A Thesis

entitled

Female Genital Mutilation: Why Does It Continue To Be A Social And Cultural Force?

by

Nasra Abubakar

Submitted to the Graduate Faculty as partial fulfillment of the requirements for the

Master of Arts Degree in Degree in Sociology

_____

Rubin Patterson, Ph.D., Committee Chair

_____

Dwight Haase, Ph.D., Committee Member

_____

Tanisha Jackson, Ph.D., Committee Member

_____

Patricia R. Komuniecki, PhD, Dean
College of Graduate Studies

The University of Toledo

December 2012

An Abstract of

Female Genital Mutilation: Why Does It Continue To Be A Social And Cultural Force?

by

Nasra Abubakar

Submitted to the Graduate Faculty as partial fulfillment of the requirements for the Master of Arts Degree in Sociology

The University of Toledo
December 2012

This thesis explores factors contributing to the persistence of Female Genital Mutilation (FGM) among Somalis in the Diaspora and in Somalia. Starting with an extensive review of the literature, I identify possible critical factors that sustain FGM. I proceeded to test those factors from the literature against observations from members of the second largest Somali diaspora community in the United States, namely, Columbus, Ohio. Specifically, I organized three focus groups for discussion and analysis, two comprising women and one comprising males. Among the women's groups, one group comprised younger women and the other older women. As for the men's group, they were of a broad range in age. A major finding from the study is that Somali diasporans who believe that FGM is derived from Islamic doctrine are more inclined to advocate for its continuation whereas those diasporans who do not associate FGM with Islam are more likely to advocate for the eradication of FGM.

Acknowledgements

This thesis was made possible with the help of many people. First and foremost, my family, starting with my husband, my children, extended family, and friends. Without their support and networking it would not have been possible to complete the thesis. Thank you very much and I love you all.

I have also been greatly helped by Dr. Patterson, who is my committee chair and mentor; Dr. Haase, without whom I would not have cleared the Institutional Review Board. In addition to this thesis, I have benefitted a lot from both Dr. Haase and Dr. Patterson as a student of sociology and via general mentoring experiences, which encouraged me to pursue rigorous scholarship and community engagement. I am thankful to the wonderful Graduate Director, Dr. Nigem, who has provided me with important instruction for navigating the graduate school process. I want to thank Dr. Jackson for agreeing to join the committee and for pushing me to think critically about the topic. Finally, I am also grateful to Dr. Abdel Halim for her invaluable insight on this important subject to which she has contributed so much.

I feel as though it is impossible to convey my deep gratitude to all of you.

Table of Contents

Abstract	iii
Acknowledgements	iv
Table of Contents	v
I. Introduction	1
II. Literature Review	5
III. Methodology	33
IV. Findings	38
A. Part 1: Religion	38
B. Part 2: Communalism/Culture	42
V. Conclusion/Discussion	59
References	67

Chapter One

Introduction and Objectives of the Study

In Somali society, as in many other African societies, girls are seen as transitional members of the family because they are expected to soon be married off and therefore contribute to the wealth of their new families. Such a perspective regarding the future of young females is unhealthy for a variety of reason, not the least of which is that it makes the man who marries a young woman feel as though he has purchased her to serve him in his life and that "purchase" makes him feel that he can treat her however he pleases, which may include abusing her. If a wife complains about her husband's abuse of her and seeks to return home, she will be instructed by the family elders to calm down, go back to her husband—and to her children if she is a mother—despite the fact that he might have hurt her mentally or even physically. Due to the inability of women in Somalia to own property in their names and to hold or wield power, it is very important for women to get married; therefore, young girls aspire for this seemingly esteemed status. Whereas the above cultural description highlights an oppressive social practice in the lives of Somali women,, this thesis examines a cultural practice that is far more damaging mentally and physically to young Somali women, namely, female circumcision or genital mutilation (FGM), and focuses on this practice among Somalis in America.

Over the years, aspects of FGM have been discussed by many scholars, such as Abdel Halim (2006) and Rahman and Toubia (2000), and they have carefully documented how this cultural practice is wrought with biological, social, psychological, economic, and other destructive implications. However, not enough attention has been paid to the reasoning behind the staying-power of this cultural practice, despite the

avalanche of formidable studies and gut-wrenching testimonies of victims. As a person who comes from an FGM practicing community, I see myself as an agent of change who can generate another systematic and reliable study on an under-examined aspect of this cultural practice, which can be utilized to eradicate it.

This particular study is designed to respond to the following questions:

1. What are the factors that make FGM prevail in the 21st century and possibly beyond?
2. Has FGM come to mean something different in America than it used to mean back in Somalia or other parts of Africa?
3. Which is more likely to change the attitudes toward FGM, fathers' or mothers' education, or even the education of the young men who want to marry?

The genesis of this thesis was the FGM that I received when I was about 3 years old in Somalia. The commitment to research and write about FGM as a cultural practice gained impetus in lockstep with my maturing sociological imagination. Curiosity about how the biographical and the historical-structural touches of society came together to explain the continuation of FGM has consumed me during my first two years of graduate study in sociology. After reading extensively on the subject, which will be illustrated in the literature review, I conducted three focus group discussions on FGM in Columbus, Ohio, which has the second highest concentration of Somalis in the United States – surpassed only by Minneapolis, Minnesota. The focus group discussions were guided by the above three questions. Findings from those discussions that are summarized and analyzed in this thesis are likely to be of benefit not only to scholars interested in this subject but also to the Somalis around the country.

According to the World Health Organization (WHO) female genital mutilation is classified into four major types.

- Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
- Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Female Genital Mutilation is a societal problem that has many side effects and costs for all the people throughout the community. To put it boldly, FGM does irreparable harm. For example, FGM can result in the death of the young victims through severe bleeding and hemorrhagic shock, neurogenic shock as a result of pain and trauma, and severe, overwhelming infection and septicemia. As the United Nations Children Fund (UNICEF) notes, in a word, FGM is traumatic (UNICEF 2005). Many girls who survive the ordeal enter a state of shock induced by the severe pain, and experience psychological trauma and exhaustion from screaming. Other harmful effects include failure to heal; abscess formation; cysts; excessive growth of scar tissue; urinary tract infection; painful sexual intercourse; increased susceptibility to HIV/AIDS, hepatitis, and other blood-borne diseases; reproductive tract infection; pelvic inflammatory diseases; infertility; painful menstruation; chronic urinary tract obstruction/bladder stones; urinary incontinence; obstructed labor; and increased risk of bleeding and infection during childbirth. In essence, people's attitudes toward female circumcision need to be changed.

Nevertheless, several attempts to do that have failed; thus, this thesis has been designed to contribute to a literature focusing on why this harmful practice continues.

Chapter Two

The Literature Review

Female genital mutilation (FGM) is a psycho-socio-cultural phenomenon known to most as simply female circumcision. The main aim of this chapter is to examine scholarship on the subject and determine which part of the practice of FGM has rarely or never been researched. This study showed a gap in the literature that my research has attempted to fill.

Traditionally, in many African and Middle Eastern cultures, circumcision was carried out by traditional birth attendants and circumcisers who were not medically trained, and although, of late, some medical professionals are taking part in this practice, there has never been a medical reason identified for carrying out the procedure. Suardi et al. (2010), in a case study on a young refugee victim of FGM, assert that FGM is generally performed by lay persons, including family members, often with non-sterile instruments and without anesthesia, analgesics, or antibiotics. FGM is also associated with substantial morbidity and medical complications that have been extensively documented. However, in my experience as a person from a community that practices FGM, although the outcome might be true, this claim is slightly exaggerated, because unless a girl's family member was a birth attendant or a traditional healer, it is unlikely that one would be able to perform the task of circumcising. FGM practitioners are lay people in the sense of not being a part of modern classroom education and technology, but they do have experience collected over a lifetime and over generations of carrying out

the practice of circumcising, delivering children, and being involved in other traditional healing activities.

James and Roberts (2002) discuss the harrowing details of how female genital mutilation is carried out. They point out that the operations vary in extent and severity, from a nicking of the clitoris to draw blood to its complete removal, and from the sewing together of the labia minora to the complete removal of the labia minora and the inner surface of the labia majora, with the stitching together of the remaining tissue so that the genital area heals to form a solid wall of flesh over all but a small portion of the virginal opening.

How do practicing communities systematize FGM within their society? This is a question that may be asked by people who do not understand how the culture works and the weight FGM carries for those who depend on it for their daily lives. Denniston and Milos (1993) find that Sexual mutilation is a global problem that affects 15.3 million children and young adults annually. They also mentioned that in the belief systems of those cultures that practice FGM, the organs do not belong to the person to whom they are attached but rather are regarded as community property. In other words, the female reproductive organs are under the immediate control of physicians, witch doctors, religious figures, tribal elders, relatives, or their agents. Denniston and Milos also note that the number of children who die as a direct result of FGM is high and that FGM primarily occurs in two parts of the world: "Saharasia," which is the desert extending across Saharan Africa to the Arabian Peninsula, and Melanesia, known as the scattered island in the South Pacific extending from Australia to New Guinea. As documented by

Denniston and Milos, the perpetrators of sexual mutilations today generally believe that they are acting in the best interest of the victim. Sincerely believing that they are inducting new members into the society might be a joyous occasion celebrated by all and not seen as harming anyone.

The United Nations Population Fund (UNFPA 2010) estimates that 120 to 140 million women have been subject to this harmful and dangerous practice, and 3 million girls continue to be at risk each year. UNFPA also says that the practice persists because it is sustained by social perceptions, including the belief that girls and their families will face shame, social exclusion and diminished marriage prospects if they forego cutting. The UNFPA is supporting the Denniston and Milos assertion that social induction, including the prospect to marry within one's culture, is considered important and people will do almost anything to be part of their culture.

Although it is common to think about Africa when FGM is mentioned, FGM has historically occurred in the Arabian Peninsula, Asia, Australia, France, England, and the United States (Easterbrooks 2006). Easterbrooks adds that, UN involvement in FGM began in 1952 when the UN Commission on Human Rights raised the issue, and that the World Health Organization (WHO) has been charged with studying this phenomenon ever since. Many people view FGM as a human rights issue, as it is linked with broader issues of health, well-being, and participation in the community. Others link it to culture and social events that are interlinked and interrelated.

Something most people do not think about is the fact that many immigrant women from practicing countries have already undergone FGM by the time they move to other countries and, consequently, they have to deal with health professionals of all levels,

especially when having children. Utz-Billing (2008) asserts that importance should be afforded to the cultural sensitivity of the health/medical professionals towards these communities. These women should not be viewed necessarily as victims at the mercy of health professionals, but neither should they be seen as a people who have made individual choices to accept the "barbaric" procedure by allowing themselves to be circumcised or infibulated. Being a doctor herself, Utz-Billing makes very important observations from medical and societal perspectives.

Rodriguez (2008) in the *Journal of the History of Medicine* points out that circumcision was performed on women in the nineteenth and twentieth century to "cure" sexual disorders like masturbation and disaffection. Doctors "corrected" a clitoris in an unhealthy state using surgeries – removing the adhesion between the clitoris and its hood, removing the hood (circumcision), or removing the clitoris (clitoridectomy), in order to correct the woman's sexual instincts. Although FGM in the West did not go as far as infibulations (i.e., the stage of removing the labias and stitching the whole genital area to form a scar), it is nevertheless the type of FGM that is the most invasive and does the most damage to women's genitalia and affects their health for the rest of their lives. This observation is still interesting because it shows that not only was FGM tolerated in the West but was seen as practical and healthy and was encouraged for women's sexual and mental health. The Somali reasons for carrying out the procedure are slightly different, but potentially the same harm was done to women and they were subjected, without their consent, to socio-cultural practices under the false pretense of biomedical science to control them. In general, women's health was not a decision that was in the hands of the women themselves; rather, parents and doctors were at liberty to choose what was

healthy for them, although there was essentially no evidence of medical efficacy with the procedures.

