A Black African Feminist Theory To Examine Female Genital Mutilation (FGM) Within African Immigrant Families In The United States

Mame Kani Diop, Doctoral Candidate

Pearl Stewart, Ph.D.

Kathryn Herr, Ph.D.

Montclair State University

Theory Construction and Research Methodology Workshop (TCRM)

National Council on Family Relations

Orlando, Florida

Fall 2017

Author Note

Correspondence should be addressed to Mame Kani Diop, MS, Ph.D. Fellow

Montclair State University

Email: diopm1@mail.montclair.edu
**Introduction**

The term Female Genital Mutilation (FGM) refers to a cultural practice that involves the total or partial cutting, removal, or alteration of the female genitalia for social or cultural, rather than medical reasons (Rigmore & Denison, 2012; Rahman & Toubia, 2000; WHO, 2008). Thiam (1978) as well as the World Health Organization (WHO, 2008) classify the many variations of FGM into four groups: Clitoridectomy (Type I), a 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 (Type II), a 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 (Type III), the narrowing of the vaginal opening through the creation of a covering seal, which is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and Other (Type IV), which refers to all other harmful procedures to the female genitalia for purposes such as pricking, piercing, incising, scraping and cauterizing the genital area.

Research indicates that FGM creates significant negative physical, psychological, and sexual complications for women and girls (Rigmore & Denison, 2012). Female Genital Mutilation is common in African countries and in some Asian and Middle Eastern countries as well (WHO, 2008). It is estimated that at least 200 million girls and women have undergone the procedure in at least 30 countries, of which 28 are located in Africa (UNICEF, 2016). Female Genital Mutilation has historically been confined to countries of cultural origin within the African sphere; however, the inflow of immigrants has also raised the levels of occurrence in Western countries (Kolawole, 2011). The United States is among those Western countries believed to have high incidences of FGM (Population Reference Bureau, 2015). Research shows
that more than half a million girls and women in the U.S. have either already undergone FGM or are at risk due to their ties with African FGM-practicing countries or their affiliation with an FGM ethnic group (WHO, 2008). And every year, about 10,000 more girls are at risk in the U.S. (PRB, 2015). Despite international and local efforts to effectively address FGM, the growing and persistent threat to young girls and women in the U.S. is alarming (PRB, 2015).

In September 1996, Congress passed the Illegal Immigration Reform and Immigrant Responsibility Act (Chauhan, 2002). The federal law refers to female genital mutilation as a criminal act and punishes anyone who “knowingly circumcises, excises, or infibulates the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years shall be fined under this title or imprisoned not more than 5 years, or both (Chauhan, 2002). Further, in 2013, Obama signed the “Vacation Cutting Act” to close the loophole of the FGM act of 1996 as it addresses the issue of American girls born from African immigrant parents who are taken back to their parents’ country of origin to have the procedure performed on them. Consequently, the new law forbids parents to transfer girls cutting to their home countries. Nonetheless, researchers argue that the criminalization of FGM drove the practice underground (Momoh, 2005) hence, explaining the reasons why the practice has tripled in the United States from 1996 to 2015.

For the last 68 years, numerous studies, interpretations, and debates about FGM have taken place. FGM had become and is still a subject of inquiry and discussions across academic disciplines, the media, among anti-FGM activists, as well as FGM proponents. Terms of reference for genital excision as well as theories around the reasons have proliferated, and the suitability and correctness of different terminologies continue to be extensively disputed (Shell-Duncan & Hernlund, 2000). Efforts to eradicate FGM in both Africa and in Western countries
have used a number of approaches that, in turn, have had implications for interventions. Studies that explore the perceptions and attitudes of FGM in African practicing communities in the context of migration in the United States are scarce. The few traditional studies initiated in the U.S., pertaining to FGM, also lacked a contextualized understanding of African immigrant beliefs and practices, which is particularly important in understanding what might be holding FGM in place in a different, hostile, and illegal context. Further, the existing FGM theories are much broader and not context-specific, hence, falling short in giving a fuller explanation of FGM. Therefore, a more holistic and culturally relevant theoretical framework is necessary in order to gain an understanding of the continuation of FGM in the context of migration.

