western
and Central River divisions of Gambia aimed at providing information and training on restructuring existing rites of passage ceremonies that employ FC to policymakers, circumcisers, and religious and traditional leaders. One of the factors that also made this program effective was the translation of training materials into local languages (Aka & Deason, 2009; U.S. Dept. of State, 2001). This program helped the practicing community to abandon the practice of FC. The literature reviewed in this chapter shed light on the relationships between FC and culture, FC and authority, factors that facilitate and impede FC, adoption of, enforcement of, and compliance with policies that outlaw FC. In the next chapter, I will describe the methods employed to conduct this study.

**Contribution of This Study**

This dissertation will identify some of the cultural and legal dilemmas that African immigrant women from communities that practice FC encounter in the U.S. Majority of the studies that have been conducted so far have not been inclusive of the women’s voices in regards to the practice of FC and the legal and cultural dilemmas they encounter within the U.S.
<table>
<thead>
<tr>
<th>States</th>
<th>Laws</th>
<th>Age</th>
<th>Penalties and provisions</th>
<th>Number of prosecutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Arkansas State Prohibition of Genital Mutilation Act 2006.</td>
<td>Persons under 18 years of age or a non-consenting adult.</td>
<td>(a) Genital mutilation is an extreme form of child abuse, a violation of people’s basic human rights, unless it is deemed medically necessary and is performed by a licensed medical practitioner. Whoever prematurely and forcibly performs FC, whoever knowingly assists with or facilitates any of these acts; or whoever arranges, plans, aids, abets, counsels, facilitates, or procures a genital mutilation outside the State of Arkansas under 18 years old or on any non-consenting adult outside the State of Arkansas shall be Fined under this title or imprisoned not more than 14 years, or both. ACA Sec. –13-402 provides protection of Children from Genital Mutilation abroad.</td>
<td>None</td>
</tr>
<tr>
<td>California</td>
<td>California State Prohibition of Female Genital Mutilation Act.</td>
<td>Persons under 18 years of age or a non-consenting adult.</td>
<td>Federal provisions apply. Individuals knowingly circumcising, excising, the whole or any part of the</td>
<td>FBI sting operation in 2005 arrested a couple planning to perform FC on</td>
</tr>
<tr>
<td>States</td>
<td>Laws</td>
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<td>Penalties and provisions</td>
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<tr>
<td>California (cont.)</td>
<td>Section 124170) is added to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, to read: Article 8. Federal Female Genital Mutilation prevention. Criminal law passed in 1996.</td>
<td>labia majora, labia minora, clitoris of another person under 18 years for non-medical reasons, will be fined or imprisoned not more than 5 years or both.</td>
<td>Persons convicted of practicing FGC will receive a sentence increase of one year in addition to the regular penalty for child endangerment. Also provides education &amp; outreach to relevant communities.</td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td>Criminal Code 1999Colorado Legislation Serv. Ch. 216</td>
<td>Persons under 18 years of age</td>
<td>Federal provisions apply for practicing FC resulting in fines or imprisonment not more than 5 years or both. Explicitly holds parents &amp; guardians of children under 18 years liable for FGC if they knowingly consent to the procedure. Also provides education &amp; outreach to relevant communities.</td>
<td>None</td>
</tr>
<tr>
<td>Delaware</td>
<td>Title 11 of the Delaware Criminal Code Section 780 with 1113 added.</td>
<td>Females under 18 years of age</td>
<td>Individuals knowingly Female Circumcising a person under18</td>
<td>None</td>
</tr>
<tr>
<td>States</td>
<td>Laws</td>
<td>Age</td>
<td>Penalties and provisions</td>
<td>Number of prosecutions</td>
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<tr>
<td>Delaware</td>
<td>FGC is a Class E Felony.</td>
<td>None</td>
<td>years for non-medical reasons, will be fined or imprisoned not more than 5 years or both.</td>
<td>None</td>
</tr>
<tr>
<td>(cont.)</td>
<td>Explicitly holds parents &amp; guardians of children under 18 years liable for FGC if they knowingly consent to the procedure.</td>
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</tr>
<tr>
<td>Florida</td>
<td>Council Substitute for House Bill No. 1441 794.08(4) Act relating to Female Genital Mutilation. Effective October 1 2007.</td>
<td>Females under 18 years of age.</td>
<td>FGM committed upon a female younger than 18 years of age commits a felony of the first degree; A person who removes, or causes or permits the removal of, a female younger than 18 years of age from Florida for the purpose of committing FGM commits a felony of the second degree; A parent or guardian who consents to the FGM of his or her female child who is younger than 18 years of age commits a felony of the third degree; The act does not apply to certain medical procedures</td>
<td>None</td>
</tr>
<tr>
<td>States</td>
<td>Laws</td>
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<td>Penalties and provisions</td>
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<tr>
<td>Florida</td>
<td>(cont.) conducted by health professionals to preserve the health of the female; Consent is not a defense to the offense of FGM; amending s. 921.0022.</td>
<td>Females under 18 years of age</td>
<td>A person convicted of FGM shall be punished by imprisonment for not less than five nor more than 20 years. This Code section shall not apply to procedures performed by or under the direction of a physician, a registered professional nurse, a certified nurse midwife, or a licensed practical nurse licensed pursuant to Chapter 34 or 26, respectively, of Title 43 when necessary to preserve the physical health of the female or during or after labor or childbirth for medical</td>
<td>2 cases</td>
</tr>
<tr>
<td>States</td>
<td>Laws</td>
<td>Age</td>
<td>Penalties and provisions</td>
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<tr>
<td>Georgia (cont.)</td>
<td>Reasons connected with the labor or childbirth. Religion, ritual, custom, or standard practice shall not be a defense to the offense of FGM.</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>The 1961 Criminal Code is amended by changing Sections 12-32 and 12-33 and adding Section 12-34. (720 ILCS 5/12-32) (from Ch. 38, par. 12-32) Sec. 12-32. Ritual Mutilation is a class 2 Felony (720 ILCS 5/12-33) (from Ch. 38, par. 12-33) Sec. 12-33. Ritualized 4 new (720 ILCS 5/12-34 new) Sec. 12-34. Female genital mutilation (a) Sentence for Female genital mutilation is a Class X Felony.</td>
<td>Females under 18 years of age.</td>
<td>Federal provisions apply. Individuals performing FC for non-medical reasons will be fined for child abuse and is a class 1 Felony for first offence not more than 5 years or both and class X Felony for second offence not more than 5 years or both. Class X Felony is punishable by not less than six years or more than 30 years imprisonment and may result in a sentence of natural life imprisonment.</td>
<td>None</td>
</tr>
<tr>
<td>Maryland</td>
<td>1998 Maryland Laws Ch. 128. FGC is a felony and those convicted of FGC are subject to</td>
<td>Females under 18 years of age</td>
<td>Individuals performing FGC for non-medical reasons will be fined no more than $5000 or</td>
<td>None</td>
</tr>
</tbody>
</table>
Table 3

Policies Criminalizing the Practice of FC in the U.S. by State (continued)

<table>
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<tr>
<th>States</th>
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</thead>
<tbody>
<tr>
<td>Maryland (cont.)</td>
<td>imprisonment for up to 5 years.</td>
<td>imprisoned not more than 5 years or both. Explicitly Holds parents &amp; guardians of children under 18 years liable for FGC if they knowingly consent to the procedure. The belief that FGC is required as custom or ritual is not considered when determining if the procedure was necessary to the health of the individual.</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td>Minnesota was the first state to enact legislation related to FGC in 1994 Ch. 636 article 2 section 22; 1997 Ch. 239 article 3 section 11.</td>
<td>Females under 18 years of age</td>
<td>Federal provisions apply. The statute prohibits performing FGC on adult women as well as minors for non-medical reasons, those performing it will be fined or imprisoned not more than 5 years or both. Consent to the procedure by the minor on who it is performed or the minor’s parent is not a valid defense. Also provides education &amp; outreach to relevant communities and notify the medical community of the criminal penalties</td>
<td>None</td>
</tr>
</tbody>
</table>

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## Table 3

Policies Criminalizing the Practice of FC in the U.S. by State (continued)

<table>
<thead>
<tr>
<th>States</th>
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<tbody>
<tr>
<td>Minnesota (cont.)</td>
<td><a href="#">2000 Missouri Legislation Serv. S.b. 602, 568. 065. FGC is a Class B Felony.</a></td>
<td>Females under 17 years of age</td>
<td>Federal provisions apply. Performing FC on a person under 17 years for non-medical reasons, will be imprisoned for 5 to 15 years. The law expressly rules out defense based on belief that FGC is required by custom, ritual or standard practice. Consent from the child on whom the procedure is performed or from the parent or guardian is also not a defense.</td>
<td>None</td>
</tr>
<tr>
<td>Missouri</td>
<td><a href="#">2000 Missouri Legislation Serv. S.b. 602, 568. 065. FGC is a Class B Felony.</a></td>
<td>Females under 17 years of age</td>
<td>Federal provisions apply. Performing FC on a person under 17 years for non-medical reasons, will be imprisoned for 5 to 15 years. The law expressly rules out defense based on belief that FGC is required by custom, ritual or standard practice. Consent from the child on whom the procedure is performed or from the parent or guardian is also not a defense.</td>
<td>None</td>
</tr>
<tr>
<td>Nevada</td>
<td><a href="#">1997 Nevada Laws Ch. 206, 1-2 (S.B. 192). FGC is a Category B Felony.</a></td>
<td>Females under 18 years of age</td>
<td>Individuals knowingly performing FC for non-medical purposes of a female child is guilty of a Category B Felony, punishable by imprisonment for two to 10 years and also be subject to a fine of up to ten thousand dollars. In addition, a person willfully removing a</td>
<td>None</td>
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Table 3
Policies Criminalizing the Practice of FC in the U.S. by State (continued)

<table>
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<tr>
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<tr>
<td>Nevada</td>
<td>female child from the state for purposes of mutilating the genitalia of the child is subject to the same penalties. The law does not allow using the defense that the procedure is necessary by custom, ritual or standard practice, or that consent was given by the child, parent or legal guardian of the child.</td>
<td>Females under 18 years of age.</td>
<td>Federal provisions apply. Individuals performing FGC for non-medical reasons, are guilty of Class E Felony. Punishable by up to four years imprisonment. This law exempts from this prohibition circumcision, excision, or infibulation that is necessary for medical reasons, such as on a person in labor or who has just given birth and is performed by a licensed medical practitioner. The law does not permit</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>1997 New York State Prohibition of Female Genital Mutilation Act with added section 130.85 to New York’s Penal Code. FGC is a Class E Felony.</td>
<td>Females under 18 years of age.</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>States</td>
<td>Laws</td>
<td>Age</td>
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<td>Number of prosecutions</td>
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<tr>
<td>New York (cont.)</td>
<td>August 1 1995, North Dakota Laws Ch. 140. FGC is a Class C Felony.</td>
<td>Females under 18 years of age</td>
<td>Any person who knowingly separates or surgically alters normal, healthy, functioning genital tissue of a female minor is guilty of a Class C Felony. Punishable by up to five years imprisonment, a fine of $5000 or both. Performing FC for medical reasons is not a violation of this law. Beliefs about FGC being necessary for custom, ritual or standard practice may not be considered when determining liability.</td>
<td>None</td>
</tr>
<tr>
<td>North Dakota</td>
<td>1999 Oregon Laws Ch. 737, 1, 3 (H.B. 3608). FGC is a Class C Felony.</td>
<td>Females under 18 years of age</td>
<td>Individuals performing FC on child for non-medical reasons commits a Class B Felony, punishable by up to ten years imprisonment and/or a fine of up to $200,000. Explicitly holds parents &amp; guardians of children liable for FGC if they</td>
<td>None</td>
</tr>
</tbody>
</table>
Table 3

Policies Criminalizing the Practice of FC in the U.S. by State (continued)