It is also shocking that, in the early 1990s, instead of decreasing, the incident of FGM seemed to have accelerated in some areas of the West or of the world due to many reasons, some of which are mentioned below. According to Hosken (1993), the number of mutilated women and girls in Africa and the Middle East increased steadily due in part to population growth. Hosken also adds that the mutilation most often performed was clitoridectomy or excision without anesthetics and that this dangerous operation results in permanent health damages: hemorrhage and shock, which may be fatal; many infections, which include tetanus; and has resulted in the highest childbirth mortality recorded in areas where FGM is practiced. She also notes that immigrant families from Africa/Middle East continue the performance of FGM on their daughters, whether in Europe, North America or wherever the families go.

Although Hosken's observation may be dated, as a lot has changed in the past two decades, population increase in the global south is a factor that can add weight to the absolute numbers of FGM cases. Unfortunately, it is difficult to obtain data in countries such as Somalia because it is not safe to travel inside the country and scholars or researchers have to rely on anecdotal data from the UN and the international media such as the British Broadcasting Corporation (BBC). In an October 22, 2010, BBC broadcast, Dr. Comfor Momah states that FGM is widespread in London, and in her clinic she sees about 350 women and children with FGM-related problems every year and that she performs reversal procedures in about 100 cases every year. The broadcast was titled "The Rise in FGM in London." In a related story, according to an online magazine titled

Mailonline, police forces throughout the UK were asked to carry out an investigation on the extraordinary scale of FGM for the past decade. Some politicians feel that the immigrants have also compromised the UK culture by importing some of their other cultural practices, for example, wife beating and forced marriage; however, they assert that KGM is especially unacceptable, as it curtails women's sexual urge. The two studies here, although not scholarly, do succeed in telling us about how the incidence of FGM is said to be increasing, specifically in the UK.

According to Dingxiaoxiao (2012), the United Nations warns of a possible increase in the practice of FGM in Mozambique since it has been a destination for thousands of refugees, most of them from the African Great Lakes where FGM is performed. Dingxiaoxiao adds that in Mozambique there are traditional practices that integrate the type IV classification of FGM. As a web editor, Dingxiaoxiao has to listen to the radio to get statements by the UN and prominent people who are involved in civic education and advocacy of issues such as FGM.

According to the World Health Organization, the FGM procedures are mostly carried out on young girls between infancy and age 15. In Africa about three million girls are at risk of FGM annually. Between 100 and140 million girls and women worldwide are living with the consequences of FGM. In Africa, about 92 million girls aged 10 and above are estimated to have undergone FGM (WHO 2010). While it is perhaps impossible to widely generalize to the whole of Africa, FGM is very prevalent in Somalia. I have visited twelve out of the eighteen regions of Somalia and, on numerous occasions, I have spoken to women from the eighteen regions about female circumcision;

yet I have had only one woman who was born and brought up in Somalia to tell me that she had not been circumcised. Findings from my unsystematic (informal) surveys are consistent with careful studies performed by the UN and other international nongovernmental organizations.

In his study, Maguigan (2002) notes that various forms of FGM—especially removing portions of the clitoris—were performed in parts of the United States and the United Kingdom by white Christians until the 1950s, ostensibly for purposes of improving female mental health, discouraging lesbianism, and reducing the incidence of masturbation. At the time, they were deemed medical and fully legal.

Regarding the physical effects of FGM on women, Hayes (1995) points out correctly that infibulations is painful and many times circumcised women have to undergo surgery before marital sexual intercourse and almost always to enlarge the birth canal for a child to emerge. However, I do not see how it can be accepted as fact, according to Hayes study, that adult women, after giving birth, are re-infibulating themselves. Another thing that the study mentions is that FGM has a controlling effect on the population growth rate in the sense that women are reluctant to have more children. In this context, then, Hayes study has very little bearing on my study because my research shows that Somali women do not get re-infibulated after bearing children or after getting divorced or widowed, and most certainly are not interested in controlling the population because they think FGM improves fertility.

Different scholars view FGM differently. Some, from within Africa, say that we should not demonize people who practice female circumcision just because that will alienate the two groups who are working for the same goal of eradicating the practice.

These two groups are the African and Western scholars involved in advocacy and awareness campaigns all over the world and the local women from practicing communities who are also against FGM. However, some scholars, especially from the West, view the issue as a barbaric practice that should have been done away with centuries ago, but persists because of lack of enough research or good will from community leaders and other influential groups.

Among the scholars who hold the former view is Abdel Halim et al. (2009), who asserts that controversy occurs due to the wording used to describe FGM: Is it female circumcision (FC), female genital cutting (FGC), or female genital mutilation, or one of some other term used? This debate, they say, overshadows the real issue, and that misunderstanding of the tradition of FC among Westerners has put some Africans on the defensive. The term "female circumcision" is preferred because the word "mutilation" also has contributed to the defensive reaction among some Africans who have argued that FC is not always mutilative and they have stressed that there are different types of FC. To some Africans, Westerners sometimes seem to imply that the African women's movement is legitimating the practice of FC. According to Fourcroy (2006), culture, social customs of the community and religion often determine the acceptance and achievement of sexual health for both men and women. In other words, for people from these African cultures, their culture and tradition are unmistakably important and should not be reduced to a spectacle. They need anyone and everyone working with them to treat their culture as sacred. Hecht (1999), in his study of this issue, references a specific example to support his argument; he points out that although Senegal criminalized the practice and was backed by many foreign groups, the law had little support, even among

local opponents of FGM, simply because they believe that change will come from within the people and only through education. He adds that a local organization had some success getting villages to stop FGM the previous year by simply informing them of the health risks and encouraging discussions among them. This development shows that local involvement is more important than many governments and foreign groups realize. Another issue here is education and dissemination of pertinent information; since information is power, the more informed people there are the greater the likelihood they will make prudent decisions. It also means that all human beings need to feel that they are respected and their human dignity is not trampled on. Culture is paramount to one's identity, orientation in the world, and sense of purpose. When looked upon in that light, individuals typically do not take kindly to people from other places and cultures telling them they are backward. Utz-Billing (2008) notes that FGM is a very delicate topic that is deeply rooted in the tradition and culture of a society. In many regions, FGM is regarded as an initiation ritual to integrate young people into the community. Questioning this ritual is often construed as interference in tradition and as a dictate of Western life style.

On the other hand, we have scholars such as Hayes (1975), who points out that FGM studies are few and limited in their explanatory values. This is because past researchers were content to treat the female circumcision procedure as a cultural retention from ancient times that have persisted because civil and religious authorities had ignored it until a little more than a generation ago. Most of the reports are descriptive and lack vigorous social science. In order to fully capture the extent of the practice of FGM, the factors sustaining it, and the implications of the practice, the perspectives and

methodologies of social scientists and medical practitioners regarding FGM must be included. As FGM is multifaceted, no single entity should claim total and exclusive ownership of studying or documenting its effects. Our collective understanding of FGM would be more sophisticated if the different warring factions would engage one another rather than talk past one another:

> FGM is a fundamental violation of the rights of girls. It is discriminatory and violates their rights to equal opportunities, health, and freedom from violence, injury, abuse, torture and cruel or inhuman and degrading treatment, protection from harmful traditional practices, and to make decisions concerning reproduction. These rights are protected in the international law. These practices are meant to subjugate women and make them subject to men's whims, meaning that, they are part of the property of the man since high prices have been paid for marrying them especially because of protecting their virginity through circumcision. (Rahman and Toubia 2000: 23)

Rahman and Toubia are energetically involved in activism and advocacy of women's issues. Specifically, Toubia is a medical doctor who has been involved in many FGM cases; therefore, she has extensive knowledge of this subject. I value the Rahman and Toubia study because they have vested interests in trying to see FGM cases becoming negligible, not only in Sudan but in Africa and in parts of the world at large where the practice occurs.

The details of what takes place might seem inconceivable and shocking to most people, as a huge number of women undergo the severest possible forms of FGM. However, James and Roberts (2002) underscore the fact that there are differing opinions on the subject. They assert that the opinions about this practice range from an extreme cultural-relativist position (e.g., if it is part of a group's traditions, it is all right) to a position that would forbid all United States aid to a country where the custom is still practiced. However, such positions can be discounted, given that the elimination of

clitoridectomy and infibulations is the desired goal, and the task then is to find appropriate and effective means of achieving that goal.

Although most people are generally against any form of human rights abuse, it seems that some people have an attitude of not caring or in some way justifying this practice. This could be seen as a measure of support for the continuation of FGM. James and Roberts have a very important contribution, which is the classification and explanation of the concept in detail. Their book is useful because it helps in turning the subject into something tangible and a real issue. Everybody has assumptions and positions on a given subject, and knowing other people's perspectives helps researchers gauge what to expect or helps them in the stages of hypothesizing.

Amnesty International is one of the human rights organizations that operate in the frontlines of conflict and other human rights problems in places such as Somalia. Amnesty educates and empowers local people so that they can be participating members of their respective societies. The only issue here is not culture, but an interwoven web of cultur:e misguided beliefs, social norms, identity, socio-economic issues, and power dispensation, to name but a few. It is not fair to say that FGM has one way of being looked at, and if that were the case, I do not think it would have survived as long as it has.

Maguigan (2002) says that, the question she addresses is not whether efforts should be made to eliminate the practice, but whether these new statutes provide the appropriate tools to combat FGM among immigrants in the United States and in other countries. Maguigan also pays particular attention to anti-FGM laws, and says the problem is not that statutes are unlikely to keep women and girls safe, but that they are

guaranteed to drive the practice underground and increase the danger to those on whom it is performed. The issue of the legality of FGM has yet to be settled in many societies. Hayes (1975) notes that FGM was outlawed in the Sudan in 1945, and government and religious authorities have preached against the practice for decades with minimal success. She adds that not only are young girls infibulated—stitched to narrow the virginal passage, but women have to be re-nfibulated after getting divorced, widowed and after bearing a child.

Nnaemeka (2005) emphasizes that, advocates like her are trying to create a space for participation by Africans in the debate and knowledge production on FGM. The African voice speaks to the complexity of the imperialist project by exposing it as a question of location, and identifies the problem as a mindset that emanates from a specific location. The authors of chapters of that edited volume are concerned about the possibilities of transnational feminist agendas since they question the West's meddling in the Third World. Many of the Western-inspired and Western-funded projects fail because the local indigenous people and especially women are excluded, marginalized, and alienated from FGM project design and execution. What is interesting about this book is that it goes deeper than just looking at FGM; it looks at a whole mindset and how several issues can be intertwined and can be used to further marginalize a population that is already on the other side of the fence. The problem arises when the discussion starts to push anybody and everybody who tries to help by saying either that they are Westerners (if they are not Africans) and do not know the intricacies of what they are talking about, or that they are too Westernized (if they are people of color) and thus their judgments are not valid because they are so far removed from the settings in which such diverse issues

of feminism as the ones taking place in Africa. This is not to say that there are no scholars who group, without exceptions, all Africans, but especially African women, in a single box that identifies them as barbaric at best and that the African women are of less value than other women; here are ,indeed, scholars and others who genuinely care about the plight of African women and would like to help if only we could engage them in a useful way.

Gruenbaum (1996), in her study, argues that FGM is seen by some as both socially oppressive and physically harmful to women and girls, and the discontinuance of the genital surgeries is seen by others as improving the status of women. She adds that FGM evokes strong negative reactions that are based on humanitarian and feminist values rather than prejudice. Gruenbaum's study helps to illustrate that there are a lot of similarities between Somalia and Sudan, which makes her scholarship very useful for my study.