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Oregon (cont.)</td>
<td>knowingly consent to the procedure. A medical procedure performed by a licensed physician and is deemed medically necessary does not violate this law. Also provides education &amp; outreach to relevant communities and inform them that FGC is prohibited and considered a form of abuse under Oregon’s child protection statute. A child’s belief that the surgery is required for customary or ritualistic purposes in determining medical necessity is not legally allowed.</td>
<td>Females under 18 years of age.</td>
<td>Bodily injury caused by individuals knowingly circumcising, excising, infibulating the whole or any part of the labia majora, labia minora or clitoris of another person will be imprisoned</td>
<td>None</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>The Criminal Offenses Act of Rhode Island amended in 1996 to include Section 11-5-2 of the General Laws in Chapter 11-5.</td>
<td>Females under 18 years of age.</td>
<td>Bodily injury caused by individuals knowingly circumcising, excising, infibulating the whole or any part of the labia majora, labia minora or clitoris of another person will be imprisoned</td>
<td>None</td>
</tr>
<tr>
<td>States</td>
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</tr>
<tr>
<td>Rhode Island</td>
<td>The Prohibition of Female Genital Mutilation Act of 1996.</td>
<td>Females under 18 years of age.</td>
<td>Federal provisions apply. Performing FC for non-medical reasons is a Class D Felony punishable by not less than two years nor more than 12 years imprisonment and a fine that does not exceed $5000. Consent to the procedure by a minor or the minor’s parent or guardian is not a defense.</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>not more than 20 years.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>1999 Texas Health and Safety Code amended to prohibit FGC.</td>
<td>Females under 18 years of age.</td>
<td>Individuals Performing FC for non-medical reasons will be imprisoned from 180 days to two years and possibly a fine of up to $10,000. It is considered a ‘defense to prosecution’ if the procedure was performed for medical reasons by a physician or other licensed health care professional and the act is within the scope of that person’s license.</td>
<td>None</td>
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</table>
### Table 3

Policies Criminalizing the Practice of FC in the U.S. by State (continued)

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>West Virginia</td>
<td>1999 West Virginia Laws Ch. 78 S.B. 82. FGC is a Felony.</td>
<td>Females under 18 years of age.</td>
<td>Federal provisions apply. Individuals performing FC for non-medical reasons, will be guilty of a felony punishable by not less than two nor more than 10 years and fines not less than $1000 nor more than $5000. There is no crime if the procedure is performed by a licensed medical professional and is deemed medically necessary. State law explicitly holds parents &amp; guardians of children under 18 years liable for FGC if they knowingly consent to the procedure. Neither the consent by the minor nor the belief that the act is required for custom, ritual or standard practice can be considered a defense.</td>
<td>None</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>1195 Wisconsin Laws (A.B. 926) 146.35 prohibiting FGM.</td>
<td>Females under 18 years of age.</td>
<td>Federal provisions apply. Those found guilty of performing FGC will be fined up to $10,000 or five years imprisonment, or both. Neither consent of the minor or of the</td>
<td>None</td>
</tr>
</tbody>
</table>
Table 3

Policies Criminalizing the Practice of FC in the U.S. by State (continued)

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Wisconsin (cont.)</td>
<td>parent or the minor, nor the requirements of custom or ritual can be used as a defense. Exceptions are made when the procedure is performed for medical reasons.</td>
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</table>

Note. Participants in this study come from Maryland, Minnesota, New York, Ohio and North Carolina. Ohio and North Carolina do not have any explicit laws against FC.

CHAPTER III

METHODS

This dissertation sought to explore and provide a description of perceptions and attitudes about FC from African immigrant women who reside in America, their awareness and knowledge about policies that outlaw it, and factors that influence their compliance with these policies. In this chapter, I described the research design, sampling technique, data collection, and data analysis methods I employed to conduct this study. I also provided a subjectivity statement that identifies any biases I might have about FC.

Research Design

Methodology is “the science of finding out” (Babbie, 2004). Patton (2002) notes, qualitative methods do not isolate phenomena from their context since this is how their meanings emerge. I began by explaining the general differences between quantitative and qualitative research, then I described the selected qualitative method for this study. Smith (1983) asserts that quantitative thinking emanates from an empiricist tradition established by authors such as Durkheim, Newton, Comte, Mill and Locke. Creswell (1994) notes quantitative research is termed as the traditional, positivist, experimental, or the empiricist tradition. Creswell (1994) posits that quantitative research is deductive, reality is objective and singular, separate from the researcher, it is deemed to be formal.

1 An immigrant is a person who comes to a country where they were not born in order to settle there permanently (Princeton.edu, 2010).
value-free and unbiased, based on set definitions, reporting uses the impersonal voice, is viewed as accurate and reliable through validity and reliability, and generalizations can be made that can lead to predictions (given that certain assumptions are met), as well as provides explanations and understanding about some phenomenon or topic (p. 5).

Hoepfl, (1997) elucidates that quantitative research employs logical positivism through experimental methods and quantitative measures to test hypothetical generalizations. Emphasis is placed on the measurement\(^2\) and analysis of causal relationships between variables (Denzin & Lincoln, 1998). The quantitative researcher has to construct an instrument to be administered in a standardized manner and ensure that the instrument measures what it is meant to measure, which reflects validity of the results (Crocker & Algina, 1986).

Glesne and Peshkin (1992) state that in general quantitative research is “supported by the positivist or scientific paradigm, leads us to regard the world as made up of observable, measurable facts” (p. 6). However, these authors also note “social facts have an objective reality” that presents problems. The main problem is that the quantitative researcher attempts to assign measurement and categories by fragmenting and delimiting phenomena and apply the categories to all subjects and similar situations (Winter, 2000). Bogdan and Biklen, (1998) note that the language used in quantitative research includes “‘variables’, ‘populations’ and ‘result’” (p. 4). Charts and graphs are employed to illustrate the results of the research (Bogdan & Biklen, 1998).

\(^2\) Measurement is the assignment of numerals to objects or events according to rules Stevens (1946). Measuring means to understand issues by performing the operation ‘measurement’ on the physical world by the observer and therefore about numbers, objective hard data, and deemed to be quantitative and statistically relevant.
In contrast, qualitative research is aimed at the naturalist or constructivist approach (Lincoln & Guba, 1985) the interpretive approach, (Smith, 1983) or the postmodern perspective (Quantz, Rogers, & Dantley, 1992). Literature is used to frame the problem in the introduction to the study. Interviews are the dominant methods used to collect information from participants (Creswell, 1994). The only reality is the one constructed by the individuals involved in the study and categories emerge from the participants within the study providing rich context bound information leading to patterns that may be used to explain a phenomenon. Researchers interact with those they wish to study in actual collaboration by attempting to minimize distance between herself/himself and those being researched. The qualitative investigator admits the value-laden nature of the study and actively reports his or her biases including the value nature of the information collected. The language used may be personal and in the first person. Terms such as understanding, meaning, and discover are usually employed in this tradition (Creswell, 1994). In general qualitative research is characterized by the following traits:

- **Purpose:** To gain an understanding of some phenomenon or topic; that is, it seeks to understand people’s interpretations and is inductive
- **Reality:** Reality is subjective and dynamic, where reality changes based on changes in people’s perceptions
- **Viewpoint:** Reality is what people perceive it to be
- **Values:** Values of the researcher and the participants have an impact and should be understood and taken into account when conducting and reporting research
- **Focus:** A holistic, total, or complete picture is sought about some phenomenon or topic
- **Orientation:** Involves the discovery of patterns, categories, and themes that emerge from the data collected.
- **Data:** The data are subjective based on the perceptions of the people in the environment and study
- **Instrumentation:** The human person is the primary data collection instrument and interviews and observation are utilized to collect information
• Results: The focus is on design and procedures to gain “real”, “rich” and “deep” data; where accuracy and reliability are achieved through verification. (Creswell, 1998)

Silverman (2000, p. 12) asserts, “it is sensible to make pragmatic choices between research methodologies according to your research question.” In this particular instance, I planned to gain an understanding of the perceptions that some African immigrant women have about the practice of FC, the factors that contribute to the continuation of this practice in the U.S. where it is outlawed, and their awareness and knowledge about policies that criminalize it.

In this study, I employed the case study approach to obtain some in-depth detailed information about African immigrant women currently residing in the U.S. who come from practicing communities and their perceptions about the cultural and legal dimensions of FC (Creswell, 1998). Yin (1994) asserts that case study as a research strategy is used in policy, political science, public administration, community psychology, sociology, social work, organizational and management studies, city and regional planning research, management science, business administration and in conducting dissertation and theses in the social sciences, academic disciplines and professional fields.

Yin (1989) and Merriam (1988) define the case study as a method that the researcher uses to explore a single entity or phenomenon (the case) bounded by activity and time, which includes events, social groups, processes, institutions or programs. The researcher collects detailed information by using a variety of data collection procedures during a sustained period of time. Lincoln and Guba (1985) describe pattern theories as explanations that develop during qualitative or naturalistic research which, present a
pattern of interconnecting thoughts linked to a whole. Newman (1991) states “pattern theory does not place emphasis on deductive reasoning, it contains an interconnected set of concepts and relationships but does not require causal statements. Instead, the use of metaphors or analogies are used as systems of ideas that inform and the concepts and relations within them link parts to the whole” (p.38).

Moustakas (1994) recommends that the researcher look at his/her subjectivities and assumptions with the aim of freeing the mind so as to be better able to comprehend the experiences of others. I decided that the qualitative case study design was an appropriate method for this study because I intended to explore the attitudes and perceptions of FC among African Immigrant³ women residing in the U.S. where the practice is outlawed. The major research question posed was: Do African Immigrant women currently living in the U.S., who come from communities that practice FC encounter cultural and legal dilemmas?

**Sampling Technique and Data Collection**

I employed a combination of the convenience and purposeful sampling (Creswell, 1998; Weiss, 1994) techniques for this study, which involved interviewing African immigrant women⁴ residing in the U.S. who come from countries that practice FC that were available to share their experiences (Marshall, 1996; Weiss, 1994). Each interview took a different amount of time ranging between 2 hours to 3 days depending on the participant. The older participants spoke longer than the younger participants. Bauer and

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⁴ Women were selected to be participants in the study because they are the victims of FC. Future studies should examine men’s perceptions about this topic. A paucity of literature has however found that there are some men from practicing communities who do not support FC (WHO & Save the Children, 2000).
Gaskell (2000) state, “The main purpose of qualitative research is not counting people or opinions, it is to provide a range of opinions as different representations of the issue. Characterizing variety of representations has priority over anchoring the representations in existing categories of people” (p. 41).

Maintaining an open mind is vital in revealing strata that may not be obvious in the first instance. One may consider the strata of age, sex, education, but may have to consider religion, ethnicity, urban or rural location to identify and maximize variety in people’s representations of an issue. These authors further assert that selection for qualitative research is a cyclical process requiring a “stopping criterion” (p. 34) which is achieved where no new strata adds anything new and therefore the researcher stops studying additional strata (Bauer & Gaskell, 2000).

Marshall (1996) states, “an appropriate sample size is one that answers the research question adequately” (p. 523). Parse et al. (1985) indicate that samples of up to 10 research participants are more than adequate for conducting a case study. In order to recruit participants, I began by searching online for Somali communities in the U.S. where I could get immigrants who were from countries and communities that practice FC. I contacted the director of the organization “Somali Women and Children’s Alliance” located in Columbus, Ohio and requested her assistance in locating the appropriate participants for this study. She posted flyers in her organization that provided information about the study and how interested women could contact me. I also joined the “2 Million People against Female Circumcision/Female Genital Mutilation”\(^5\) on Facebook, which is a group open to the public and advocates against FC worldwide. I

\(^5\) Despite its title, this group consists of individuals who were in support of FC as well as individuals who were against FC.
typed a post requesting participants who had experienced FC to contact me on the Facebook page. I recruited nine participants in total from these venues.

I submitted an IRB application and obtained approval in December 2009 to conduct interviews to collect data (see Appendix C). In depth face-to-face and telephone interviews were conducted in December 2009 and January 2010 in order to gain an understanding of the participants’ cultural beliefs, experiences, perceptions, and attitudes about the practice of FC.