Utz-Billing (2008), in her study, notes that because of increasing migration, doctors, nurses and midwives in Europe, USA, Canada, Australia, and New Zealand are increasingly confronted with circumcised women. Therefore, information, context, and sensibility are important conditions for dealing with these women. She also notes that in a Canadian study, for example, FGM patients were revealed to be dissatisfied with the knowledge of doctors and the associated quality of medical care. Studies from Switzerland also show that FGM patients often did not get an appropriate medical treatment. Without any doubt, this patient dissatisfaction among circumcised women can be attributed to the inadequate experience and knowledge of the medical staff in the countries referenced. These results should be a motivation for doctors, nurses and

midwives these and other countries to acquire more knowledge about types, reasons, and complications of FGM. To her credit, Utz-Billing brings a lot of poorly understood issues to light; one of them is the fact that people who are more traditional, from a psycho-social perspective, see FGM as an issue of social and cultural group belonging and identity; it is part of who the members of the cultural group are and the traditions of their society. People outside of that cultural group should not assume that they can just sweep in and make all the group's traditions disappear quickly.

Another way of looking at FGM is from the need of group members to belong to something that is bigger than the individual or the cultural group as a whole. Westerners often depend on their bank accounts and social security in old age, whereas Africans, including the Somalis, depend on each other and the younger generations to support and take care of the elderly. In other words, grandchildren, nephews, and nieces take care of the elderly in a communal kind of way. Norms and other structures have been put in place to make sure this continues undisturbed. According to the self-concept theory, through social comparisons, people judge and evaluate themselves in comparison to particular individuals, groups, or social categories. Problematic criteria come into play when, for example, people compare themselves to others in terms of superiority or inferiority. Normative comparison bases fall along dimensions of deviance or conformity. Hence, in the case of the Africans, whole families are afraid of being shunned for not cutting their daughters while others are accepted as part of the community for doing it, thereby pressuring young women to conform, as they are afraid for their whole families. Also as one observes, evaluates, and ultimately draws conclusions about one's self, two key motives work in service of protecting and maintaining the present self-concept: self-

esteem and self-consistency. The self-esteem motive provokes individuals to think well of themselves. On the other hand, the self-consistency motive asserts that people struggle to validate their self-concepts, even when they are negative.

In their study, Shell-Duncan et al. (2000) point out that FGM captures popular imagination and triggers emotional responses. They show that it is impossible to offer simplistic solutions or answers, and they attempt to show the importance of the intersection of global discourse and local practice. They have also tried to raise questions about exotic and seemingly cruel traditions and also about the assumptions of scholars concerning medicine, female bodies, and the right to speak. The Shell-Duncan et al. book seems to be arguing that many scholars assume that practitioners of FGM are viewed as barbaric and backwards, which angers the practitioners and makes them defensive. It is true that some Western scholars see anything that is culturally different from their own culture as backwards and untoward. That said, however, I believe that some scholars genuinely care about change for women. Such scholars can be more helpful if they are supported and listened to. It would also be much better for Western scholars to not look down upon the African scholars because, as Africans, they are the insiders and they know what is going on in their own backyard. Therefore, in this sense, I think the study by Shell-Duncan et al. is alienating Western scholars but is adviseing them to be less arrogant, as they do not have the insider's advantage and should not talk negatively about what is happening in the Third World. In fact, the arguments go further to say that even Third World scholars who are educated in the West should not comment negatively on issues of the Third World since they are allegedly too Westernized.

On the issue of the medical care of FGM victims, Webber -and Schonfeld (2003) interject that, medical personnel who performed and encouraged female circumcision, although making the parents happy, they cannot ethically justify the procedure, in spite of cosmetic considerations and financial compensations and benefits for the healthcare provider. Doctors who come to the opposite conclusion, believing that FGM was justified, should conscientiously refuse to perform the procedure, even when it is requested by parents. Webber and Schonfeld also add that, beginning in the late-nineteenth century and extending into the 1970s, it was believed that American women who engaged in what was considered normal sexual behavior, but who lacked an orgasmic response with their spouses and who were also considered abnormal in their behavior were therefore candidates for circumcism. So not only did FGM cure masturbation but also the inability of married women to achieve orgasm and had sex with only their husbands. What is more interesting is that even medical personnel who knew there were no benefits to carrying out the procedure carried it out anyway. In other words, in Western societies, as in non-Western societies, FGM and any other injury to the female genitalia were carried out for non-medical reasons. I can totally identify with this position, as FGM is still carried out in Somalia and neighboring countries such as Kenya and Ethiopia for non-medical reasons, also.

The study conducted by Abdel Halim (2006) is mainly concerned with the Sudanese women and how their migration to Europe and North America has taken a toll on their identity as they balance gender and cultural issues. This problem is especially related to female genital mutilation, as it profoundly affects the way the women view themselves. Cultural constructs, new and old, determine how Sudanese women accept or

resist certain aspects of a new culture in their situation as immigrants. When immigrants are females who carry physical marks of their culture—especially when that mark is female circumcision—the existing distance between them and their new homeland increases. The effects of FGM are explicitly and specifically explained, especially as FGM affects social arrangements. Abdel Halim's scholarship also urges creating an ongoing discussion and analyzing the experience of circumcised women through research and framing some theories that are grounded in that experience. These are steps that are needed to be taken in ameliorating the effects of FGM, which will add a new dimension to the debate on this subject. I am specifically interested in the creation of dialogue since the first step towards solving a problem is discussing it thoroughly, and not only in academic settings but in settings including ay people who feel that FGM is a part of their daily lives that needs to be changed. This study by Abdel Halim is a slightly older than some others, but the Sudanese and Somali refugees have so much in common with respect to FGM that the study remains relevant. Also, Abdel Halim is a Diaspora, and her work is very applicable to my research, which focuses on women who emigrated to the US and Canada.

In the Somali situation, there are also accompanying rituals that do not involve visible gifts. This means, for example, that the ululation that follows the birth of boys is a sign of the community, especially women, accepting an individual and showing pride in inducting that individual into the societal norms. For girls following the ritual of their circumcision, there is a period of convalescence, when the girls will not have any chores and somebody is at their beck and call. For the young girls all of this special attention makes them readily accepting of circumcision without questions, and what is more, they

eagerly anticipate the practice as a necessity for them to belong to their intimate community. My analysis of the situation leads me to conclude that Hosken (1993), in his study, oversimplifies the issue by pinning the practice to a barbaric tradition and assuming that no changes are taking place.

For difference reasons, all fingers are pointing at culture and societal norms as the culprit that makes it a must for women to undergo FGM, as conformity is highly valued among practicing communities. According to Amnesty International, FGM is traditionally practiced as a ritual signifying the acceptance of women into society and establishes her eligibility for marriage. Amnesty also says that an important reason given for FGM is the belief that it reduces a woman's desire for sex, therefore reducing the chance of sex outside marriage, and as FGM is rooted in a culture of discrimination against women, those who defy the norm of FGM are often ostracized by their communities and are considered ineligible for marriage. The United Nations Children's Fund adds that FGM is a highly valued service with high financial rewards, and practitioners' status in the community and the income can be directly linked with performance of the operation (UNICEF 2005). Among the Somalis, circumcisers who are also birth attendants or midwives are given gifts in cash or kind—even when they no longer carry out the procedures—as they are seen as having an important role in their community.

The UN estimate of Somalia's literacy rate in 1990 was 24%, and according to the African Online News, after the civil war, it declined further. Today, about 81% of Somalia's population are illiterate and only 17% of Somali children go to school (AON January 2012). The Somali is a society with low literacy and an active grapevine; there

are no secrets, especially concerning a woman's marriage. Having a small population facilitates intimate knowledge about one another in the community. For instance, everyone would know if someone's daughter or sister is married, and a big reason could be the bride price that young girls fetch for the first time they get married.

The above studies by the UN and other human rights organizations are probably the most reliable and informative empirical social science evidence concerning sensitive subjects such as FGM practices and even educational attainment in African countries. Humanitarian organizations have unprecedented entry points that are not possible for any other individual or groups of individuals.

A 2004 study of young Somalis in London carried out by Morison et al. set out to examine the association between age on arrival in Britain and experience and attitudes relating to female circumcision among young single Somalis living in London. They found out that Somalis living in Britain from a younger age was associated with increased assimilation in terms of language, dress, and socializing. Though 70% of the females reported being circumcised, those living in Britain before age six were less likely to be circumcised than those who arrived after the age of eleven years. During in-depth interviews as recorded in the study, health and sexual problems due to FGM were described and the importance of virginity for marriage and circumcision were acknowledged. The scholars focused on female circumcision even though they recognize that the operation is not equivalent to male circumcision, FGM being far more severe. Essentially, the Morison et al. study contributes to the FGM conversation by explaining attitudes among Somalis of different ages and stages. But the outcomes are not that simple or significant in regard to the age of the women at entry to Britain. I am sure that

FGM as a socio-cultural phenomenon has other interrelated aspects that could be studied, but seem to have been left out of the Morrison et al. study; for example, education of parents at the birth of their daughter and their geographic location, and how many generations back are the parents urbanized. The methodology of the scholars is considered meritorious because they talked to the people and let them express their feelings concerning the subject at hand. I am further looking at this particular study to replicate some of the settings that the scholars had. The only difference comes because they wanted to glean an understanding of how the age of the women when they leave their home country to enter the new country affected their attitudes toward culture change. My thesis is different from those explored in other FGM studies that have been available to me in that I am explaining the reason why the Diaspora is still steadfast in the practice of FGM. Attitudinal changes are needed among Diasporic Africans, and my study can be helpful in giving a glimpse into how FGM can be eradicated through follow-up studies and documentation of findings.

In their study, Alo et al. (2011) assert that female genital cutting is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted gender inequality and constitutes an extreme form of discrimination against women. The Somali people look down upon their women, and many proverbs and wise saying have been devised to incorporate and reinforce the disparaging view into the culture. One such saying is “milk-full breasts hold no brains” and “women are like children with big feet,” meaning that women do not have the capacity to think about complex issues. This and other cultural views and rituals regarding women, such as bride price, make it very hard for women to break out of the cycle of traditional events. But

that does not mean that they do not escape, as there are exceptions to every rule. Politically speaking, Somali women are being accepted into leadership and representation roles more and more, and as of 2012, Somali women are going to be 32% of the Somali government. It is therefore important to give credit where it is due instead of lumping all the Somali people together. No one can refute that there are problems, but then women are not taking their problems lying down, as they are active on different fronts, which should be recognized and encouraged.

According to Barber (2010), common reasons for the carrying out of FGM include the belief that the clitoris is unclean and could poison infants during birth; that female genitalia are unclean or "masculine," that infibulated women are more beautiful, have a tight vagina that increases sexual pleasure for the man, and a long labia that increases sexual pleasure for both partners; that women are unmarriageable without circumcision and that the procedure protects female chastity and marital fidelity and thus family honor. In summary, factors motivating FGM include preservation of virginity, cleanliness, beauty, fidelity, family honor, and ability for a young woman to get a marriage partner. The recently produced Barber document is interesting because it brings to light the knowledge that people who support or advocate for FGM are giving the same reasons that were perhaps given several decades ago when FGM first came to light for discussion in the public domain. As a journal entry, its importance lies in clarification of issues and updating the academic literature concerning attitudes towards FGM. In achieving that purpose, I think it is a useful and informative piece.

Barber also recognizes that different people view FGM differently, with African parents thinking it is the loving thing to do, as it is essential to their daughter's future and

identity. They may also believe that they may be shunned if their daughter is not cut. For the Somali case, this is definitely true. On several occasions when local training seminars are held, young men would say they would not marry a woman who was not cut because they thought she would be too wild for them.

On this issue of marriage, Kapteijns (1995) sheds some light on the life of a traditional Somali woman. He points out that after getting married, a woman continues, for example, to be responsible for the flocks of sheep and goats, assisted by unmarried daughters and other female relatives. Women bore children and took care of them as well as preparing and processing food. Women in the nomadic setting were also responsible for the manufacture and maintenance of the collapsible house and household utensils and other items. This existence sets the stage for the nomadic Somali woman and her powerlessness. She is in charge of all the things that can easily be disposed of, such as wooden utensils and the hut that is made of bamboo sticks and grass. Kapteijn's piece spoke of how culture and other factors that act together lock out women so they cannot participate in the decision-making processes in Somolia, it is amazing how striking the similarities are between Sudan and Somalia concerning patriarchy and the plight of women in general. FGM is not only a medical, psycho-social or ideological issue that is just one sided. In fact, FGM touches all parts of the practicing communities' life and lifestyle. Culture is a major base that dictates a lot of what goes on in a society, and it is important to see how women are viewed by the makers and breakers of culture, particularly regarding the duties and responsibilities of women. The men, on the other hand, are in charge of tough tasks like security, weather forecasting, camel watering and pasturing, and migration of the nomadic camp from dry areas to better and greener

pastures and watering places. Kapteijns observes that the ideology of kinship, in particular age and gender, structures the division of labor because each gender and each age group has its own specific labor tasks assigned to it. Kapteijns's paper deals with the role of the ideology of kinship in pre-capitalist pastoral Somali society and how it changed due to social transformation wrought by commercial capital and the colonial state. The coverage of kinship ideology and specialization by age and gender is highly informative in Kapteigns's work.

Although Somalia remains a part of the Arab league, many people notice the difference between Somalis and Muslim Arabs, even though they have the same religion and similar residual culture. Nevertheless, the two also have discernible differences concerning women. Talle (2008) asserts that in the Somali Diaspora, the relationship between female circumcision and bodily confinement shows interconnection that has to be looked at if one is to properly understand the coping of refugee women, their well-being and their perception of self. He is specifically concerned with how Somali women, as circumcised women, rework their identity in their situated lives in exile. That is, the rerouting of local practices such as FGM in the Western setting is a contradictory process of negotiation and renegotiation of meaning and power relations. He adds that many cut Somali women feel shame and awkwardness and this might be the reason why Somali women have recently increased their wearing of the veil, although most of them will say it is due to religious enlightenment. I am very impressed by how Talle's observations are not just generic generalizations, but rather the results from his original data collection and analysis and from observing he women in different parts of Europe. While his paper examines issues of territory and local practices and how they affect the identity of

women, my study looks at what can be done to eradicate this practice of FGM or reduce its incidences to a negligible level.

All hope should not be lost because in some communities, the incidence of FGM is declining. Examples of this are illustrated in the work of Rahlenbeck et al. (2010), in which they state that the objective of their study was to elucidate which factors are associated with support for the discontinuation of FGM and to explore preventative factors that could be useful in future educational programs in Oromia communities. Although rapid abandonment of FGM is unrealistic, understanding and development of sensitive approaches will help managers address future goals of unmitigated decline. Rahlenbeck and colleagues also add that the practice of FGM is a complex tradition that cannot be addressed in isolation from its cultural environments. As the practice is limited to societies with pronounced patriarchal organization, its origins may be perceived as a means of enforcing the male's superior role over his wife and, thus, ensuring her chastity.

Literature on Somali Diaspora Studies

It would also be helpful to see how Somali immigrants in different Western countries deal with different issues and whether women in particular feel empowered or disempowered in their new cultures as immigrants. I would like to look at a few studies on what is going on in the lives of immigrants in general outside of FGM and whether those other factors have any influence on or have no relationship to their cultural traditions. It is also important to look at the status of women in the Diaspora.

According to McConatha et al (2011), in the United States, an increasing percentage of the older adult Somali population is comprised of immigrants who have come to the United States for a variety of reasons. These immigrants experience various

forms of adjustment stress. A sense of cultural competence can play a central role in older immigrants' abilities to adjust to challenges later in life. Cultural competence increases individuals' range of choices, their feelings of control, and their capacity to deal with change and stress. For immigrants, especially older immigrants, a lack of competence can result in a sense of alienation, feelings of anxiety, frustration, and helplessness. These feelings are exacerbated for older women who may struggle with multiple health concerns and economic challenges. Those immigrants who are able to cope with transitional changes and stress and adjust to the demands of their new reality experience a greater sense of well-being and happiness. In other words, immigrants have to deal with a lot of issues due to their new culture, but it could be worse for women than it is for men. However, most of the inhabitants in immigrant communities have that sense of community and end up living in areas of proximity to each other and organizing programs to collaborate with members of their ethnic or religious groups; this helps them in coping with difficult situations in their new cultures.

In her study of life for women in immigrant communities, Jain (2010) observes that the micro-politics and social practices of transnationalism operate within the sphere of marriage, family, and/or household. Family ties through birth and marriage remain important, despite distance, scattering, and translocation. For example, even when being a close-knit Indian family under conditions of frequent mobility becomes difficult, transmigrants make sustained efforts to rework the arrangements for the sake of keeping their families together. The question of the volume of property involved in transactions is relevant but not as relevant as is the fact of women's active involvement in its circulation. Of greater concern are the ground rules guiding women's participation in transactions,

associated meanings, and verbal idioms than property as a system in a legal sense. More often than not, it seems from Jain's work that women are the ones who end up keeping the family ties intact even though huge distances prevail. Also noteworthy is the fact that they try to keep the culture and traditions alive, such as marriage, cultural and religious ceremonies, and naming, among many others. Jain is attempting to work out a way to study how, after marriage, transmigrant women create and maintain family relationships at a distance in the sense of both time and space. She also says that in terms of intellectual pursuit, this exercise is located in a larger project of studying women's agency as a resource to produce and reproduce interaction and thereby build social relations. As Jain observes, it seems that many scholars take women's position in society for granted and assume that whatever they were in the third world, they will also be in countries where women emigrate. Jain contends that this is a simplistic view and scholars should be more aware of all the things that go into these kinds of issues.

Not only do women act as the adhesion that holds the fabric of society together in the Diasporas but they also, according to Jones (2008), regardless of their expressed faith, often occupy a central position in religious movements and institutions. Their capacity to produce, reproduce, and nurture can empower them, promoting their religious agency and activism. And as gender plays an important role in generating knowledge and power in the performance of faith, women seem to be at the forefront of it all. In other words, women in their respective faiths or traditional beliefs not only take part in everyday rituals but also generate knowledge and disseminate it to everybody that is available, meaning that they become empowered within their circle of community, family members,

friends, neighbors, and people of the same faith with whom they often engage in discussions, prayers, ceremonies, and other communal activities.

According to Mojab and Gorman (2007), women in developing countries have generally been excluded from active or formal participation in peace and reconciliation processes, governance and policy making, and post-war reconstruction. Additionally, the view is that armed conflicts seriously curtail women's civic and political rights and subjects them to new forms of gender-based violence. However, if women in war-torn societies are not invited to actively participate in reconstruction, the women of the Diaspora find themselves in a position to contribute to the effort, as many of them have extensive political backgrounds acquired through years of political and armed struggle in the region and rights-based organizing in the Diaspora. In other words, although women's agency and empowerment are curtailed in conflict situations, they are very resilient and try hard to help however they can. When this is not possible, Diaspora women get invitations to go back home and help. The Mojab article published in the *Journal of Middle East Women's Studies* is very applicable to the Somali situation in that it discusses what took place in 2007 and before in the Middle East and North Africa, but this is taking place in Somalia today. Although women were ignored, they have been trying to help as much as they could and when famine was declared by the United Nations in 2010-2011, the Somali women in the Diaspora stood up to help more than anybody else. Not only did they collect resources and send them to their home land, but they also physically visited Somalia and the refugee camps in countries neighboring Somalia to lend their skills; whether it was as a nurse, doctor, administrator or social worker, they all wanted to give. One of the bottom lines is that the Diaspora has a way of

empowering the women; it could be because they do not have to deal with the hardship and abuse on a daily basis and have time to sharpen their skill or reign in their anger and put it to good use. Political participation is also improving as the current Somali government has appointed a female foreign Minister.

Chapter Three

Methodology

This study has employed qualitative approaches to study the phenomena of FC (female circumcision, another name given FGM) among Somali women who live in the United States. To gauge the attitudes of Somalis in America concerning female circumcision, focus group discussions were held for different groups that included young women, older women, and a mixed age group of men. Due in part to the sensitivity of the issue of FC, it was not possible to find Somali men and women or younger and older women who were willing to partake in mixed group discussions on this special topic. Even though most Somalis, especially the young, do not seem to mind eradication of FC, this practice seems to be going away very slowly, and as a researcher, I am curious to know why that is the case. The following will help shed some light on provide some insight into the staying power of FC. I would like to let the reader know that all the names used on this thesis are assigned names to respect the privacy of the research subjects.

Focus groups seek to illuminate group opinions, and the method is especially well suited for socio-behavioral research (Mack et al. 2005). This study sought to elicit and contextualize the human trauma and social costs of FC. It should also be noted that this is a very personal issue to me as a person who comes from a circumcising community and having undergone the procedure, myself. Among the Somali people, FC is a taboo subject for critical discussions, as it is related to sex and sexual organs. Women might feel comfortable sharing their feelings in an environment with women of their culture. I appreciate the necessity of and specific challenges associated with gaining the trust of

mutilated women before they consider speaking out about their experiences. To put it mildly, this is an exceedingly delicate topic to discuss, particularly with regard to the shame often associated with it, yet some women choose to speak out as a means of therapy and to prevent others from experiencing the same fate. Although most circumcisers are women, the authority and reason for circumcision come from men. Consequently, I am also including men who are for and against FC. My method of collecting data was my leading the focus group. I was expecting to face limitations in that many people in the Somali community do not like to speak about human sexuality and sexual organs, as these are taboo subjects. However, the participants of the discussions were very eager to talk about FC in relation to my study. As a Somali woman who has undergone FC, I am afforded access to discussing this sensitive topic.

I recruited the participants through a snowball sampling design where I asked groups of individuals if they are willing to take part in my study and then asked them if they knew of anyone who they thought would be willing to do the same. The young women spoke to friends and acquaintances, who further recommended other friends and acquaintances who were willing to take part in this study. I briefly mentioned to them that the study is about female circumcision and that they should not feel obliged to answer in any specific way and that they should feel free to speak their mind concerning their feelings about FC. I chose Columbus, Ohio, to be the main site of the discussions because Columbus has the second largest Somali population in the United States after Minneapolis, Minnesota. Also, Columbus was more practical since I live in Toledo, which is just a two-hour car drive to the northwest.

I tried to ensure the reliability and validity of the study by asking follow-up questions that also gave me an opportunity to interact further with the groups and to make sure that what they said was what they meant to say.

This study is built on a pilot study I conducted with Somali women on FC administered as an Internet survey between August and December 2011. The principal finding from that survey was that a great majority of the respondents do not have enough knowledge on the subject and would like to be better informed of their options and consequences associated with such options. There is also the issue of FC being or not being a religious requirement. Many Somalis felt that they can stop practicing FC as soon as they are sure it is not required of them as a religious imperative. Education is also a key component of the equation, as education is negatively correlated with FC practice; in other words, increasing levels of educational attainment results in declining levels of FC.

I conducted the young women's focus group discussion on May 6, 2012, in a school/day care facility that is also used on weekends for teaching Islamic classes and is called the Zenith Academy in Columbus. There were nine participants and the discussions took place between 1:00 pm and about 4:00 pm. Since my focus group met during the weekend while Islamic classes were being conducted, the place was bustling with life, but the competing activity was not too loud or unbearable.