The interview guide was open-ended which helped me ask the participants for their views and gave them the opportunity to air their opinions and insights about FC as African immigrant women living in U.S. where it is outlawed which as Yin (1994) asserts, “could be used as a basis for further future inquiry” (p. 84). The interview guide was also translated into the respective languages for the participants who needed it. The practice of FC was referred to as the “cut” to avoid offending the participants. I obtained informed consent prior to conducting the interviews, and the participants retained the consent forms, which served as their agreement to participate in this study (see Appendix B). Next, I introduced myself and stated the purpose of the study. I began in-depth face-to-face, telephone interviews that were tape-recorded. Yin (1994) states that “tape-recorders provide a more accurate rendition of the interview” (p. 86). I recorded the participants’ responses to the interview questions using a tape-recorder after I obtained approval from the participants. I also read the questions and recorded the responses for the participants who could not read at all. I used an interview guide that had open-ended questions to collect information to help me answer my major research question and sub-questions (see Appendix A).
After the interviews, I transcribed the results and stored them in a secure file cabinet that was only accessible to me. Once this study was completed, all tape-recorded interviews were deleted. I used codes to protect the identity of the participants. Additionally, I did not identify the real names of any of the participants in the analyses and results. Data collected were transcribed. I then sent a copy of the transcribed results back to the respective interviewees to check for accuracy and to help me establish validity. I read the transcribed responses to the participants who could not read. Once I had the participants verify the accuracy of the transcriptions, I translated the ones in other languages into English. Each participant was given a token amount of $10.00 to compensate them for their time and travel costs.

**Data Analysis**

Yin (1994) asserts that data analysis consists of examining, categorizing or recombining evidence to address the initial proposition of the study. I used content analysis to identify themes and patterns in the statements made by participants. Specifically, I utilized open coding to analyze the results and identify categories that emerged from the data for each question.\(^6\) Then, I used axial coding\(^7\) to relate the categories that emerged. The data analysis process involved extracting significant statements from transcribed interviews. I prepared and organized the data and reduced it into themes and codes. Creswell (2007) suggests transforming the significant statements

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\(^6\) Open coding involves creating categories based on the participants’ responses (Creswell, 2007).

\(^7\) Axial Coding is the desegregation of core themes during qualitative data analysis. It is the process of identifying relationships between categories and the links creating meaning for the people being studied. It also reveals the actions and interactions in response to the phenomenon and also presents the consequences of actions and interactions. (Creswell, 1994; Strauss & Corbin, 1990)
into clusters of meanings according to how each statement falls under specific concepts.
Overall, data analysis started with a broad overview of the immigrants’ specific culture and how religious and cultural beliefs influenced those communities. Then, I closely observed the links between their specific culture and how those links related to FC and policies that outlaw this practice in the U.S.

**Subjectivity Statement**

The issue of subjectivity in research continues to arise and is not easily resolved. In this subjectivity statement, I shared my biases and experiences related to the issue of FC while conducting this research. Schram (2006) indicates that this helps the researcher “proceed with her/his inquiry in a competent and credible fashion” (p. 1). This acknowledgment also helps to improve the validity of the research by identifying some of the biases the researcher has about the subject being studied.

As a researcher engaged in a case study exploring the relationship between policy and the cultural practice of FC, I have had interactions with circumcised girls and women throughout my life, which have molded my views about this practice. I come from the Gikuyu community in Kenya, where FC has deep cultural roots. My mother, who is a children’s and women’s development rights advocate, was the first to inform me about this practice. I was in high school and could not understand why a mother, who suffers from the physical and psychological problems related with this practice, would then have it done to her daughter.

Over time, I came to comprehend the cultural significance of this practice within the Gikuyu community as one that ensures the transition from girlhood to adulthood,
eligibility for marriage, chastity before marriage, and fidelity after marriage. I also realized that FC had larger underlying problems that were economically based, where a girl was viewed as being a valuable asset to her family’s financial welfare through honorable marriage, ensured by FC, which would then attract a higher dowry. Circumcised girls are eligible for an honorable marriage that brings a large dowry to her family. I learned that FC is a cultural practice, whereby the roles of males and females are determined by the society and upheld by the family. Moreover, in many instances educational and financial opportunities are not fairly distributed among males and females within very large and/or poor families. Hence, a circumcised girl can earn a higher dowry for her underprivileged family in comparison to an uncircumcised female.

I also became aware of the physical and psychological effects associated with FC and that they are far reaching, including urine infections, bladder infections, depression, fistula, and death, just to mention a few.

Furthermore, I noticed that despite the existence of policies that outlaw FC, cultural beliefs tend to override them. Even the lawmakers themselves and chiefs within districts where this practice is rampant had difficulties with implementing the laws for fear of losing constituents’ votes. I therefore realized that my views would require re-shaping in order to study this practice within the various immigrant communities. I reshaped my views about the issue of FC that is practiced among African immigrant women particularly those located in the U.S. and gained a clearer understanding about the rationale for continuing this practice in the U.S. where it is criminalized. I began by realizing my own emotional involvement with FC as a person from a practicing community. Next, I chose to disengage some of my own beliefs from those of my
participants, in this way I could effectively present only the participants attitudes, perceptions and views on FC (to the best of my ability) and the issues surrounding it from their own perspectives and lived experiences. Behar (1996) suggests that it is important to know how to make the most of your own emotional involvement with the material.

Peshkin (1985) indicates that subjectivity becomes something to capitalize on rather than to discipline or exorcise, a means to enhance not distort, the credibility of your study. I also capitalized on my subjectivity and familiarity with this practice and culture; I, therefore, did not have an outlook of ‘me’ versus ‘them’ because I identified as one of ‘them’. In the Kenyan community, where I am from, known as the Kikuyu, FC is also a cultural practice. I am, therefore, aware of the cultural significance it carries. That is, I am aware that FC is a rite of passage and it is a requirement for marriage.

My professional experience as a Swahili translator for Somali refugees afforded me the opportunity to gain access into this community for my study along with African immigrants from other communities that practice FC as well. I also have some commonalities with the women from communities that practice FC, and I share a common language with some of the women I studied. This helped me overcome any religious and cultural differences that might have otherwise hindered my ability to conduct this study.
CHAPTER IV
RESULTS AND DISCUSSION

This dissertation sought to explore how African immigrant women in America perceive, experience and describe FC as well as their awareness and knowledge about policies that outlaw this practice. Specifically, this study explored some of the cultural and legal dilemmas these immigrants experience. The major research question posed is: Do African Immigrant women currently living in the U.S., who come from communities that practice FC encounter cultural and legal dilemmas? In the sections that follow I provide some discussion about the results as they pertain to the major themes that emerged in relations to legal and cultural dilemmas and address the major research question. I conclude the chapter with a comparison of the literature with the results of this study. Demographic data were not tabulated to preserve participant anonymity.

However, a general description about the participants is provided at the outset. Nine participants were recruited to participate in this study. Additionally, the country of origin and ethnicity of the participant is provided with the quotes in order to add some context and to show the roles of FC in each community differ.

Each interview took a different amount of time ranging between 2 hours to 3 days depending on the participant. The oldest participant was 58 years old and the youngest
was 20 years old, the older participants spoke for longer than the younger participants. The communities represented included Gikuyu, Kalenjin, Egyptian-Arabic, and Somali. Moreover, the older participants tended to be less educated, were originally from Kenya and Somalia, were widowed, and held more traditional views about the roles of men and women in comparison to the younger participants. The four themes that emerged in relation to FC included: (1) cultural dilemmas, (2) legal dilemmas, (3) rites of passage, and (4) authority.

Cultural Dilemmas Associated With FC

In this study, I define cultural dilemmas connected to FC as difficulties that arise as a result of choosing to practice FC or choosing not to undergo FC when one is an immigrant that comes from a community that practices FC.¹ For example, some of the participants recounted the cultural dilemmas that they confronted in relation to FC. One Somali participant from Somalia shared,

My sisters were circumcised in Somalia at a time when clitoridectomy was common, plus that was the only thing my father would agree to. The thing that changed my father's mind was when one of his daughter's (my half-sister) died giving birth because of FC. Mine was horrible. My mother knew I would be circumcised but she was out numbered and she really didn't have much to say. She said she didn't know it would be as bad as it was. When I first found out I was going to be circumcised, I would run from our house and hide at my friend’s house until it got dark. We didn't have lights so I knew it couldn't be done at night. It was an older guy who circumcised me, he was very mean to me. He said he was going to punish me for running away. He circumcised me so badly and before he was

¹ In some of these communities FC serves as a rite of passage. FC is also perceived as bringing prestige and honor to a girl and her family, which makes her eligible for marriage and raises the status of her family in the eyes of society. The practice of FC is a pre-requisite to marriage in these communities and even where women would choose not to be circumcised because they prefer not to be shunned by society and remain unmarried, they submit to the practice. Herein lays the cultural dilemma! Women in these communities view being ostracized by the community as unfortunate and traumatic. Hence, by submitting to the practice, the women are seen as restoring their dignity and obtaining respect from the community even though the women would rather not undergo circumcision.
I've had kidney pain and menstrual pain.

It is clear from this participant’s account that she was not willing to undergo FC evidenced by her running away and hiding at her friend’s house until it got dark.

It is very and surprising that a male circumcised this participant which is uncommon since performing FC is typically reserved for elderly women who are trained to circumcise girls. This participant’s account of the sadistic nature of this circumciser who wished to punish her for running away by ensuring that she remembered him through her circumcision obviously affected her physically as well as psychologically. Furthermore, it is clear that her father did not support FC because her half-sister had died due to complications associated with FC and would only agree to have her undergo Type I (clitoridectomy), which is uncommon in the Somali community who usually promote Type III (infibulation).

This finding diverges from the literature asserting that FC operates in the larger patriarchy supported by women and men alike. At the same time, this participant noted that her mother was aware that she would be circumcised and caved into group pressure but expressed remorse once she realized the effect the circumcision had on her daughter. This circumstance illustrates how some women shift their views about the cultural practice of FC when they become aware of the serious health consequences.

Moreover, a Kalenjin respondent from Kenya stated,

Type I clitoridectomy is performed on all the girls and is done by a special woman known for being a circumciser and she is paid in secret by the girl’s family. Each girl has an older woman known as Mama Mdogo (younger mother) who sits behind her to hold her legs open and keep her
steady while she is being circumcised, the procedure is very fast, the circumciser clutches as much of the clitoris as she can and cuts it off swiftly then moves on to the next girl with the same unwashed blade, some girls faint during circumcision, others wind up with diseases or bleed and die. Girls who suffer illness or die are believed to have committed some sin and failed to confess all their sins to the community and therefore are paying for their sins”.

There is a marked difference in this participant’s account of her experience with FC as compared to the Somali’s participant noted above. This participant recalled that girls were assigned to older women who ensured that the circumcision was successful by holding the girls steady to prevent unnecessary additional damage caused to surrounding flesh while FC was performed. In this community Type I (clitoridectomy) is performed. There is also a mythical element that arose that was used to explain why some girls healed faster than others. That is, the participant believed that some girls who suffered from illness or death due to their circumcision were blamed for failing to confess their sins. This belief raises questions about accountability where the circumciser gets paid for performing the FC and is not held accountable for the health problems that the girls encounter as a result of the procedure. Instead, the girl who is the victim is blamed for her plight. One of the Gikuyu participants from Kenya confided,

The woman who circumcised her used the same blade for her and the other girls and she wound up with infections. She had recurrent yeast infections, bladder infections and very difficult child delivery. She also suffered psychologically and felt betrayed by her mother and wound up suffering from depression and alcoholism. I also learned of others who were circumcised terribly with a shared blade and wound up with AIDS while others bled to death from the circumcision.

This participant revealed that the use of shared instruments posed a health risk for all of the girls who were circumcised. This participant was aware of the physical and long-
term psychological health problems faced by circumcised girls. The Egyptian participant stated, “I understand that from the FC came diseases and great sadness.” All of the participants experienced or were aware of the negative physical and psychological consequences associated with FC. These negative physical and mental effects of FC create cultural dilemmas for the participants. On the one hand, they want to be accepted by their communities, so they choose to undergo FC or have their daughters circumcised. On the other hand, they encounter severe health consequences for partaking in the practice of FC.