The nine young women in my focus group were all between twenty-one and thirty years of age. Four of them were married and two of them had two children each. Apart from one woman who was in high school, the rest were all college educated. Some were still undergoing their studies at universities in Columbus and were working part-time, while some had completed college and were already working full-time. Apart from two

who were born in the United States, one of them was brought up in Canada, and two came here as adults; the rest were brought to America as children and did not remember much about Somalia or a second country that they were born or lived in, such as Kenya or Ethiopia. Most of those who came as children were born in Kenya, and two older women also came through Kenya. The young women were very open and welcoming, as most Somalis are when I or anyone visits their homes. They did not seem the least bit bothered about coming out on a Sunday when they could be resting.

The older women I spoke with were between early forties and eighty. All had children ranging from two to ten. Some of the older women lived with or took care of their grandchildren. Back home very old women were taken care of—an d did not have to care for or watch anyone—unless the parents of the grandchildren were out of the picture, and even then they got a lot of help and support from the community. All the older women have undergone a severe form of FC, and most had their daughters and granddaughters undergo the same.

As for the men, they ranged in age between the mid-twenties to about the mid-seventies. The oldest man could not read or write, had no children in the United States, and lived among the Somalis. In Somalia he led a nomadic lifestyle, wondering all over the country and parts of Kenya and Ethiopia in search of pasture and water for his animals. A religious man of about forty years was born in Somalia, left when he was six years old to live in an Arab country, and came to the United States without going back to Somalia. There was a high school teacher who is pursuing an MA in economics. There was a truck driver and a man who worked with a Somali community organization in Columbus and an ex-electrical engineer who is disabled. Other members of the group comprised

businessmen who traded in Halal meat (meat from animals that have been slaughtered in the way prescribed by Islamic law) shops, Somali restaurants, traditional sweets, incense, and Arabic gum. Most of the men lived among Somalis and interacted with them on a daily basis.

Chapter Four

Findings

Part 1: Religion

I have always heard that justification for female circumcision was based on Islam, mainly because many of the people who practice it are Muslim, and those who do not care much for the practice or advocate for its eradication are secularists or simply non-Muslim. I want to make it clear that religion is very important to the people with whom I discussed and consulted for this research project. If the basis for carrying out FC is religion, it would be much harder to even discuss it, let alone eradicate it. Conventional wisdom is that the level of religiosity is correlated with propensity to practice FGM. However, my study did not find evidence to support that claim. Even among the young women, all of them were dressed in very modest dark colored Islamic dressing that is standard among Somalis and most Muslim women.

Religion is not only important in thought but in action, too. All of the participants acknowledge the importance of their religion in their culture and everyday lives. This is especially so among the older women. With respect to practicing the FC culture, respondent Dheeman starts her comments by clarifying that the Somalis are Muslims and practice Islam. She adds that they dress modestly, as a show of their faith and because, in their culture, dressing in scanty clothes is a shameful thing. Dheehman explained that this cultural tradition has been passed on from generation to generation and is not something new. She mentioned that the biggest culture shock for her when she came to America was how the other women dress. Another respondent, Maano, emphasized that one of the Islamic cultural teachings is honesty and straight forwardness

and that is what they as Somalis practice, both as a religious duty and as a cultural mainstay.

Among the men, a shopkeeper named Dar spoke about how Islam has become such a huge part of Somali culture until it is not easy to differentiate between the two. For instance, in prohibitions of food, the dress code, and general interaction, these are all prescribed by Islam and the Somali culture. Dar added that boys' circumcision was originally from Islamic culture. He said that courtship is in accordance with the teachings of Islam even here in America, which involves seeking marriage approvals by parents. Only after parental approval can the knot be tied by a sheikh and then the wedding is blessed by calling family and friends and celebrating together. Islamic culture also reaches into dietary intake. For instance, fast foods are discouraged by most Somali families, as most worry about whether these foods are Halal (meat from animals that are slaughtered in accordance with Islamic law).

Is FC one of those cultural practices that can be considered an Islamic duty? When it came to FC and weighing it against other religious practices, most of the participants drew a sharp line between culture and religion, saying that FC belongs in culture and not religion.

On the question of whether FC is an Islamic duty, all young women said no. In fact, some of them went further to say that it is wrong on multiple levels. First, it is taking away the girl's right and causes them so much pain during menstruation and birth, and so it is unfair to her. There are also a lot of other problems that are related to FGM individually for the woman and the society in general. The young women are all against FGM, as they called it, and would not take part in practicing or supporting it. Some of the

young women did not know that other non-Somali communities also practiced FC. What was more surprising was the anger the women expressed against anyone who might take their daughter from the United States to be circumcised back home. It was also the general feeling that there should be more talks within the community to emphasize the good aspects of the culture and let go of negative aspects such as FC.

Apart from one young woman named Hali, circumcised at age eleven, who said that her mother explained to her that it was a rite of passage that all Somali women had to do it and that it was for her own good, the rest of the women had no explanation whatsoever: FC was forced upon them. As Misky explained, the girls are cleaned, given gifts, and showered with attention so that they can accept and feel good about FC, thereby the completed process being the manipulation of their young minds. Misky also added that, all the girls she knew to have experienced FC, including herself, were taken to the cutting place and positioned while struggling to free themselves. The young women understood that their parents were under a lot of pressure to fit in and be part of the community and were also looking out for their children's best interests. The young women agreed that the mothers do not want their daughters to be treated as outcasts. Social pressure and the fear of not finding a mate for their daughters make mothers carry out the dreaded FC, but also they seem to be unwilling to adjust their sense of protection to the situation in America. Dhuho, an older woman, articulated that cultural practices such as FC are drawing a lot of controversy of late, especially as Muslims they are now learning that it is against Islamic teachings to practice FGM, but it is part of the Somali culture and now most people understand that.

Hassan, a young man who did not stay for the whole discussion, said that after reading many articles written on the subject of FGM he realized that it has no bearing in Islam; in fact, he asserted that FGM is actually against the teachings of Islam. He did not think it was the duty of a Somali woman or even a Muslim woman to be circumcised, because there is not a clear command to carry out FGM in the Quran or even in the Prophet's (PBUH) teachings. In his view, FGM was part of the popular culture in Egypt and has come to Somalis through interactions with ancient Egyptians, and so it did not originate in Somalia. He also believes it is a cultural practice imported into the Somali culture through misinterpretations of Islam. In the twenty-first century with technological advancements and globalization reaching a peak, this man does not see how FGM can be useful, or why the Somali people should continue practicing it. He points out that the sheik confirmed that it is not a religious duty to carry out FC, and not cutting the girls is not a sin. It is interesting to note that, for some of the respondents, it was not a choice between religion and FC; however, it seemed that some of them were in opposition to FC due to their faith and knowledge of Islam. Although the older women, being stewards of the culture, insisted on a mild form of FC; they realize it is not an Islamic duty, and knowing that it is not a religious prescription has helped them to become comfortable in refraining from FGM practice.

PART 2: Communalism/Culture

Among the reasons why the Somali Diasporas are attuned to eradicating FGM may be due to their assimilation into the Western culture of individualism that is opposed to the Somali culture, which advocates for communal ideals of belonging together. As is evident from what the respondents expressed below, and contrary to popular belief, the Somali Diaspora clearly separates itself from mainstream America, especially when it comes to communal ideals of sharing and caring as opposed to American egoism. One of my original hypotheses was that the increase of FC was a reaction to rapid Americanization of Somalis, especially the inherent self-centeredness. However, this turned out not to be the case, as many Somalis still remain true to their ancestral culture, while embracing parts of the American culture that they deem useful and necessary.

One difference that the Somalis seemed to be aware of between theirs and the American culture is the difference between communalism and individualism, the Somali culture being the communal/collective culture and American culture being associated with egoism. Unlike the

Americans, Somali people are very communal; they have a culture of sharing and caring for each other, be it the sick, the elderly, and most important the young. Are the Somalis able to come together right here in America as they used to back home? Do they have to keep cultural practices like FC to unify them? Or are there other means of keeping the communal spirit alive*?* All the participants of the discussions time and again reiterated the importance of communal ideals. That the Somalis are known for sharing is something that is associated with pride and joy.

The young women were very protective of their culture; they practice their culture through dressing modestly, eating Somali foods, and speaking the language. Other aspects of the culture include ceremonies like bridal showers and wedding ceremonies. In other words, these occasions bring the Somalis together so that they can share. All the Somalis who participated in the study have emphasized this factor. The young women say Somalis are very generous, especially with food. Among the Somalis, the saying goes "what is mine is yours." The young women agreed that Somalis experience culture-shock when they go out to eat with Americans and everyone is paying for themselves because one person would pick up the tab if they were out with Somalis, even without asking whether they had money or not because to pay would be reflective of their culture.

The older women also emphasized how the community works together. Maano says that the Somali people culturally help and love each other despite the fact that some have destroyed the trust among the people. Dhuho added that Somalis help each other, especially during weddings and in times of need, such as helping with the basic needs of food, shelter, and clothing. If somebody needs to be bailed out, Somalis contribute to help. The women also said that Somalis also visit the sick people at the hospital. Dheeman and Dhuho say that Somalis also remit funds to the people who have been left back home in Africa, including not only close but distant relatives, friends, and former neighbors. Dheeman says that if they see neighbors who are hungry or have other problems they help as much as possible, including visiting them at the hospital and, on their part, the neighbors have welcomed the Somalis with open arms and hearts.

In the literature I have reviewed for my research, scholars expressed concern with the name of the procedure, and as a researcher, I had been previously warned not to use

harsh or inappropriate terms such as “female genital mutilation,” (FGM). However, I was surprised that whenever I referred to my topic as female circumcision (FC), the young women insisted that it was really mutilation, including different kinds of mutilations, and not just circumcision, while some men also said it was mutilation.

The young women discussed the procedure in depth as being painful. Some had thought the circumcision was a happy occasion and were singing up to the time they heard the screams of the girls who were cut before them. The venue was described as gloomy, dark, and unfriendly. Older women grabbed little girls and young women and pinned them down to immobilize them. After cutting, scrubbing and stitching/sewing, girls were tied with a rope from their waist down to their knees during the day and to their toes at night so that they would not disturb the healing process. They are also not supposed to drink a lot of liquids, and if they want to urinate they had to lie on their side, as a newly circumcised girl cannot squat. For fifteen days, girls are supposed to not play or do any active work. If they tried to be mischievous, they would be threatened with a repeat of the pain. Some of the participants have younger sisters born here in America and are not circumcised. Such younger girls hear stories from back home about women who have difficulty with childbirth, such as being in labor for four days. The participants are aware that FC makes childbirth, an already complicated and painful process, even more difficult. They have also heard that some people use thorns or gum trees to sew the genital area, and since there is no medication like pain management or antibiotics, in some instances a small hole is dug and the girls are told to sit on it to smoke the genital area so it can dry the wound quickly. Respondent Amino commented that she had learned that women are not driven by physical urges as men are; women are more emotionally driven. She emphasized,

however, that this was not to say that women do not have physical urges, but that they are less driven by such urges, which in her opinion renders FC irrelevant.

On the question about finding a good husband, the women of late think many men are avoiding the circumcised women, as it is becoming hard to deal with circumcised women. The women talked about couples who broke up because they had painful conjugal relations that resulted in divorce. Some have seen older Somali women limping, which might be the effects of FC on the sciatic nerve. Sciatic is a nerve that runs down the leg, and due to the poor lighting and the poor eyesight of some of the women performing the procedure, the victim's sciatic nerve is damaged. The young women expressed anger at the older women who have been mutilated and had the associated problems and who would subsequently do the same thing to their own daughters—especially in a culture outside their own. However, people acknowledge that the practice still exists and is far from going away. The participants agreed that the women do not want to be ridiculed. Social pressure and the fear of not finding a mate for their daughters make mothers carry out the dreaded FC. On this issue, respondent Hodan spoke about how a few women asked their doctors or obstetricians to sew them up the way they were before having the baby, in order to feel like they are not letting go of her culture. And after the doctors talked among themselves, they decided it was the women's culture and they had a right to follow their culture; so the women were sewn up just as they asked. Amino emphasized that those were women who did not grow up in the way the focus group participants had; hence, they had lived according to a completely different moral paradigm.

The differences resulted because, even in high schools in the United States, some women had to deal with young women who would discriminate against the uncircumcised girls or call them names. Those giving primacy to FC were late arrivals from Africa. Much of this behavior is attributed to a generational difference plus the effects of a diverse Diaspora, which also offers education and other emancipative and empowering endeavors such as legal action against discrimination.

Some women had their fathers tell them that they should not be circumcised, but unfortunately the mother, grandmother, aunts, and other female relatives overpowered the father. The young women thought that something like this divisive family element could be avoided with communication between parents and with other relatives. Both parents should discuss their daughters' fates in detail. Recently, many media programs have been trying to stop FGM; for example, the participants spoke about a recent BBC broadcast featuring an older Somali woman being interviewed on the topic of FGM and she was saying that the practice was bad and should be abolished. And since that was a respected elderly lady, respondent Aisha voiced her thought, noting that the BBC interview was amazing because mostly the older women whom she knew and had observed had seemed so attached to FGM.

In response to my query about whether FC was a duty of Somali women, Dheeman answered in the affirmative, stating that she sees FC as a cultural practice rather than a moral imperative. Dheehman added that she loves FGM, and her daughters are fully grown circumcised women. She is still so attached to it that she would encourage it not to be abolished. She adamantly believes that the female genitalia are not clean unless cut. Dheeman said that she was circumcised at eight years, and that she has

healed very well. Nevertheless, she said she could not pass any urine for some time afterwards and had to be reopened so as to be able to urinate. Dheeman went on to explain that some people use gum trees to seal the girls up, others use thorns, and that the goal really is to seal up the area so it will look like the palm of their hands. Maano, who was also speaking on the Dheeman's side, related how her own daughter almost bled to death, but the cutting is part of their culture and there is nothing to be done about it. Her daughters could not parade around with "that thing" hanging from them, she said. Dheeman continued to explain that the sap of the gum tree that was used on her sipped in and a cyst was formed on the inside to one side of her vagina, and she had to have an operation for the cyst to be removed. However, she would not advocate for total eradication, and the older women all agreed that they would keep some form of FC. As concerns getting a good husband, even now, Dheehman emphasized that when a man marries an uncircumcised woman, he would likely leave her out of concern that she was not a virgin. Refuting that argument to some extent, Maano declared that she had not known a woman who was divorced due to not having undergone circumcision in recent years, but noted that she had heard about such an event happening o a woman whose circumcision was a mild form of FC.

Does FC restrict the women's identity to circumcised women? Dheeman stated that it does, as the men are satisfied when they get a circumcised woman, and it also helps the woman stay with her culture and feel part of her people, even when she has nothing else. Although Dheeman is against the severe forms of FC, due in part to what happened to her own cousin who bled to death when she was circumcised, she does advocate for some mild form of FC.

The women did say they would circumcise their daughters or granddaughters or any girl of whom they were in charge, at least a mild form. Dhuho is the only one who did not take her daughters to the circumciser; however, she did not protect her three daughters from their aunts and grandmothers by standing up to them. She said she would not do it herself but she would not prevent others from doing it. Now that she knows better, though, she said would not subject her daughters if she had the chance to do it over. The older women were somehow convinced that the severe form of FC was against Islam, although some, like Dheehman, kept saying they would not want to see a gaping hole in their daughter or granddaughter. Dhuho is the exception among the older women. She said that she had five daughters and did not want any of them to be circumcised, as she had suffered and did not want them to suffer, but only two had escaped the cruel practice, as the first was circumcised by the paternal aunt while another one was circumcised at the insistence of her father and grandmother, and yet another one was circumcised by the man she was betrothed to as a girl. However, he had to take her to the hospital to be opened on their wedding night. The older women agreed that severe FC did get the young women good husbands, as the men were expected to pay bride wealth before marrying the girls. Dhuho added that she has found out that more men in this new culture prefer uncircumcised women or those who have been circumcised in the most severe form that is common among Somalis. Dhuho continued by saying that when girls get married, they have painful conjugal relations and sometimes before the birth of their first child their spouses are not able to have that relation easily, either as the whole area is tied up and has to be surgically opened. Dhuho also mentioned her observations regarding the shape of the Somali women, with huge backsides that are no doubt due to

FC, remembering how she used to see the castrated animals getting fat very quickly. All the women laughed a lot when she said that. Dhuho added that, as intact female genitalia is an important part for sensation, most circumcised women have a hard time feeling anything in their love lives.

Regardless, the younger women wanted FC to end. Respondent Aisha and Amino felt that many people may ignore the problems of FGM because Somalis have other pressing issues back home such as the lack of basic needs and FGM is the last thing on people's minds currently. However, the participants thought that researchers and other spokespersons need to make the FGM current by working toward its eradication. The participants concurred that they were giving me, as the researcher, the task of trying to organize a workshop right here in Columbus to let the Somali people talk about many of their problems, including FGM.

According to their responses, none of the participants among the young women would circumcise their daughter unless the daughter decided as an adult to take matters into their own hands. When asked why not, participants reiterated all the problems that they have been talking about, including, bleeding, urinary tract infections, painful menstruation and sexual relation, and difficult and dangerous childbearing. In fact, many said they would advise friends and family members not to circumcise their daughters. However, according to Dheeh, cutting also increases beauty of the genital area as she had seen women from other cultures while in Kenya and she thought their genitals were ugly and would not like her daughters or granddaughters to have ugly genitals. As usual, Dhuho, with the details rebutted Dheeh's argument saying that FC is bad because of the problems associated with it, most circumcised women have health problems during

menstruation and painful and risky births, and as argued although the Somalis and others have practiced FC for many centuries, it was time to let go of this cultural practice. Female circumcision is ingrained in the Somali culture as something that is almost sacred. This is because the Somali culture, with its patriarchal values, enforces the practice through the norms of the community. Some of the older men initially did not want to speak on the record, but once they saw others speak, they became relaxed and spoke with equal passion as the women about the topic.

The men welcomed me and my research project as though it was something that was needed in the community. They said they appreciated the fact that I was including them in the study, and that I did not speak exclusive to women. Although within this group of men were a couple of gentlemen who did not want FC to be eradicated. For example, Giire, an older man, who agreed with the older women, seemed disappointed that a long-standing cultural practice

such as FC was now being discouraged. He argued that it is wrong to talk about women's private parts in public, and that such talk used to be a taboo subject. He added that the eradication of FC is a Western concept and that Westerns have been trying to acculturate Africans for a while, now, and it seems that they are succeeding.

For gathering the men for my research, I began my search by talking to a Somali shopkeeper whom I had known and asked him if he could gather a few men to talk to me about FGM. I knew about the Somalis' active grapevine, and this man would be able to bring some men to discuss the topic, even if they just came to see a woman carrying out research. He set a time and place and asked me to meet him there. During my first meeting, I explained to the men that under the umbrella of culture, I was targeting FC,

and two men just started talking about the issue and what it means in the twenty-first century.

One of the men, Hassan, asked me, if I would like to record as he was willing to talk about his feelings concerning FGM. Since he was in a hurry and had to leave early, he asked to speak first. This attitude also reflects the men's eagerness to discuss FC as a subject. Hassan was very passionate about his feelings against FGM, and he got into an argument with an older man; the argument became so heated that I was afraid that Hassan might get physical with the older man, but he did not. The older man said FGM was Somali culture and we should not be so quick to disregard it, or else Somali girls would be like women from other cultures. The younger man argued that time for thinking that way was past and that Somalis need to move forward by discarding unnecessary practices such as FGM and other violence against women. Hassan added that the older men ordained cultural practices that make no sense in the present and the coming centuries. He said that, historically, FC has caused Somali women and girls a lot of problems, most of them related to health; specifically, during childbirth, menstruation, and even some women had told him they have problem passing urine.

In the old days, girls were cut so as to get married, and uncut girls did not have that chance. However, nowadays the men said preference is given to the uncut women simply because FC is not good for either of the partners. At this point, I could not resist a question concerning the fate of the women who have been cut and stitched to get married but may now miss the chance for marriage because of both the procedures. Respondent Duran said that he had not heard about Somali women who could not get married because of FC. He added that as FC is a private matter, many men rarely if ever worry about it

and, instead, focus on looks and behavior. Adding to the discussion Deeq remarked that this question does come up as he was currently in the stage of courtship right now. He also said that he knew that some men preferred certain aspects but he did not think the having FC was a social problem, yet and even FC girls will still get married for a while because there are men who have not been changed or who are back home. Deeq went further to talk about how in the past, a white sheet was put on the bed on the wedding night to make sure that the girl was well stitched and would bleed onto the sheet. The main reason for FC, Deeq asserts, was that the girls were practically for sale and they cost a hundred or more camels; the men, therefore, did not see women as humans but as property that one had to ensure was worth the price. In his opinion, this mentality has somewhat changed, and although the women are still undergoing FC, they are not treated as property as such. Did the men believe that other girls who were not circumcised could still be virgin? The responses to this question were mixed, with some not being sure and some saying virginity had nothing to do with FC. Dar added that in the old days, most people lived in rural areas and people knew each other well. And as people followed cultural norms that forbade sexual relation outside of marriage, people trusted each other and fathers would encourage their sons to marry a certain girl because they knew her family. However, as people moved to cities people lost trust and families were afraid that girls would easily be susceptible to promiscuity. Respondent Shire, however, did not think that FGM preserves a Somali woman's cultural identity since uncircumcised girls feel as Somali as circumcised girls.

All of the men admitted that they do practice their culture and take pride in it, from dressing to eating Somali foods. They appreciated the fact that in the Somali

culture, elders were respected and the young were taught to revere the old. The Somali people also value their relatives close or distant, far or nearby. All the men agreed that every household or even among single Somalis living together or separately, when they come together they eat together from a big plate and eat with their hands more than with a spoon. Duran said that one visible and huge difference between the American and Somali cultures is how Somalis treat the elders and especially one's own parents versus how Americans treat their elders. The Somalis believe that caring for one's parents reigns supreme on one's list of good deeds, next to worshiping one God. Whereas most Americans would not even allow their parents to live with them, but rather take them to nursing homes when they get old, the Somalis will happily care for their parents and live with them. The Somalis, according to Duran, do not think of their wealth and worldly belongings as their assets, but rather, their children are their children are. The biggest calamity the Somalis in America are trying to avoid is being dumped in some nursing home when they get old, where they cannot get the specific help, support, and tolerance that they need. This reverence may the subject for discussion, because younger Somalis who have been taught to respect their elders, cannot easily tell them off when it comes to cultural practices such as FGM and how they really feel about it.

At this point a younger man, Shire,about 30 years of age and who had barely spoken, said that people seemed to be confusing Islam for the Somali culture; he tried to explain that the issue being discussed was comparing the Somali and American cultures. In Shire's views, American culture is superior to the Somali culture. Shire said that this can be seen from American people's conduct or behavior, their work ethic, and how they interact generally. From the Somali side, according to Shire, is that the most important

thing to the Somalis is tribalism and clan affiliation, which, in his view, is what has brought Somalia tumbling down.