Legal Dilemmas Associated With FC

Immigrants from communities that practice FC who live in locations that have outlawed the practice can also face legal dilemmas if they choose to participate in their cultural practice. Some of the participants in this study noted some of the legal dilemmas they confronted or observed. The participant from Egypt of Arab descent enunciated,

I know that if a doctor practices it, he will be prohibited from practicing medicine again and will be out of the doctors’ syndicate and I think there is also another legal action but I really do not know what it is.

In this account, this participant indicated that she was unaware of anti-FC legal measures; however, she believed that doctors that performed FC would be barred from practicing medicine if they got caught performing FC operations. The knowledge that a doctor could lose her/his license may block doctors from performing FC or it may push the practice underground. Another respondent from the Kalenjin community in Kenya recalled,
I know that FC is illegal in U.S. and is banned in Kenya. The problem is with enforcing the laws especially in Kenya where the chief has a problem with telling the community, which he is a part of to stop a practice, which he may believe in. I do not know of any specific laws, perhaps some relating to violence against women and children and that ought to protect us.

This participant noted that although she was aware that FC is illegal in the U.S. and banned in Kenya, she believed that the main problem was enforcing laws against FC. A cultural dilemma occurred when the chief found it difficult to inform the community about an anti-FC law and punish those who violated the policy, because he himself may believe in the cultural practice of FC. Therefore, enforcing the anti-FC law became a problem because he did not want to act against his own cultural belief in FC or be viewed with disfavor by his constituents. An older participant from Somalia shared,

There are no laws in Somalia against FC. In 2005 there was a campaign against FC and Somali girls came from other states to support the campaign and to push for an end to Pharoan circumcision. The mothers stated that they wanted a promise from the campaign organizers that the men would not reject the girls if they do not get circumcised. In the U.K. there is a law requiring members of practicing communities who want to take their children on vacation have to be medically examined to ensure no FC has been done before their vacation and they are checked again once they return to ensure that they were not circumcised while on vacation. If it found that the children are circumcised upon their return, the parents or guardians face legal consequences. I believe in the U.S. the practice is rare; there are laws against it in the U.S. but they are not as strict as in the U.K. and I do not know any of these laws.

As this participant indicated, there are no laws against FC in Somalia. However, efforts have been made to end Type III (Infibulation/Pharoan) circumcision in Somalia, which seemingly failed because mothers wanted the campaign organizers to promise that ending FC would not prevent their daughters from being eligible for an honorable marriage, which the campaigners could not guarantee. Additionally, the fact that this participant was aware of the punitive measures taken for practicing FC in the U.K., but
could not identify any measures or consequences for practicing FC in the U.S. illustrates the little awareness this participant has about anti-FC laws in the U.S.

Another older Somali participant noted, “I think that the laws are there for some but not others. Sometimes they work and other times they do not, cultural practices tend to override laws.”

The participants’ responses illustrate that they are aware of some of the consequences for violating anti-FC policies. However, a number of them are willing to take the risk of getting caught breaking the law in order to engage in their cultural practice of FC.

**FC as a Rite of Passage**

Some immigrants view FC as a rite of passage that girls must undergo in order to become women and eligible for marriage. Girls are taught to look forward to this ceremony because they will gain respect and honor. The participants in this study shared their experiences about FC serving as a rite of passage.

. . . FC is seen as a rite of passage from girlhood to womanhood. An uncircumcised man is considered to still be a boy who cannot command any respect among his peers or from anyone, likewise, and uncircumcised woman is viewed as a girl and unmarrageable and unclean. Your eligibility for marriage increases when you are circumcised. (noted by one Kenyan participant)

This respondent formed a link between the rationale for male circumcision and female circumcision. She believed that in order to gain respect from one’s peers and society at large, that both girls and boys must be circumcised. Further, circumcision helps to increase one’s eligibility for marriage.
In the Kalenjin community from Kenya another respondent recounted,

The practice occurs once a year in December and a large group of girls within this age group is circumcised at the same time. The mother typically insists on the circumcision of all her daughters and it is a must that all girls get circumcised. There is a belief that if the practice is revealed the one who speaks about it will be cursed forever. There is a daytime celebration prior to the circumcision, which takes place very late in the evening to early morning and a group of 10 to 20 girls are prepared for circumcision. Type I clitoridectomy is performed on all the girls and is done by a special woman known for being a circumciser and she is paid in secret by the girls family. . . . The “Younger mother” is responsible for watching over the girl while she is in the seclusion house for one month. During this month of healing the girls are fed and taken care of they are not supposed to be seen in public and if they are out in public they have to cover their heads. During healing the girl is also taught about marriage and womanhood and she is supposed to endure all pain and hope that she does not get ill. After FC the girl is now looked at as a grown mature woman and can now begin looking for her husband. The ceremony that takes place after the girl heals is when young men come with their families to present themselves and declare an interest in the girl. The girl receives a cow and many gifts after the ceremony.

In this account, the respondent reported that circumcision is related to a period of celebration that builds up to the actual FC followed by a month of seclusion during which the girls are assigned a ‘Younger mother’ who caters to their needs and also educates them about womanhood, how to take care of their homes, and their families. After this period of seclusion, the girls become viewed as respectable women who can now begin looking for husbands. This psychological preparation with an assigned mentor helps the girls with the healing process and understanding the role of women. This process is quite different from the experiences shared by the Somali participants where the circumcision process seemed to be rushed and there was no psychological preparation given to the girls before or after FC was performed.
Clearly, a number of the participants viewed FC as a rite of passage. Despite the negative health consequence that can result from this practice, immigrants continue to indulge in this practice. It is important for girls to participate in this rite of passage in order to become eligible for marriage, gain respect, and receive gifts, just to mention a few honors that are bestowed on circumcised females.

**FC and Authority**

Leaders in these immigrant communities can facilitate or impede the prevalence of the practice of FC. Some of the participants felt that their leaders supported the practice of FC while others believed that their leaders opposed it. For instance, quoting the Arabic Egyptian respondent,

> The religious leaders . . . as for female circumcision they prohibit it . . . and consider it a crime. But there are other non-official leaders whom many people follow and who call for violence, discrimination and for female circumcision as well . . . . In Behera it is not practiced and also in Cairo it is not supposed to be practiced but some continue to practice it [because] they are following the non-official ignorant religious leaders.

This respondent revealed the religious ties some community leaders try to make to support FC. In her community, FC is considered a crime. However, there are ‘non-official’ ignorant leaders that many people follow calling for the continuation of FC. It is clear from this participant’s account that the lack of awareness about anti-FC laws in this community coupled with strong locally-based leaders could help to perpetuate FC or eradicate the practice depending on the leader’s stance on the issue. An older Kenyan Kalenjin respondent recounted,
I don’t think that these laws have been totally effective in eradicating FC in Kenya. There were chiefs I heard about who were fired from their posts because it was discovered that despite the set laws in Kenya outlawing FC there were girls who had been circumcised within their regions. After these chiefs got fired, the new chiefs realized that they were being held accountable for ensuring that no more girls were circumcised.

This participant’s response shows that there were community leaders who supported and opposed FC. These leaders can have a significant impact on the prevalence of FC. The top-down punitive approach utilized in Kenya among the Kalenjin community used to end the cultural practice of FC did not work immediately even though some chiefs were fired because they did not enforce the ant-FC laws. Perhaps, a more collaborative effort between the government and the communities would successfully eliminate this harmful cultural practice.

**Major Research Question**

Do African immigrant women currently living in the U.S., who come from communities that practice FC encounter cultural and legal dilemmas? Based on my findings, the participants are confronted with numerous legal and cultural dilemmas associated with choosing to undergo FC or not selecting to partake in this practice. These women are ostracized by their families and communities if they choose to abandon this practice. They risk being imprisoned and/or suffering from the health problems if they undergo the practice. Renewed vigor in maintaining one’s culture in the new environment could also support the continuation of this practice. Some additional factors that can exacerbate the legal and cultural dilemmas include lack of understanding about basic human rights, children’s rights, reproductive rights, and failure to understand anti-
FC policies and the related penalties and punishments that can be imposed on those do not comply with these measures.

In summation, the participants’ responses indicate that FC as a rite of passage has great cultural significance regardless of the location; it seems to be held more firmly within the host country where community values seem threatened. Furthermore, the participants felt that there were a variety of cultural reasons for practicing FC. None of the participants was familiar with any specific policies that outlaw FC in their country of origin and in the United States. More importantly, the participants noted that ineffective enforcement of policies that outlaw FC that do not include the community itself and its leaders increases the prevalence of non-compliance among immigrants from practicing communities.

**FC and Culture**

Waldner Ferrero (2007) found that “Culture is often used as a reason and defense for the perpetuation of the practice of FC that is required of women and girls” (p. 1). Gachiri (2000) defines cultures as being a learned way of behaving, a response to our innate need for meaning of life, security, identity and a sense of belonging. She notes that cultures have repeated symbolized behaviors tied to a fundamental understanding of the purpose of our existence. The majority of the participants noted that the greatest reason for practicing FC is it is a Rite of Passage, which ensures eligibility for marriage as well as for preventing promiscuity prior to and during marriage.

Visandjee et al. (2003) note that an uncircumcised female is not considered a woman. Circumcision bestows womanhood on females where she will be recognized as
a mature adult. Additional reasons for practicing FC that were noted by participants included perceived religious obligation, a rite of passage from girlhood to womanhood, and FC is part of the community’s cultural tradition which are also reasons cited within the literature. Participants reflected that the relationship between the mothers and daughters determines the perpetuation or eradication of FC in a given community; these African immigrant women, therefore, experience a cultural and legal dilemma as to whether they should follow the set laws or abandon a deep rooted cultural belief that could compromise their daughters’ eligibility for marriage prospects.

Several participants reported that they had decided not to circumcise their daughters because of the health and psychological problems associated with the practice, having undergone it themselves. Whereas, three participants reported that they had been circumcised and felt that they needed to circumcise their daughters to ensure ‘eligibility for marriage’, ‘obedience’ and ‘responsible womanhood’ despite the suffering they themselves encountered from their own circumcisions. However, it is further noted that some participants supported reducing their daughters suffering from FC-related problems such as kidney, bladder, menstrual problems by giving permission and recommending seeking medical help in U.S. involving genital surgeries to re-open the stitches and reconstruct the damaged tissue to help ease suffering. One Somali participant shared the health problems she encountered,

The circumcision caused me to have urinal infections, which caused kidney pain and the psychological pain is everlasting. When I was 16 years old, I had severe kidney pain and my doctor told me I needed to get the circumcision reversed otherwise it would be a big health risk. My mother gave me permission and I had the surgery; one of my aunts was angry with my mum for allowing me to have the surgery but she knew I was having health problems.
This participant recounted the health problems she encountered that resulted from being circumcised. In this instance, her mother shifted her views about the cultural practice of FC in light of the health problems her daughter experienced and later decided to make her daughter’s health a priority over the community’s demands regardless of the backlash she would encounter. This participant’s mother rejected the requirement that her daughter be circumcised, the patriarchal definition of womanhood, and the condition that her daughter be circumcised in order to become eligible for marriage. This action presented a cultural dilemma for this participant and her mother where their community could possibly ostracize them. In the long-run, these types of actions could help to reduce the prevalence of FC and facilitate a shift in the community’s attitude toward the practice of FC.

I did not suffer from my circumcision but I decided not to circumcise my daughter. I had seen girls bleed very heavily from a circumcision done badly, while others died. Some girls got diseases from a septic wound. The belief that circumcision is healthy for a girl or woman also blocks individuals from seeking medical help to address complications arising from their circumcision noted this participant from the Kalenjin community in Kenya. In this account, this respondent recounted that although she did not suffer from her own circumcision, she would not circumcise her own daughter because of the various health problems she had witnessed among other girls. She further elaborated on the important effect that culture can have in overriding the need for seeking medical assistance to address complications related to the circumcision. It is possible to see that the awareness of the harm FC causes healthwise can cause some women to choose not to circumcise their daughters despite their cultural beliefs.
This reflects a major shift in decision-making within the family where the mother in the U.S. finds herself as the head of the family making decisions that would typically require permission from a male within the family such as husband, grandfather, or uncles which would present a cultural dilemma for the African immigrant women as a participant elucidated,

The role of mothers is to take care of the home, husband, and children. However within U.S. women are placed in a position where they have to work and can conduct business which creates a reversal of roles within the home and that cause major problems within the family where men are present.

Participants note that there is a marked difference in family structure in U.S. presenting a cultural and legal dilemma African immigrant women find themselves in, as one participant from the Kalenjin community in Kenya asserted,

The family unit which is communal and not individual applies pressure on the individual making it difficult to shun certain cultural practices such as FC even if that individual doesn’t necessarily believe in those practices. This is especially the case for women who may have little or no education and no job skills, and are reliant on the family or husband so has very little room for speaking out. This is also the case for a woman who marries into a community that believes in FC and she feels stuck, if she leaves her marital home, her family will send her back and so she is silent and the woman wouldn’t call on the law enforcement officers for help because technically the children belong to the man and his family so the woman would be removed from the home and have no where to go and wouldn’t even have her children with her.

This participant made comparisons of the roles of the nuclear families in U.S. in comparison to the communal extended family set up in her native country. She also was aware that the U.S. shuns her community’s cultural beliefs and practices. Although she may not believe in the cultural practice of FC, she felt that the lack of job skills and education, further alienated immigrants who were very dependent on the family or husband, which reduces opportunities for speaking out against any injustice such as FC.
The cultural dynamics needs to be highlighted here, where this participant points out that the children belong to the man and his family. Consequently, the woman may feel the need to escape from an abusive marital situation but does not wish to leave her children, nor does she wish to involve the law enforcement officers. She may even wish not to circumcise her daughter; however, she must concur with the wishes of her husband under these circumstances. Many of these women are not aware of programs and laws in the U.S. that protect women from domestic abuse, offer sole or joint custody of their children, and provide some educational and job skills training.

The circumcised female moves from the “asexual world of childhood to the sex-segregated world of adulthood” (Van Gennep, 1960, p. 71). As noted by majority of participants the woman’s main role in the home is to serve as a homemaker and caretaker of the family, and the man’s main role is to provide for and protect his family. In this way, the women’s role is predestined to end within the home-making capacity.

In regards to the age at which FC occurs, the literature notes that girls are circumcised as early as two weeks after birth to adulthood (Burstyn, 1995). In Somalia, Egypt, Guinea, Sierra Leone, Djibouti, Mali, and Sudan 90% or more of females between the ages of 15 and 49 years old have been circumcised. Hosken (1994) found that practicing communities circumcise girls at young ages in order to avoid resistance from the children because as they get older and form their own opinions, they may choose not to practice FC. The element of choice for girls to accept or reject FC is removed and is culturally endorsed as being desirable for girls who wish to marry honorably as that is deemed their role in society. That is, to be groomed into obedient, submissive wives and mothers. There were differences in the ages when FC is performed among participants.
The majority of the participants reported that FC occurs from as early as 9 years of age into early adulthood. The majority of the participants were aware that the practice would take place having been taught about its importance by their mothers, grandmothers, aunts, or other women within the community.

**FC and Feminist Discourse**

According to the feminist literature, FC operates within a patriarchal society. Feminists state that FC is rooted in controlling women and ensuring that they are clean, chaste, subservient, faithful, and virginal (Daly, 1978). However, although the results of this study, for the most part, indicate that women perpetuate and support this practice, some of the participants reported that they had decided to grant their daughters permission to have the FC stitches removed or opened to reduce their suffering. While another participant reported that although she did not suffer from her circumcision, she had decided not to circumcise her daughter, which is a rejection of the patriarchal definition of womanhood and the need for FC within these communities of eligibility for honorable marriage. Seven out of nine participants stated that women are the strongest supporters of FC for the following reasons: it increases eligibility for marriage, an uncircumcised girl is unclean, it reduces hypersexuality among girls, religious obligation, girls are taught that there is something bad between her legs, it reduces pregnancy, it keeps women submissive, it promotes strong womanhood, it helps girls to be obedient, it is good for the girls’ health, it ensures faithfulness towards the husband after marriage, it honors the ancestors, it makes the birth process easier, to fit in with their peers and avoid being shunned by the community.
The reasons given by the participants for practicing FC are similar to the literature where hygienic, health, religious, and mythical reasons have also been used to facilitate the practice of FC. FC as a Rite of Passage emerged as a major theme in this study, which negated literature that men support FC and also revealed the relationship between mothers and daughters in the cycle of perpetuation or eradication of FC. Some of the physical health problems the participants encountered included kidney pain, bladder infections, repeated yeast infections, severe menstrual pain, and depression among others. Some of the mothers in this study decided to reject FC and patriarchy when they became aware of the health problems associated with FC. Even if women perpetuate this practice, they also have a strong influence on ending the practice as shown by the participants in my study where they gave permission to their daughters to have the practice reversed when faced with health problems.

Rahman and Toubia (2000) argue that sexuality is a socially constructed concept that varies depending on the community. Claims have been made that girls who do not undergo FC will be dirty and smell (Ahmadu, 2000; Johansen, 2007; Talle, 1993). Others argue that it makes childbirth easier and that women who have not been circumcised cannot have children (Gachiri, 2000). Among the Kikuyu of Kenya, Kenyatta (1938, p. 25) found that FC is perceived as bringing prestige and honor to a girl and her family, which makes her eligible for marriage and raises the status of her family in the eyes of society. Two participants from the Kikuyu community confirmed this belief. The practice of FC is a pre-requisite to marriage in these communities and even where women would choose not to be circumcised, they prefer not to be shunned by society and remain
unmarried, so they submit to the practice. In this way it is possible to see the important role the family and community at large plays in decision-making within the home.

Huber (1986) noted that, in any society, most power and prestige rests with the people who control the distribution of valued goods beyond the family. In the case of FC, the males as noted by all participants are to provide for and protect their families while women’s main role is to be home-maker, their economic power becomes limited since they are functioning within this set limit in the home. Additionally, as noted by the majority of the participants, FC serves as a pre-requisite to marriage and therefore serves as a bargaining tool for a higher dowry from the groom’s family to the bride’s family that will be negotiated by the men of the family. This describes the imbalance of power and decision-making within practicing communities.

However, the participants noted the change in roles in the host country which also influences the decision-making within the family, as one respondent stated, “Today these dynamics have changed where women are also breadwinners and caretakers.”

Another respondent stated, “Within the U.S. women are placed in a position where they have to work and can conduct business which creates a reversal of roles within the home and that cause major problems within the family where men are present.”

Functionalists hold that FC is not about sex; it is about group membership, representing a rite of passage (Durkheim, 1912; Van Gennep, 1960). That is, FC is seen as a coming-of-age practice serving as a rite of passage from girlhood into womanhood, eligibility for marriage, where in other societies young girls may choose to undergo the practice due to peer and societal pressure (Ahmadu, 2000; Behrendt & Moritz, 2005;
Hernlund, 2003; Johansen, 2007). Most of the participants’ responses converged with the literature, that is, FC is used to ensure the chastity and fidelity of the woman. Three participants reported that without FC the girl would not be considered a fully-grown woman and would not be respected within society.

**Factors That Facilitate the Prevalence of FC**

When considering FC as a Rite of Passage that marks the transition of girls into womanhood, several additional factors contribute to the perpetuation of FC including societal pressure, family pressure, isolation, cultural and language barriers. These factors contribute to the cultural and legal dilemma African immigrant women find themselves facing in the U.S. where FC is outlawed and their cultural ties and loyalty to the community overrides the desire to follow set laws. This is especially true where the African immigrant women risk being ostracized in a new environment without the community support or the necessary educational or work skills to survive alone in the new environment.

Many of participants felt that language, communication, social and cultural barriers were the biggest challenges they faced in their assimilation process. Communities that practice FC who immigrate outside of the home country for various reasons including education, employment, as well as political strife within their homelands, will find ways to continue this cultural practice. As Burstyn (1995) noted “families will transport a circumciser from the homeland to the United States because it's cheaper to import a circumciser than sending several girls abroad” (p. 38) in order to sustain this practice. Similarly, two participants reported, “if a family has the finances to
take the children to the home country to be circumcised they would do it.” This account presents a serious legal dilemma where the African immigrant women can go around the set laws and circumcise the female children in the home country during vacation provided finances are available and return to the U.S. having circumcised the female children.

The existence of other traditional practices linked to FC add to the rite of passage theme. Participants reported the following practices include dowry, male and female FC, marriage ceremonies, as well as funeral and burial ceremonies. A participant of Somali origin stated,

Marriage is arranged by the family, the husband is chosen by the father for the daughters. When it comes to marriage it kind of depends on the family. My family has always been open minded about marriage; all of my sisters got married to a man of their choice. Somali culture believes in polygamy and Islam allows marrying up to 4 wives. Somali culture also supports female circumcision and girls usually get circumcised at 5 yrs of age; about a week or so before marriage the stitches are removed but not always.

Among the Somali, various practices mark the different periods of a girl’s life from childhood into adulthood, which include FC, arranged marriages which are polygamous in nature, just to mention a few. This participant noted that although the father typically arranges marriages, her family decided to allow her sisters to choose whom they wished to marry which is a shift from the cultural patriarchal belief that a father should choose his daughters’ husbands. She also shared that although FC occurs at the tender age of 5 years old, sometimes the stitches are not removed until right before marriage, which could present some severe health problems for the woman since Somali FC is Type III (Infibulation), which is the most severe form of the practice. A Kenyan Kalenjin participant asserted,
Marriages are typically polygamous and are performed by a respected elderly woman within the community. The bride and groom dress in traditional clothing and have their ears traditionally pierced and representatives speak for the parents in stating the wishes for the family. Polygamous marriages are part of Kalenjin-Tugen culture, a man can marry as many wives as he wants provided he can pay their dowry and can support them, and dowry is paid according to educational level so a woman with higher education will receive a larger dowry. Dowry includes various gifts and 4 cows the groom’s family comes together and has a collection (Harambee) to pay the brides’ dowry. My father had 4 wives, 2 of the younger wives ran away. At 15 years to 18 years of age girls are circumcised, the practice of FC is very secret.

This participant began her recollection by noting that among the Kalenjin community marriages are polygamous and a man can marry as many wives as he wishes provided he can pay their dowry and support them. She further shared that the dowry is paid according to her educational attainment of the girl. That is, the more educated the girl, the larger her dowry will be. This presents an interesting economic dynamic for a large family that cannot educate every child where it may be beneficial for the family to just marry off the girls early to avoid situations where grooms cannot afford to pay for a highly educated girl. In these situations it is more financially beneficial for the families who have highly educated girls, since the family would then receive a larger dowry from the groom’s family in comparison to families that have less educated daughters. With regard to FC, she noted that the practice is shrouded in secrecy. Any efforts aimed at outlawing FC in this community would be difficult, given the secret nature of the practice.

The traditional practices noted above within the Somali and Kalenjin communities signify important life periods of birth, adolescence, marriage, and death. As such, addressing FC and the cultural and legal issues without holistically acknowledging its role within the community as part of the life process will be unsuccessful.
The aim of FC, in these communities is to limit the sexual desire and promiscuity among girls and women (Save the Children Canada, 2007). Some of the themes that emerged as a reason most communities hold onto this practice are that FC encourages chastity before marriage, loyalty, as well as faithfulness during marriage. The participants in my study identified the following additional factors that may influence them to hold on to the practice of FC – renewed vigor in maintaining culture, lack of understanding set laws and basic human rights, lack of understanding women’s protections and reproductive rights, failure to understand that law enforcement within the U.S. will indeed protect the women, fear of governmental interference with the community, community pressure, parental or spousal pressure and lack of understanding the health effects of FC on the girl’s or woman’s body.