Working is important because women's status in the society was tied to their doing visible and beneficial work outside the home. Even in the nomadic setting, women were only carrying out activities that kept them closer to their homes, for example, taking care of smaller animals such as cattle, and the age-old cooking and cleaning. This powerlessness has implications for the women's self-image and self-worth. The only way a woman could bring in wealth to her family was through marriage. Therefore, historically speaking, girls were cut so as to get married, and uncut girls had little chance for marriage. However, nowadays the men said preference is given to the uncut women simply because FC is not good for either of the partners. As Duran noted, America is quite different. Since the American lifestyle does not encourage much interdependence or support/help from relatives and friends, including the immediate family such as parents and siblings, women learn early in life to depend on themselves for basic needs. Duran conceded that one thing the Somalis could learn from Americans is the fact that people from different backgrounds, including religion and national origin, can sit together in a classroom or even work in the same office without any problems whatsoever.

Regarding American lifestyle, Deeq observed that Somali youths have been affected by Americans in many ways; he cited he hip hop culture where the young people listen to the music, and they rap and try to emulate hip hop artists in courtships and in how they treat women, which is not necessarily ideal, as most of these hip hop artists and their videos over-sexualize the youth and demean women. Deeq pointed out that, as a

high school teacher, he sees this hip hop behavior all the time. When boys and girls reach high school they face new sets of problems, as they become focused on having girlfriends/boyfriends, and if they do not have one, they are seen as not being hip or cool. As the young Somalis are not mature enough to argue for what they believe or do not know enough about their culture, they easily get swayed. It also affects their dressing, especially boys, who want to look like their favorite stars. Deeq went on to say the youngsters use these characters as their role models, some of whom never did well in school or even had dropped out but are now looking fabulous and earning lots of money in the entertainment business.

Deeq also gave an example of a Somali boy who recently came over from Somalia; the boy earnestly proclaimed that he was not Somali or did not come from Somalia. The Somali student was in an American history class, and when the teacher showed interest in his being different and asked him to speak about his culture, he said that he was American and had nothing different or new to contribute to the discussion. When the teacher looked at his file and confronted him with his true nationality, he told her that his father was Somali, but he was not. Deeq surmised that the student had reacted this way because, currently, a lot of bad things were happening in Somalia and many young people felt that they could not identify with all those things. Although these youngsters were born during the conflict, they had never seen anything good in Somalia, and not knowing the history did not allow them to know or seek Somali role models. This made them feel like losers, which further alienated them from their culture. Deeq, commenting on the fact that he was not a psychologist, concluded that this student's

feelings show that students, too, are psychologically affected by cultural ambivalence regarding life in America.

The sheikh, a respondent in the discussion too, stated that Somali men meet at coffee shops but only the older adults; no youths or teenagers will be seen there because they get bored with what the elders are talking about and, thus, find fun elsewhere. Therefore, unlike in the old country, Somali youngsters are not learning from the elders through oral literature; instead, they are learning through the American media, especially the television.

Respondent Shire, however, expressed doubt that illiteracy is that high among Somalis, and secondly, that rap music is to blame here for the children's undisciplined behavior. Shire gave an example of a famous young Somali rapper called K'naan, who came to Canada without much education and did not speak English. However, through listening to rap music and his innate talent and creativity, he became a rapper himself. He also agreed that the home is the foundation of a child's education, and if parents are not educated and do not value education as such, the child may easily fall through the cracks.

The participants of the discussions also acknowledged that Somalis have been forced to adjust to a new culture. Adjusting to a culture with individualistic ideals from a culture of sharing and communalism has taken its toll on the youth and their parents alike. Participants also felt that the Somalis experience a lot of social problems because they are not well equipped for a cultural milieu like America's. And being thrust into this society brings them face to face with issues that they do not know how to handle effectively. Respondent Aisha observed that there is need for community workshop/gatherings because many Somali youths are in jail or prison and drinking

problems are becoming very common, all because the parents do not understand American culture. The young women emphasized that their parents or grandparents were not exposed to these kinds of situations because, back home, children were raised by villages. To underscore a critique about men having been the facilitators of culture, the women said that men had failed them, and so women have become the keepers of the culture. The women said that it is upsetting that women produce these sons who, unfortunately, grow up to become men who end up treating women badly. Older men, who used to be the defenders of the culture, are now failing to live up to those laudable roles. Instead, as the women contend, many men just sit at tea/coffee shops and talk about what is happening in Somalia, making the older women who do not speak English and who have no job skills fend for themselves and their children, single-handedly. In one group, an older woman named Kamila, who is in her forties and whose observations were not transcribed, said that she took her proficiency test in English as a second language and has since under taken her GED, and is currently attending Columbus State Community College. Kamila also announced that she is taking upgraded classes for a medical profession such as nursing. Furthermore, Kamila stated that this would not have been possible had she not come to the United States, as she is a mother of two boys and taking care of her sons and husband would have been her primary engagement had she remained in Somalia.

What did the men have to say about complains of the Somali women that men just sit in tea and coffee shops and talk about clan warfare? Attitudes and roles have somewhat reversed as boys used to be given the priority to get education since they were looked upon as being the breadwinners of the family, but now girls are seen as the saviors

of the family. Shire explained how the issue of giving boys the priority came to the Somalis from the Arab culture. Arabs believed women would eventually get married and have children, so they did not need education. As such, some Somali parents made their daughters serve as maids to their brothers and did not give much attention to the girls' education; however, there were many parents who also educated their daughters as well as their sons. Personally, Shire felt that that is why the Somali culture falls short when compared to the American culture. Duran agreed that the men need to carry more of the weight of the family and help the women in raising the children. He said that there is need for an attitude change among Somalis, both in the Diaspora and back home. Young women of today talk about how virginity is no longer valued as it used to be in the Somali culture when actually the whole point of FC was to protect virginity and family name. For the older girls they always knew talk about FC was forbidden territory and accepted it without questioning, but the younger ones are asking questions.

Chapter Five

Conclusion/Discussion

Groups of the respondents felt that something should definitely be done about FC and steps to eradicate it start with dialogue similar to this to those fostered in the focus groups. Slowly increasing the number of people who take part in the gatherings to a seminar later into a large conference, and on to community meetings is likely a winning strategy. Discussions can occur at common areas such as the Mosque, at schools, and any places where Somalis gather. Participants recommended that during such discussions there should not be assumptions about having the same position on or reasoning for carrying out FGM. Also radio and television programs should be organized to engender community dialogue about FGM or on other social problem and even talking to a few imams and using the Mosque as a platform. The participants said that they realize some older imams may not be ready for this type of discussions, but that it should start with the ones who agree. Generating healthy and honest dialogue among diverse demographics of Somalis can be easier said than done. For instance, Amino, one of the young female who participated, thought that the older folks would just shut the young female participants down, which would suggests that young women, should not participate. Conversely, since the elders cannot be changed, to some measure, they should not be included in the discussion. However, other participants thought that since people listen to elders the general feeling was to include them in the conversation, even if it means finding the ones who are against FGM, especially if they are educated. The issue of who should be involved in the discussions was a very emotional one.

What were the young women's impressions of the meetings? They felt much better about themselves and felt like they were bringing about change. Some of the women also suggested that we have smaller groups for elders and larger groups for teenagers when organizing the meetings. All of them said they benefited from all the different viewpoints they heard, and they said that change should come from within the community rather than being dictated to by voices outside the community.

During the discussion the participants talked at length about the culture shock that the Somalis are going through and how unprepared the parents were to raise their own children.

A young lady, Fahmo, said that she teaches weekend classes, and she talked about parents who call her and her colleagues to talk to and advise their children. Some parents feel that their children are bad and need to be "fixed." However, Fahmo felt that the problem has to do with parenting. She gave an example of her own life as a young woman who was born in the United States and brought up in Canada. Fahmo believes strongly that it was her parents and their parenting style that did the trick. Fahmo says that she and her colleagues talk to the parents and encourage them to take an active role in their children's lives. Parents should do this by talking to their children early on, getting involved in their school, knowing their children's friends, and stop blaming their poor parenting styles on their children. Amino is a twenty-three-year-old who is also a newlywed; she is surprised that young women and girls do not value virginity as girls used to.

The participants also talked about cases of teenage pregnancy. If a teenager is found to be pregnant, parents of both sides work together to make sure the two teenagers

get married and the issue is covered up completely. However, the participants felt it is better to deal with the issue through education and talking with children rather than covering up the issue and leaving the potential for others to fall in the same trap.

For some reason the older women thought I worked with the government, and they took this opportunity to show their gratitude for being resettled here in the United States of America. Although they asked me in the beginning and I clarified that I did not work for anyone, but was an MA student, and I also assured them that no one else would listen to the tapes apart from me, they went ahead and believed that I would somehow get this message to the government. The older women were current and former homemakers or stay-at-home moms. Some of them had gone through English as a second language (ESL) classes but none of them were going to school at this time. But the women wanted to be seen as people who were attached to their communities. The women were not trained and so they did not have any job skills, most of the very old ladies had never worked before outside the home, even back in Somalia, except for one woman, Dheeman, who was in the Somali mothers' association. This association had bases all over the country and it was funded by the government which sometimes used the group as a campaign tool. Dheeman was the regional vice-chairperson in her region. The women were not formally educated: - rather, they were taught by mothers, grandmothers, and aunts unofficially, throughout the day and sometimes during story-time at night.

When I executed my Internet survey and could hardly find anyone to speak with me about FC, I assumed that no one would speak out on this sensitive subject face to face. However, the participants of the discussions were very eager to share their feelings and thought in a group setting. I was able to speak with a lot more people than I was

planning on and even imagined possible. In a way this turnout shows that Somalis are tired of cultural practices that do not add value to their lives. As a population living outside Somalia, this seems to be a Diaspora effect. But although many Somalis came to America through family reunions, some Somalis came for and through other means and not as refugees, as the electrical engineer noted. Therefore, these Somalis could also be the open-minded people who were willing to travel to foreign lands for "brain circulation" (Patterson 2006). They all mentioned that getting an American passport made travelling easy, most had traveled back to Africa to visit family and to reconnect with their culture, which is another sign that they are outgoing people who were open to changes that are useful to their lives as long as they did not go against Islamic teachings.

The men and women who participated in the study were diverse in age, education, employment, and time of arrival to the United States. For this reason, their thinking and responses were very diverse. However, many of the cultural artifacts such as language, food and dressing were among the things about which everyone felt the same way. The loss of culture for the youth was mourned by all, but praise was due to those who had taken the good part of the American culture and had joined it with the parts of the Somali culture that were seen as admirable. These included but were not limited to female education, work ethics, respect of others' privacy, and, to some extent, self-sufficiency.

During our discussion, one thing I found surprising is that the young women were very protective of their culture, even though some did not know much about their culture or were still learning it. They asked me why I wanted to expose their culture to Westerners and how that would benefit the Somali people. They asked questions before and after the discussion seeking explanations for what I was doing and what I expected

the end-product to be, my goals and vision and how I intended to use my knowledge or education and the data that I was collecting from them and/or other Somali groups of people.

I am sure the reader has noticed my shift from female circumcision to female genital mutilation; this is deliberate because the participants pulled me to that term and although I tried to call it pharaonic FC, it is actually FGM as the young women and some men insisted. Although some of the older women have said that FC is not as mutilative as Westerners or others want people to believe, most of them agreed that extreme mutilation is unnecessary. Unfortunately, not all the older women support the eradication of FC, but they are willing to let go of the severe forms, and although they may not encourage it, would not be shocked to see younger women who are not circumcised at all. There is also the belief among younger women that more education and information for the older women would help them relax their grip on FC. The relationship between communalism and female circumcision may not be clear to a person from non-circumcising communities. However, to Somalis it is much clearer.