Grassivaro-Gallo (1985) found that younger women in Somalia and those with more formal schooling are more likely to favor the least severe forms of the practice or to favor no circumcision at all. The education level of participants varied from person to person and also varied in the occurrence and type of FC practiced. The participants with less than high school education indicated a more traditionalistic thought process towards the roles of men and women in the community and also reported Type III circumcision; those with higher education reflected a less traditionalistic sense towards male and female roles within the community.

**FC as a Cultural Dilemma**

A cultural dilemma occurs among African immigrant women faced with the fear of community rejection, which could also serve as a factor that contributes to the
continuation of FC. In regards to specific views about FC, various viewpoints regarding have been aired within the literature. Visandjee et al. (2003) noted that being ostracized by the community is unfortunate and traumatic for women who are uncircumcised. By submitting to the practice, the women are seen as restoring their dignity and obtaining respect from the community (p. 118). Ahmadu (2000) reflected on her remigration from America back to Sierra Leone where she underwent FC willingly in order to avoid being ostracized by her community. Ahmadu (2000, p. 290) argued that immigrant women including those who may not support FC are obliged to mutilate their daughters in order to avoid their daughters being the ‘odd one out’.

**FC as a Legal Dilemma**

Legal dilemmas occur where participants also reported that FC continues in secret due to fear of governmental interference with the community, community pressure, parental or spousal pressure also contribute to the continuation of FC as evidenced in one account where a participant stated that her relative in Europe rejected his bride because he thought she was uncircumcised even if she had Type I circumcision. The bride demanded that her father pay for her flight back to Somalia to get Type III circumcision and prevent her husband from rejecting her and further threatened to commit suicide if her father failed to comply with her demand so he paid for her to go to Somalia and have Type III circumcision. However, although all participants noted the deep cultural roots and various reasons given for the practice of FC, their personal views in regards to the practice were not in favor of the continuation of FC.
Factors That Impede the Practice of FC

Vissandjee et al. (2003) found that an overwhelming majority of immigrants all felt the need to preserve their ethnic identity and continued to hold onto major cultural practices as in the country of origin. Some of the immigrants noted residing far from their country of origin could also affect their decision-making process about practicing FC where the parents’ decision overrides the societal or community decision. FC and the law as a theme emerged while discussing the factors that could influence immigrant women’s assimilation into the new environment and abandonment of FC. These included knowledge about laws that punish those who practice FC, knowledge about health problems related to FC, and the availability of various social services that assist could assist the immigrants with their resettlement process.

Majority of the participants stated that knowledge about laws serves as a deterrent to committing offenses, such as the practice of FC, only if the laws and policies are enforced. However, although this may be a legal deterrent, it does not address the cultural dilemma that the African immigrant women would face as a result of rejecting FC and the potential backlash that they could experience from their communities and families. The enforcement strategies adopted along with the set laws would have to be enforced within practicing communities in a clear and understandable manner for them to be effective. In order for the community to feel motivated to follow the set laws, a bottom-up approach should be implemented which could yield greater success in increasing compliance. This could be achieved by involving religious and community leaders as well as utilizing educational programs in conjunction with the set laws.
This approach would probably be more beneficial and successful in increasing compliance with set laws against FC among practicing communities residing in the U.S. This is especially true since the current punitive top-down approach in stopping FC has proven to be unsuccessful in the U.S.

The literature reflects that some second-generation immigrants are open to giving up practice of FC when they move away from the home country. Grassivaro-Gallo (1986) found that younger women in Somalia and those with more formal schooling were more likely to favor the least severe forms of the practice or to favor no circumcision at all. Roosens (1989) asserts that cultural assimilation is easier for second-generation immigrants than it is for their parents. According to the majority of the participants, some additional reasons that can assist in the assimilation process that could motivate them to abandon FC include acquiring higher education and finding a job. Two participants noted that greater assistance is needed with housing and medical problems, as well as more assistance with gaining access to English as a Second Language (ESL) classes.

The role of religion and religious leaders as a theme emerged when considering the eradication or perpetuation of FC. Authority can either eradicate or perpetuate practices such as FC. Weber (1958) notes that traditional authority is legitimated by the sanctity of tradition and the right to rule is passed down based on cultural norms; consequently, tradition trumps all other systems of order. Charismatic authority is found in a leader whose mission inspires others and is based upon the perceived extraordinary characteristics of an individual such as a religious leader. The role of the charismatic leader is, therefore, integral in the persistence or discontinuation of FC depending on how
the religious leader perceives the practice in relation to cultural and personal morality for girls and women as decreed by her/his religious beliefs.

Blau (1963) in his critical discussion on Weber’s theories of authority found that legal-rational authority is dynamic, rational, and impersonal unlike traditional authority, which is stable and charismatic authority, which is personal. Legal-rational authority is empowered by a formalistic belief in the content of the law (legal) or natural law (rationality). Obedience is given to a set of uniform principles and not an individual legal-rational authority could eradicate the harmful effects of FC if policies are enacted that criminalize FC are enforced and the communities that practice FC comply with those policies.

FC is found in communities that may have the exterior of a legal rational leadership but has an internal traditionalistic core of a charismatic leader. Under this type of mixed leadership, it is hard to determine whether the leader, a respected member of society, will support or oppose the practice of FC, which would present a legal dilemma. As Rahman and Toubia (2000) assert, sexuality is a socially constructed concept that varies depending on the community. All participants noted that the role of the religious leader is integral in the persistence or discontinuation of FC depending on how the religious leader perceives the practice in relation to cultural and personal morality for girls and women as decreed by Christianity, Judaism, or Islam.

Religious obligation is another reason used to justify the practice of FC. Gachiri (2000) notes that some parents justified circumcising their daughters by saying that, “It is good . . . it is like the circumcision of boys, even the Bible tells us to circumcise our children” (p. 31). Participants from the Kalenjin and Gikuyu community noted that their
religious beliefs were Christian based and the Somali and Egyptian participants reported that they were Islamic-Sunni. However, the Somali and Egyptian participants reported that religious leader’s role may be rigid or liberal in the interpretation of the religious guidelines depending on the group they lead, which could have bearing on the way FC is portrayed and therefore influence its perpetuation or eradication.

Enactment of Laws Against the Practice of FC

FC and the law was a theme that emerged from the participants’ responses. The legal dilemma occurs where African immigrant women do not understand the set laws against FC in the U.S. and do not feel motivated to comply with these set laws. The international community has generally regarded FC as a violation of human rights. Many countries have enacted formal policies that outlaw the practice of FC (see Table 2). It is noted that FC appeared in Western countries as an asylum-based issue, to protect asylum seekers from being deported back to their countries of origin where they fear being forced to undergo this practice (Dorkenoo & Elworthy, 1992; Hosken, 19894; WHO, 1998). Boyle et al. (2001) assert that part of the motivation in tying U.S. foreign aid to other countries eradication efforts may have been to avoid an influx of approximately 80 million asylum seeking African immigrant women in U.S. Additionally, FC eradication campaigns have been viewed as culturally imperialistic (James, 1998; Morsy, 1991; Nnaemeka, 2005) and the laws against FC have been

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2 Human rights are basic rights and freedoms that all people are entitled to regardless of nationality, sex, national or ethnic origin, race, religion, language, or other status. Human rights include civil and political rights, such as the right to life, liberty and freedom of expression; and social, cultural and economic rights including the right to participate in culture, the right to food, and the right to work and receive an education. Human rights are protected and upheld by international and national laws and treaties (Universal Declaration of Human Rights 1948).
perceived as penalizing instead of protecting immigrant populations (Allotey et al., 2001; Rogers, 2007).

In 1979 Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) was publicly endorsed by the international community addressing equal rights for women in all fields (U.N., 1979). CEDAW “calls on governments to modify or abolish customs and practices that constitute discrimination against women or are based on the idea of female inferiority or stereotyped roles” (Toubia, 1995, p. 233). CEDAW determined that FC is a harmful practice to women’s and girls’ health. As of October 1, 2009, 186 countries have ratified the CEDAW Treaty. However, the U.S. is one of the countries that has not yet ratified CEDAW (CEDAW, 2010).

The federal government and 19 states in the U.S. adopted policies that outlaw FC. However, it appears that there is a problem with enforcement of these laws, which presents a legal dilemma. African immigrant women arrive in the U.S. for various reasons including work or educational opportunities, from communities that practice FC and they may support the set laws within the host country, but have a conflict between supporting the law and maintaining their cultural practice in the new country. (FGM Network Org, 2007).

To date, only two FC cases have been prosecuted which presents a cultural dilemma. One such case has been prosecuted in Atlanta, Georgia where Khalid Adem circumcised his daughter with scissors and was arrested in 2003 and charged with Aggravated Battery and Cruelty to Children. He was sentenced to 10 years in prison. He was not charged under Georgia's Anti-FC law because there was no Anti-FC law in Georgia at the time of his daughter’s circumcision (Female Genital Mutilation Network,
2006). Also, on March 10, 2010 a 35-year-old mother in Lagrange, Georgia was arrested and is being held on charges of FC and third-degree cruelty to children (Female Genital Mutilation Network, 2006).

All of the participants reported that U.S. laws are unclear and ineffective illuminating the cultural and legal dilemma that African immigrant women find themselves in where they are torn between following their cultural practices or with supporting the set laws. All participants noted that communication of laws could come from elders within the family or the community as one Kenyan Kalenjin participant asserted,

Elders serve as leaders; they give guidance and also settle disputes within the family. Elders oversee community activities, solve cases, discipline children who misbehave and formulate agendas on how to confront the legal matters within the community and curb crime. It is considered a privilege to be part of the council of elders and villagers will typically pay the elders with livestock and wages.

In this account, this respondent recalled the importance attached to serving on the council of elders and the variety of leadership roles the elder plays in the community.

Consequently, any efforts to eliminate the practice of FC must involve the council of elders within this community, since they are respected rather than from leaders outside of the community.

Another Somali participant stated,

Elders come together to stop incidences such as domestic violence. They are less effective in U.S. because the family connection present in the home country is lost and the culture of togetherness and overall respect is lost, everything is replaced by laws that don’t understand our culture.

This participant described some of the leadership roles that elders play within the community. She also was aware that in the U.S. these family connections and ties
become broken. More importantly, the level of respect that youth have for elders is also lost with assimilation into the U.S. where the elders lose their status as respected leaders. It is not clear how these immigrants will respond to anti-FC laws. The participants also noted that they did not understand the laws against FC and noted that lack of involving the practicing community and its leaders in the policy making process coupled with renewed vigor in maintaining culture in the new environment could also support the continuation of this practice as this Somali participant stated,

I think that the laws are there for some but not others. Sometimes they work and other times they do not, cultural practices tend to override laws they need to involve the communities.

In this account, it is clear that there is a lack of understanding who these laws apply to and the feeling that sometimes they are simply ineffective because when a community is faced with the cultural dilemma of following anti-FC laws or following cultural demands, many times culture overrides the law, as if these anti-FC laws do not apply to these immigrants in the U.S. The policymakers who enact anti-FC laws aimed at eradication of FC need to educate the practicing communities about the penalties and punishments that can be imposed on people who violate the law.

Community discussions regarding African immigrant situations within host countries provides insight into various living conditions where the participants were able to provide a comparison of U.K. criminal penalties for practicing FC there in comparison to the U.S. A Somali participant asserted,

The laws in U.S. against FC are not widely known and are therefore ineffective. If a family has the finances to take the children to the home country to be circumcised, they will do it. Maybe if the laws became as strict as in the U.K., the practice abroad may stop.
This participant indicated that her community is not aware of U.S. laws against FC. Therefore, these laws are ineffective. Further, she shared that if a family has the financial resources to take the child to the home country for circumcision, then they will take their daughter overseas to get her circumcised. She believed that if the anti-FC laws in the U.S. were similar to the U.K’s. punitive measures that prevent parents from taking their female children abroad for circumcision, these policies would be an effective deterrent.

A Kenyan participant from the Kalenjin community elucidated, “I do not know of any specific laws in U.S., the main problem is with enforcing the laws . . . the community and its leaders need to be involved somehow.”

This participant was very vocal about the fact that she was unaware of there being laws against FC in the U.S. and stated that one of the main problems with enforcing the anti-FC laws in the U.S. is that the immigrant community and its leaders are not involved. The involvement of the immigrant community and its leaders is crucial. These leaders can raise awareness about anti-FC laws, health problems associated with FC, and how the practice of FC violates women’s and girl’s human rights.

In addition, the top-down punitive approach that the law currently has is ineffective as has been reported by participants in this study as well as in the literature where cases of FC continue to occur in the U.S. where it is outlawed as recently as March 10, 2010 in Lagrange, CA where a woman circumcised her 10-month-old baby. A lack of understanding basic human rights, lack of understanding women’s protections, reproductive rights, and failure to understand that law enforcement within the U.S. will indeed protect the women and will perpetuate the practice of FC among immigrants.
Furthermore, Leye and Sebbe, (2009) state, “Prosecution and protection is largely dependent on someone speaking up.” Nour (2009) found that children are least likely to report their parents for practicing FC, if no one reports those who violate these laws, then this practice will persist, especially when protection for those reporting the occurrence of the practice is not made clear and understandable.

**Limitations of the Study**

One of the major limitations of this study is that the secret nature of FC in U.S. where the practice is outlawed limited the number of participants that were willing to participate in this study. Furthermore, the findings from this study cannot be generalized to the population. That is, the findings only reflect the views of the participants interviewed from the respective communities. More questions could have been added to the interview guide regarding perceptions on the law, which can be explored in future studies.

Additionally, I received offers to interview participants within other countries who wished to express their perceptions about FC. However, due to my limited finances, I was only able to physically do face-to-face interviews with participants within Ohio and phone interview with participants in other states in the U.S. In the future I would like to interview immigrant women from other practicing communities who live in other countries in person to gain an understanding of their perceptions about FC and compliance with the set laws within those countries.
CHAPTER V

CONCLUSION AND RECOMMENDATIONS

African immigrants from communities that practice FC are increasingly relocating to the U.S. where the practice has been outlawed. Many of these immigrants who come from practicing communities are faced with both cultural and legal dilemmas in the U.S. Based on the results of this study, I learned that FC is a practice that is culturally endorsed and supported by men and women in practicing communities. Among women FC is promoted for various reasons, including serving as a rite of passage from childhood into womanhood and a precondition for marriage. This cultural practice is passed on from mother to daughter in each generation, which serves to reinforce FC as a necessary step into respectable womanhood and eligibility for marriage. At the same time, I also learned that even though women perpetuate the practice, they also serve as important elements in deciding to eradicate FC and its harmful health effects as indicated by some of the participants who reported deciding not to circumcise their daughters and others who reported giving permission to the daughters to have their circumcision stitches removed or opened up due to severe health problems directly related to their circumcision. This is a sign of the women rejecting the patriarchy’s notions that FC is necessary for girl’s virginity before marriage and fidelity after marriage where the mothers place their daughters’ health and well being as a priority over the cultural practice of FC regardless of the cultural ramifications.
I also discovered that this practice is still viewed as a rite of passage which plays a vital role in the perpetuation of FC among African immigrants in the U.S. FC is a deeply embedded cultural practice among some immigrant communities that has legal implications where the African immigrants may feel the desire to follow the set laws against FC within the host country to avoid legal problems but also feel the need to conform to the cultural practice regardless of the legal implications. As noted by the participants, if a family has the financial resources to remove a child from the U.S. to be circumcised in the home country, then they will do so because the understanding of the law is that performing FC in the U.S. is a crime but not if it is performed in the home country.

The literature review indicates that the U.S. federal law criminalizing FC is criticized as being a symbolic gesture that “regulates a group with little political or economic power in the U.S. and recent immigrants and refugees. Moreover, U.S. political and legal interventions, as relates to FC, have been criticized as “nationalist/racist initiatives couched in feminist rhetoric” (Wade, 2009, p. 293). This means that, eradication of FC campaigns have been viewed as culturally imperialistic (James, 1998; Morsy, 1991; Nnaemeka, 2005) and the laws against FC have been perceived as penalizing instead of protective of immigrant populations (Allotey et al., 2001; Rogers 2007).

The federal government enacted the Female Genital Mutilation Act in 1996. In addition, 19 U.S. states have adopted laws against FC and the punishments range from 6 months (Texas) to 30 years (Illinois) of imprisonment (Rahman & Toubia, 2000). The majority of these laws were modelled after the federal law. Legal dilemmas arise when
immigrants practice FC in the U.S. and get arrested and prosecuted for violating the anti-FC laws. Examples of some of these legal dilemmas were noted in the two FC cases in LaGrange and Atlanta Georgia mentioned earlier in Chapter I. Some of the immigrant women in this study were torn between maintaining their cultural practice of FC and choosing to comply with anti-FC laws in the U.S. Although the participants were aware of policies that criminalize FC, they noted that their community members in the U.S. finds ways around these laws and take the risks of being prosecuted in order to partake in their cultural practice. For example, some of the participants took the risk of being caught breaking the law by having their daughters circumcised so that they could partake in the rite of passage that transforms them from girls into women and ensure their eligibility for marriage. They further noted that if a family has the finances to take a girl outside of the U.S. to have her circumcised, the family would do so. The understanding of the law is that performing FC in the U.S. is a crime but not if it is done outside of the U.S. This indicates that the information regarding the legal measures taken against performing FC on girls and the legal consequences for performing this practice on the girl within and outside the U.S. provided the girl is a legal resident of the U.S. is very unclear and insufficient.

The U.S. State Department issued a press release on December 18, 2009 marking the 30th anniversary of the UN’s Adoption of CEDAW, supporting its ratification by the U.S., a process that requires a two-thirds majority senate vote. Although the Obama administration has expressed its desire for ratifying the CEDAW treaty, the greatest challenge will be in ensuring that it is placed on the Senate Foreign Relations Committee (SFRC) agenda, and that it is actually ratified by the Senate (CEDAW, 2010). Some
support for ratifying the treaty may come from Senator Barbara Boxer who is a strong supporter and chairs the Foreign Relations Subcommittee on International Operations and Organizations, Human Rights, Democracy, and Global Women’s Issues, where the bill will be debated. Additional support comes from John Kerry the Democratic representative of Massachusetts and also the Senate Foreign Relations Committee (SFRC) Chair, who has indicated that he supports the bill. In 2002, the Senate Foreign Relations Committee (SFRC) voted to pass CEDAW, but Republican opposition stalled it.

**Contribution of This Study**

This study is one of the first to shed some light on some of the cultural and legal dilemmas that African immigrant women from communities that practice FC encounter in the U.S. Based on the results of the interviews I conducted, I was able to gain an understanding about the importance of FC in these communities, namely, because immigrants were willing to take the risks of being caught violating the anti-FC policies and facing the consequences that can include imprisonment. Further, the participants felt that the anti-FC laws in the U.S. were unclear, inefficient, and ineffective. The findings also suggested that the information that the African immigrant women are receiving regarding the laws against FC in U.S. is inadequate and does not include them, and that the anti-FC laws in the U.S. were not an effective deterrent. Further, the participants felt that the laws did not address issues of extraterritoriality. Doyle (2010) notes that though the U.S. has mutual legal assistance treaties with other nations with emphasis on “cooperative law enforcement assistance” (p.1), legislative intent determines the
application and enforcement strategies. Despite several Federal statutes having the extraterritorial applications, prosecutions have been very few and individual state prosecution for criminal activity abroad is limited. That is, U.S. laws did not prevent parents from taking their female children out of the country to be circumcised.

**Recommendations and Implications for Policy, Enforcement, and Compliance**

Although the federal government in the U.S. and 19 states have adopted anti-FC policies, some immigrant communities are willing to take the risk of going to prison in order to practice FC.

**Policy**

The laws should be informed by the cultures involved and would be more effective if they took into account the cultural framework that they are geared towards. As such, the laws need to be revisited and adjusted in order to deter immigrants from practicing FC by involving religious leaders and elders who are still recognized as holding leadership positions within the community; as well as women and men within the practicing communities with a focus on education and outreach. While providing information by itself as an initiative would not be sufficient in changing people’s attitudes towards FC, a shift towards using more innovative means of communicating the harm of FC from a human rights perspective as well as a legal perspective could be greatly enhanced by using theatre, music, or movies. In traditional African communities, Gachiri (2000) notes that one of the ways communities communicated ideas and moral lessons within the community is through oral literature or story-telling usually by community elders or religious leaders. Using these same grass-roots Bottom-Up methods
of communication may be more successful and may be received better by the targeted communities.

Occasional evaluation of the impact that anti-FC policies in the U.S. are having on the prevalence of FC could help to improve the effectiveness of these policies. One such method could involve the U.S. ratifying the 1979 United Nation’s Convention on the Elimination of all forms of Discrimination against Women (CEDAW) that was publicly endorsed by the international community; this addresses equal rights for women in all fields, including denouncing FC (United Nations, 1979). If the U.S. ratified CEDAW, then it would be required to evaluate the impact of its FC policies and report on the programming and legal progress that the country has made in addressing this issue every 5 years. The Obama administration has expressed an interest in ratifying this treaty (CEDAW, 2010). Ratification of the CEDAW treaty will help to strengthen the commitment to human rights efforts, including elimination of FC, that are geared towards gender equality and serve as a tool for addressing accountability and evaluation of the impact of policies and programs designed to deter and eliminate FC. However, two-thirds of the majority of the senate must vote in favor of this measure in order to ratify this treaty.

The use of legal measures needs to be carefully considered and tied into other educational efforts to increase responsivity of the law towards FC. This would make the law an effective tool for changing the attitude towards FC among African practicing communities by framing it as discrimination against women and continue persuading communities to abandon FC by involving the communities themselves in providing culturally acceptable ways of disseminating the legal information.
The U.S. should also consider adding extraterritoriality provisions to its anti-FC policies in order to strengthen the policy and, more importantly, reduce the prevalence of FC from being performed on immigrant females that are residents of the U.S. or have become citizens of the U.S. That is, U.S. laws have not prevented parents from taking their female children out of the country to be circumcised. Extraterritoriality provisions have proved to be effective in European nations such as the U.K., France, Portugal, and Finland that have a sizeable immigrant population that come from communities that practice FC (Leye & Sebbe, 2009). The adoption of anti-FC policies alone will not reduce and eliminate the practice of FC in the U.S. Changes in the law, effective enforcement procedures, and implementation of effective educational programs must also be put into place to educate immigrants about the health and human rights aspects of FC and also inform them of the punishments that ensue from violating the anti-FC laws.

**Enforcement and Compliance**

It is vital that the laws that are designed to prevent FC from being practiced include input from leaders from the immigrant communities that employ this practice. That is, the cultural beliefs associated with the practice of FC should inform the legal framework. Aggressive enforcement strategies can increase the number of immigrants that are prosecuted for violating anti-FC laws. However, aggressive enforcement of laws alone is not enough to get communities to abandon FC. The top-down largely punitive approach of adopting and enforcing laws has proven to be ineffective in successfully putting an end to the practice of FC.
The WHO (2008) found that multi-faceted holistic approaches are more effective in getting practicing communities to abandon the practice of FC. These holistic approaches use a bottom-up, community-based grassroots efforts to get communities to stop practicing FC. McCaffrey and Vogt (2009) found that acceptance of policies and compliance increased when people perceived laws as being fair and meeting the needs of the community. (Cheyes & Cheyes, 1993). Moreover, Cheyes and Cheyes (1993) indicate that enforcement strategies that utilize persuasion and provide assistance are less costly and less intrusive compared to coercive sanctions.

One successful holistic community-based enforcement approach used religious leaders from the practicing communities to educate the community about human rights, child rights, health problems associated with FC, and policies that outlaw the practice. This community-based effort was implemented in Senegal (Tostan Community Led Development, 2007). This effort started at the community level with involvement from the Muslim religious leaders, ‘Imams’, who talked about the health impacts associated with FC, human rights, child rights, and laws that criminalize FC. As a result of employing this approach, many communities have abandoned the practice of FC. Currently, 3,307 communities in Senegal, 298 communities in Guinea, and 23 communities in Burkina Faso have abandoned this practice (Tostan Community Led Development, 2007).