Finally, although I have been able to speak to more people than I had set out to, and more offers were on the table, I think it would be better to compare different populations. It would also be good to be able to have mixed groups—among the women and men or even younger and older women—which may be possible in the future. It is clear that most Somalis whom I spoke with support the eradication of FC; however, as I have been able to conduct focus group discussions in just one city, it is difficult to generalize the results to the United States, to Western countries or to the population.

Therefore, my findings are at best generalizeable to propositions, which can help inform larger empirical studies. FC is not an issue that can be looked at in a single way or can be gotten rid of easily, it needs careful planning, scheming, time and money to work on its eradication

Are there any relationships between the literature reviewed and the findings from the field? As a matter of fact, there are, as the observations below suggest. James and Roberts (2002) states that the operations vary in extent and severity, from a nicking of the clitoris to draw blood to its complete removal, and from the sewing together of the labia minora to the complete removal of the labia minora and the inner surface of the labia majora with the stitching together of the remaining tissue so that the genital area heals to form a solid wall of flesh over all but a small portion of the virginal opening. The women from the discussion talked of having different kinds of FC, from Sunna, which can be equated to nicking, to phiraonic, often involving complete cutting and stitching of the whole genital area. According to the World Health Organization, the procedures are mostly performed on young girls between infancy and age 15. This is partly true in Somalia as many of the women said they were circumcised before age 10. However, not many of them knew of infants' circumcision. Hayes (1995) points out correctly that infibulations are painful and many times circumcised women have to undergo surgery before marital sexual intercourse and almost always to enlarge the birth canal for a child to be born. The older women and some of the married young women have talked about this difficulty, and some had to be opened up to make it easy for urine and monthly period. And some even had to have a cyst that was covering their genitals surgically removed. Utz-Billing (2008), asserts that FGM is a very delicate topic that is deeply

rooted in the tradition and culture of a society. As such, it is an interwoven web that cannot and will not go away that easily.

A study by Morison et al. (2004) found that Somali women living in Britain from an early age were associated with increased assimilation in terms of language, dress and socializing. The same results came from the Columbus study as many people especially born or brought up in the United States had their attitudes towards FC drastically changed from the attitudes of the older generation or those who came here when fully grown. The focus group participant Duran observed that the eradication of FGM requires efforts from all the Somalis and the men are ready to put in these efforts. The subject of FGM should also be included in the health and social education in schools. Mothers and grandmothers should be targeted for popular education, too, but so should other groups such as the youth through information sharing and civic education. The sheikh thought that the people should be educated but a good way of encouraging it is to show those who continue practicing that they will not get any support from the rest of the community. In other words, those in the country who continue practicing or condoning FGM should be ostracized. He also thinks that the Mosques can be used as platforms to inform the people FGM is not a religious duty and that people who do not practice it are not committing any sin. Duran also said that the media should be used since many people have their views shaped by watching TV and listening to radio. Edutainment media should be used, to provide the Somali community with comprehensive knowledge about FGM.

Unfortunately, many Somalis do not read or write, especially back home. Many of the older women and one older man acknowledged that they are illiterate; hence their knowledge of Islam is very limited. On the question of whether FC is an Islamic duty, all

the young women replied no. In fact, some went further to say it is wrong on so many levels including the pain they endure with menstruation and birth.

From the above, it is clear that although the Somali culture is based on Islam, not all Somalis know Islam very well. The Islamic knowledge that these people possess particularly the older women—has been weakened by Arab culture. Many in Somalia believed it was an Islamic duty to cut their girls and even today some still think that it is true.

Based on the literature and the focus group discussion, it is clear that although the Somali culture is based on Islam not all Somalis know Islam very well. FGM gains its staying power in part because many Somalis mistakenly think that FGM is an Islamic imperative. Many is Somalia believed it was an Islamic duty to cut their girls and even today some still think that it is true. The Somali cultural continuum resonates in the hearts and minds and rituals among the Somali Diaspora in America. Somali diasporans who believe that FGM is derived from Islamic doctrine are more inclined to advocate for its continuation whereas those diasporans who do not associate FGM with Islam are more likely to advocate for the eradication of FGM. This concluding proposition from the focus group discussion suggests both an area for future research and a strategy for eradicating FGM among Somalis in America and in the ancestral homeland.

References

Abdel Halim, A, (2006), Sudanese Women In the United States: The Double Problem of Gender and Culture, Lewiston, N.Y: Edwin Mellen Publishers

Abusharaf, R. M. (2006). *Female circumcision: Multicultural perspectives*. Philadelphia: University of Pennsylvania Press.

Adam, T., Bathija, H. Bishai, D. Bonnenfant, Y., Darwish, M., Huntington, D., & Johansen, E. (2010). Estimating the obstetric costs of female genital mutilation in six African countries. *Bulletin Of The World Health Organization*, *88*(4), 281-288.

Alo, Olubunmi, Akinsanya, and Babatunde Gbadebo.(2011). "Intergenerational Attitude Changes Regarding Female Genital Cutting in Nigeria." *Journal Of Women's Health (15409996)* 20, no. 11: 1655-1661.

Althaus, F. A. (1997). Female circumcision: Rite of passage or violation of rights? *International Family Planning Perspectives*, *23*(3), 130.

Barber, G. 2010. "Female genital mutilation: a review." *Practice Nursing* 21, no. 2: 62.

BBC. 2010. "Rise in Female Genital Mutilation in London." Retrieved November 16, 2012 http://www.bbc.co.uk/news/uk-england-london-11053375.

Berkey, J. P. (1996). Circumcision circumscribed: Female excision and cultural accommodation in the Medieval Near East. *International Journal Of Middle East Studies*, *28*(1), 19.

Denniston, G. C., Milos, M. F., International Symposium on Sexual Mutilations. (1997). *Sexual Mutilations: A Human Tragedy*. New York: Plenum Press.

CRI News. 2012. "UN Warns the Increase of Female Genital Mutilation in Mozambique." Retrieved November 15, 2012 http://english.cri.cn/6966/2012/02/20/3124s682210.htm.

DeLamater, J. D. (2006). *Handbook of social psychology*. New York: Springer.

Fourcroy, J. L. (2006). Customs, Culture, and Tradition—What Role Do They Play in a Woman's Sexuality? *Journal Of Sexual Medicine*, *3*(6), 954-959.

Garcia, V. (2008). Silvia Tlaseca and the Kaolin Mushroom Workers Union: Women's Leadership in the Mexican Diaspora. *Signs: Journal Of Women In Culture & Society*, *34*(1), 42-47.

Gruenbaum, E. (1996). The cultural debate over female circumcision: the Sudanese are arguing this one out for themselves. *Medical Anthropology Quarterly*, *10*(4), 455-475.

Hayes, R. O. (1975). "Female Genital Mutilation, Fertility Control, Women's Roles, and the Patrillineage in Modern Sudan: A Functional Analysis American Ethnologist." Vol. 2, No. 4, *Sex Roles in Cross-Cultural Perspective.* Pp. 617-633 Published by: Blackwell Publishing on behalf of the American Anthropological Association.

Hernadez-Truyol & Berta E., (2002). Moral Imperialism: A Critical Anthology New York: New York University Press.

Hosken, F. P. The Hosken Report: Genital and Sexual Mutilation of Females, Fourth Revised Edition (Women's International Network News: Lexington, MA, 1993) pages 114-115, 192-202, and 216-218.

Hussein, F. M. (2008). Changing Attitudes towards FGM in the Somali Community in London. *Finnish Journal Of Ethnicity & Migration*, *3*(2), 92-95.

Jain, S. (2010). Transmigrant women's agency and Indian Diaspora. *South Asian Diaspora*, *2*(2), 185-200.

James, S. M. & Roberts, C.C., (2002) Genital Cutting and Transnational Sisterhood, Chicago IL, University of Illinois Pres.

Jones, I. (2008). Women and Religion in the African Diaspora: Knowledge, Power, and Performance. *Journal Of African American History*, *93*(1), 125-127.

Kaplan-Marcusán, A., Rio, N., Moreno-Navarro, J., Castany-Fàbregas, M., Nogueras, M., uñoz-Ortiz, L., & ... Torán-Monserrat, P. (2010). Female Genital Mutilation: perceptions of healthcare professionals and the perspective of the migrant families. *BMC Public Health*, *10*193-201.

Lidwien Kapteijns *The International Journal of African Historical Studies* , Vol. 28, No. 2

(1995), pp. 241-259 Published by: Boston University African Studies Center

Litorp, H., Franck, M., & Almroth, L. (2008). Female genital mutilation among antenatal care and contraceptive advice attendees in Sweden. *Acta Obstetricia Et Gynecologica Scandinavica*, *87*(7), 716-722.

Mail Online. 2012. "Multiculturalism's Gift to Britain: Female Genital Mutilation." Retrieved November 16, 2012 http://pandyablog.dailymail.co.uk/2012/04/multiculturalisms-gift-to-britain-female-genital-mutilation.html.

McConatha, J., Volkwein-Caplan, K., & DiGregorio, N. (2011). Community and Well-Being among Older Women in the Russian Diaspora. *Making Connections*.

Mantell, S. (1997). Arlie Hochschild: When work and family clash. *Publishers Weekly*, *244*(18), 182.

Mojab, S., & Gorman, R. (2007). DISPERSED NATIONALISM: WAR, DIASPORA AND KURDISH WOMEN'S ORGANIZING. *Journal Of Middle East Women's Studies*, *3*(1), 58-85.

Nnaemeka, O. (2005). Female Circumcision and the Politics of Knowledge: African women in Imperialist Discourses. Praeger Publishers, Westport, CT.

Patterson, Rubin. 2006. "Transnationalism: Diaspora-Homeland Development." *Social Forces* 84:1891-1907.

Rahlenbeck, S. S., Mekonnen, W. W., & Melkamu, Y. Y. (2010). Female genital cutting starts to decline among women in Oromia, Ethiopia. *Reproductive Biomedicine Online*, *20*(7), 867-872.

Rahman, A., Toubia, N., Center for Reproductive Law & Policy., & RAINBO Organization. (2000). *Female genital mutilation: A guide to laws and policies worldwide*. London: Zed *Books.*

Rodriguez Sharmon, L. (2010). Patriarchy: Perpetuating the Practice of Female Genital Mutilation. *Journal Of Alternative Perspectives In The Social Sciences*, *2*(1), 160-181.

Shell-Duncan, B., & Hernlund, Y. (2000). *Female "circumcision" in Africa: Culture,*

Controversy and change. Boulder: Lynne Rienner Publishers.

Skaine, R., (2005) Legal, Cultural and Medical issues: Female Genital Mutilations, Jefferson N.C: McFarland & Company, Inc., Publishers.

Suardi, E., Mishkin, A., & Henderson, S. W. (2010). Female Genital Mutilation in a Young Refugee: A Case Report and Review. *Journal Of Child & Adolescent Trauma*, *3*(3), 234-242.

Talle, A. (2008). Precarious Identities: Somali Women in Exile. *Finnish Journal Of Ethnicity & Migration*, *3*(2), 64-73.

United Nations Children's Fund (UNICEF), Article on Child Protection from Violence, Exploitation and Abuse.

United Nations World Health Organizations (WHO), Fact Sheet No. 21 February 2010.

United Nation Population Fund (UNFPA) statement, February 6 2010

Utz-Billing, I. I., & Kentenich, H. H. (2008). Female genital mutilation: an injury, physical and mental harm. *Journal Of Psychosomatic Obstetrics & Gynecology*, *29*(4), 225-229.

Webber, S., & Schonfeld, T. (2003). Cutting History, Cutting Culture: Female Circumcision in the United States. *American Journal Of Bioethics*, *3*(2), 65-66.