Another example of successful implementation of a holistic community-based approach is the “Alternative Rites of Passage” program, which has been used as a substitute for the cultural practice of FC that moves a girl from childhood into womanhood. This approach program combines the positive aspects of the cultural
practice of FC with modern family life education that excludes the genital cutting. This program was successful in Kenya among the Tharaka called ‘Ntanira na Mugambo’ meaning ‘Circumcise with Words’. This program used the same approach that was employed in Senegal and was implemented by the Program for Appropriate technology in Health in Kenya and Maendeleo Ya Wanawake (Save the Children Canada, 1997). That is, religious and/or community leaders from the practicing communities were recruited and trained to educate the community about the health impacts associated with FC, human rights, child rights, and laws that criminalize FC. This program helped the Tharaka to abandon the practice of FC altogether.

Similarly, the Foundation for Research on Women’s Health, Productivity and the Environment successfully implemented an “Alternative Rites of Passage” in the Western and Central River divisions of Gambia aimed at providing information and training on restructuring existing rites of passage ceremonies that employ FC to policymakers, circumcisers, and religious and traditional leaders. One of the factors that also made this program effective was the translation of training materials into local languages (Aka & Deason, 2009; Gambia Committee against Traditional Practices, 2001). This program helped the practicing community to abandon the practice of FC.

Given the successful results of the holistic bottom-up community-based enforcement programs employed, it is vital that the laws and policies being enacted in the U.S. involve the practicing communities and their leaders to make sure that the enforcement approach employed is culturally and linguistically competent for immigrants (Aka & Deason, 2009). It is also imperative that educational programs and job training programs are accessible to socially and economically disadvantaged immigrant women.
who are single parents from practicing communities within the host country. These programs should be designed to provide women of all ages the skills and educational assistance needed, such as affordable or free English as a Second Language classes as well as some immediate job training skills, which can give them some dignity and help them feel less isolated and vulnerable to coercive traditional practices, such as FC, within the host country.

Finally, FC is not a practice that can be eradicated overnight; changes in perception and attitude about the harmful practice of FC will come with time. Success in reducing FC cases can be achieved by moving away from the punitive top-down approach which is proving to be ineffective in eradicating FC. Instead, utilizing a bottom-up approach employing the successful approaches described above can increase compliance with anti-FC laws and ultimately end the practice of FC among immigrant communities.

Recommendations for Future Research

Laws can and should be viewed as instruments for social change. These laws are as strong or weak as the individuals who develop, implement, and enforce them, as well as the legal systems within which they operate (Rahman & Toubia, 2000). Future studies could focus on policy, administration, implementation strategies, evaluation, and responsiveness as well as accountability.

Further research can be conducted to evaluate the knowledge and attitudes of health professionals and social service providers in regards to FC in general and the legal provisions and procedures to be followed in the event of FC cases. Even though some of
the participants in my study stated that the punitive U.K. measures of compulsory
gynaecology screening of children from communities that practice FC has served as a
deterrent of FC in U.K., there is a danger of such a policy as being discriminatory
towards such populations and as noted by Commission Fight Against Female Genital
Mutilation, (2005), would be viewed as double-standard where the same policy does not
apply to detecting child sexual assault on the whole population. However, U.K. is
signatory to the CEDAW provisions and this could be viewed as a way in which the U.K.
is complying with the set standards of CEDAW where the U.S. has not yet ratified this
treaty. In regards to accountability, the countries that have ratified CEDAW are required
to report to the UN every 5 years what they have done towards eliminating harmful
practices such as FC.

Successfully implementing protective measures and guidelines aimed at
protecting girls from FC in the future would yield better results especially whenever a girl
considers reporting a family member threatening to force FC upon her or other members.
Protecting the girl from further harm or retaliation may help reduce cases of FC within
the host country by considering successfully implemented protective systems in the
African traditional communities as well as those in Europe. This could serve as starting
points for further development in the U.S. Focus should be on prevention and awareness
through educational programs aimed at educating the practicing community about the FC
health risks and the human rights aspect as well as the legal provisions in the host country
against FC, not just focusing on the punitive measures which so far has not been an
effective approach. The most effective solutions towards addressing FC and its
eradication within the host countries should come from the practicing communities
themselves where they are active participants in the program and policy implementation process as well as the dissemination of legal and educational materials aimed at eradicating FC.

Additional research could be conducted on the impact extraterritoriality provisions could have on decreasing the prevalence of FC being practiced among immigrant communities in the U.S. Future studies should also assess enforcement strategies in the U.S. that use the components of the holistic approaches that have been successfully employed in localities here in the U.S. to determine if similar outcomes are achieved. More research is required in the information dissemination process undertaken by organizations and agencies charged with the responsibility of informing communities that practice FC about the set laws against FC prior to their arrival into the U.S. Using elders and religious leaders as bridges for communication with community members may yield greater success in constructing a community-wide culturally acceptable agreement aimed at changing the attitudes towards FC.

Lastly, a much larger quantitative study should be conducted to examine if immigrants from practicing communities encounter other cultural and dilemmas in addition to the ones that were discovered in this study.
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APPENDICES
APPENDIX A

INTERVIEW GUIDE

1. Where are you originally from?
   Probing question: Is that in a major city or a rural area?
2. How long have you lived in U.S.?
3. Why did you immigrate/migrate to U.S.?
4. While immigrating to the U.S. what changes and/or challenges have you encountered?
5. Where do you currently live in U.S.?
6. How old are you?
7. What is the highest level of education you have attained?
   Probing question: Where did you attain this education? (i.e. Country of origin, U.S. or some other country)
8. Are you married?
   Probing question: How many times have you been married?
9. What is the role of families in your community?
   Probing question: What are the roles of men, women, parents, grandparents, in-laws and extended family in your community?
10. What are the roles of elders in your community?
11. Do you have religious beliefs?
    Probing question: What are they?
12. What are the roles of religious leaders in your community?
13. What are some traditional practices in your community?
14. Is FC practiced in your community?
15. Why is FC practiced in your community?
   Probing question: Who supports or rejects the practice of FC in your community?
16. What type of FC is practiced in your community? (Type I-clitoridectomy, Type II-Sunna, Type III-Pharoan)
17. Who performs the FC?
18. Where does the FC occur? (i.e. Own home, other home, outside, hospital)
19. Have you met people in your family or community who have experienced FC?
20. What have their experiences been?
21. Did they experience any health problems from the FC?
   Probing Question: What were/ are they?
22. Was any medical help given?
   Probing Question: Where was medical care given? (i.e. Home-herbs by family member, traditional healer, clinic or hospital.
23. How do you feel about FC?
   Probing question: Do you think FC should continue? If so explain and if not explain.
24. Do you know of any laws regarding FC?
   Probing question: Are these laws from your country of origin or U.S. and what are these laws?
25. What do you think of these laws?

Sub-Questions

The following items from the Interview guide answer the sub-questions.

1. Why do immigrant women practice FC? (Questions 7, 9, 10, 12, 13, 15, 17, 19, 20, 21, 22, 23, 24, 25).

2. What are immigrant women’s views about the cultural practice of FC? (Questions 7, 8, 13, 15, 19, 20, 21, 22, 23, 24, 25).

3. How do religious leaders influence immigrant women’s views about FC? (Questions 10, 11, 12, 15).

4. What types of differences in perceptions do immigrant women who live in the rural and urban communities from where they originated have about FC? (Questions 1, 2, 4, 5, 6, 7).

5. Does religion influence immigrant women to practice FC? (Questions 10, 11, 12, 15).

6. What factors influence immigrant women to assimilate into the new environment that they reside in and abandon the practice of FC? (Questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 19, 20, 21, 22, 23, 24, 25).

7. What factors influence immigrant women to hold onto their cultural practice of FC while living in the U.S. where the practice has been outlawed? (Questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 19, 20, 21, 22, 23, 24).
APPENDIX B

INFORMED CONSENT FORM

**Title of Research:** Attitudes and Perceptions of Female Circumcision Among African Immigrant Women in the United States: A Cultural and Legal Dilemma

**Investigator:** Rosa M. Githiora, MPA, a doctoral student in the Department of Public Administration and Urban Studies at The University of Akron.

**Purpose of the Study**
The purpose of this study is to gain an understanding of Immigrant women’s perceptions about the practice of female circumcision and to explore how culture influences compliance with laws against it.

**Procedures**
If you agree to participate you will be asked to complete a brief survey and participate in an interview where I will ask you a series of questions about your attitudes and experiences with female circumcision. I will tape record the interview, and will ask you to only use your first name on the tape. You will have an opportunity to review your answers once I have transcribed the tape recording.

**Risks**
The risks of participating are minimal; however some participants might find it difficult to recall the painful experience of undergoing circumcision. If you experience any emotional or psychological trauma you will be provided a list of organizations in the community that provide counseling services.

**Cost and/or Payment to Subject for Participation in Research**
There will be no cost for participation in the research. Also, participants will be given $10.00 after the interview process for participating in this project.

**Right to Refuse or Withdraw**
Your participation is entirely voluntary. You can choose not to answer any question and can stop at any time without penalty.

**Confidential Data Collection**
No identifying information will be included with the data you provide. Your confidentiality is further protected by not asking you to sign and return this consent form. Your interview will be coded, and only I will have access to the link with your name. The audio tape of your interview will be erased once you have reviewed and approved the transcription and the link list will be destroyed when the study is completed.
Questions
For any questions concerning the research project participants can call Dr. Lucinda Deason (faculty advisor for this project) at 330-972-7618. Questions regarding rights as a person in this research project should be directed to the Institutional Review Board at 330-972-7666.

Agreement to Participate
Participation in the interview will serve as your consent. You may keep this form for your records.
Ms. Githiora:

Your IRB protocol entitled “ATTITUDES AND PERCEPTIONS OF FEMALE CIRCUMCISION AMONG AFRICAN IMMIGRANT WOMEN IN THE UNITED STATES: A CULTURAL AND LEGAL DILEMMA” (#20091122) was determined to be exempt from IRB review. A letter confirming the exemption status is in the mail to you.

Exempt protocols do not require annual review. However, if any change is made to the protocol, please contact the IRB (x7666) to discuss the change prior to implementation. Changes that increase the risk to participants and/or include activities that do not qualify for exemption will require the submission of a new application for IRB review.

If the change is minor and does not increase the risk to participants, then a new application will not be required.

Thank you.

Mary Samartgedes, IRB Secretary
The University of Akron
Office of Research Services and Sponsored Programs
302 Buchtel Common
Akron, Ohio 44325-2102
v: 330.972.7666
mary6@uakron.edu
APPENDIX D

PARTICIPANT RESPONSES

n = 9

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<tr>
<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Home compound</td>
<td>2</td>
</tr>
<tr>
<td>Hospital or illegal clinic</td>
<td>4</td>
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<tr>
<td>Bush or Forest</td>
<td>3</td>
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<table>
<thead>
<tr>
<th>People That Have Been Circumcised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sisters</td>
</tr>
<tr>
<td>Self</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Aunts</td>
</tr>
<tr>
<td>High School Classmate</td>
</tr>
<tr>
<td>Daughters</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Medical Assistance Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Unsure</td>
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<table>
<thead>
<tr>
<th>Knowledge of Policies That Outlaw Female Circumcision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Awareness of Specific Laws Outlawing FC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Attitudes About Policies That Outlaw FC</th>
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<tbody>
<tr>
<td>Ineffective</td>
</tr>
<tr>
<td>Not enforced</td>
</tr>
<tr>
<td>Not easy to understand</td>
</tr>
<tr>
<td>Unclear consequences</td>
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</tbody>
</table>
APPENDIX E

TYPES OF CIRCUMCISION

Normal Female Anatomy

Type I (Clitoridectomy)

Type II (Excision)

Type III (Infibulation)

Source: Retrieved 10/30/09 from http://aappolicy.aapublications.org/cgi/content/full/pediatrics;102/1/153