**Theoretical Considerations**

Feminist theories are the most significant theories used for analyzing the status of women and men in society while trying to bring a change to women’s subordination caused and reinforced by gender inequalities in patriarchal societies. In the female genital mutilation context, western feminists argue that the practice reinforces men’s domination over women and creates inequalities (Hosken, 1979). They also assert that FGM is practiced to control female sexuality as clitoral mutilation weakens women sexual desires (Rigmore & Denison, 2012). The Western feminist perspective condemned FGM as a violation of women’s rights that must be handled as universal women’s rights and claimed that the cultural practice must be outlawed. African feminists condemned FGM as a cultural practice but refute to consider the rigid binary men versus women. They channel their protest against Western feminist framing of FGM, decry their colonial and neo-colonial attitude as they pick on words such as barbaric, horror, brutal, torture, and so forth (Wade, 2006). African feminists argue that African women’s bodies cannot be separated from their cultural contexts hence pointing at the failure of Western feminist
perspectives (Thiam, 1995). Through these cross cultural clashes, FGM theoretical frameworks were never holistic as each perspective considered lagged crucial components for a fuller understanding of the phenomenon of FGM. Therefore, a theoretical framework that would consider bringing together all the pieces of the complex FGM puzzle is necessary in order to allow a fuller understanding of FGM especially in the context of migration. We will present the two primary feminists perspectives that

**Western Feminists (WF)**

Western feminists argue that societies ruled by male power are the ones that warrant women’s subordination and exploitation and exercise total control over women’s body and sexuality (Thiam, 1995). In the FGM context, WF argue that the practice reinforces men’s power over women. They also assert that the main function of FGM is to control female sexual and reproduction functions (Rigmore & Denison, 2012). Hosken (1979) explored the ways FGM oppresses women and how these latter respond to it. Hosken believed that the practice is meant to control women’s emotions, and to enforce female sexual loyalty, and subordination to men (1979). It is obvious in the FGM context that male power manifests itself within their authority to command and control women’s body and sexuality; their exploitation of women’s labor; their confinement of women to specific areas; their hindrance of women’s movements; and their withholding of women’s education from among other social benefits (Hosken, 1979). Analyzing the Kikuyu tribe of Kenya and their practice of FGM, Western feminists assert that the practice is transmitted from generation to generation with reasons other than the preservation of tribal identity (Smith, 1992). Since the Kikuyu are polygamous, FGM becomes a means to facilitate husbands’ surveillance and control over their wives’ faithfulness. It is a common belief among feminists that FGM is a system that maintains male dominance among most tribes since it gives
men the ultimate power and right to control the emotional and sexual feelings and activities of women (Smith, 1992). In general, Western feminists condemned FGM as a violation of women’s human rights (Shweder, 2000).

**African Feminists (AF)**

The notion of African feminism also call Third World feminism is very distinct from that of Western feminism as most of their objectives are different (Dorkenoo, 1994). Some Western scholars criticized AF and stated that is not clearly defined and understood as an established framework (Mikell, 1997). The terminology African feminism has been used to embody the collective nature of African scholars’ specific representation of their challenges within their own contexts (Mohanty et al. 1991). Continental African feminists assert that there are typical African ways of doing feminism that dated way before colonization during the time when African women had true power (Jupiter-Jones, 2002). More contemporary African feminists acknowledged their derivation from the global feminist movement however, they shifted perspective due to their own distinctive specificity, their strength, challenges, and their historical achievements (Nnaemeka, 2004). Grassroots African feminists argue that African feminism differs from the Western forms of feminism since the movement had been formed according to women’s resistance to colonialism, imperialism, and western hegemony. They forcefully claim their inheritance from African cultures. Most African feminists focus is on the collectivistic nature of their societies, the importance of ethnic groupings, kinship, and extended families (Ouzgane & Morell, 2005), thus demarcating once more themselves from the perspective and individualistic nature of Western feminism, which cannot comprehend fully the complexities of African socio-cultural intricacies.

**Contentious Relations Among Western and African Feminists in Addressing FGM**
Most African feminists separated themselves from Western feminists for the simple reason that they believe that the latter’s depiction of FGM issues as well as the categorical binary male-female confrontation are not accurate to the African perspective (Nnaemeka, 1998; Thiam, 1978). The major critique is that western feminism is based on sensationalism (Wade, 2006; Shweder, 2000) and is uniquely grounded on an adversarial male-female gender relation that turns not only into the victimization of African women but also on the sturdy emphasis of their sexual attributes which does not render truthfully the concerns of African women (Ouzgane & Morell, 2005). Sex and sexuality are sacred in African societies and openly discussing female sexual functions and characteristics goes against African values. Most African feminists believe that Western feminists failed to acknowledge African women’s account of agency and accomplishments (Ouzgane & Morell, 2005). African women scholars account for their collaboration with African men as they faced and are still facing together the challenges of daily lives they claim resulted from Western imperialist and colonialist undertakings in Africa. According to Nnaemeka (1998), African feminists discard purely the rigid adversarial gender binary so dear to Western feminists, reject the exclusion of men in women’s issues while commemorating struggles led together to free themselves from slavery and colonial power. Most African feminists do not defend the harmful practice (Thiam, 1995). Some of them are very vocal in condemning the practice, in decrying the patriarchal endorsement of FGM, and in deploiring the exploitative conditions of women. Nonetheless, FGM is dealt with much more nuances in within African feminist approaches (Thiam, 1995).

**Contributions and Gaps**

The different feminist frameworks contemplated thus far brought diverse pieces of the puzzle in our understanding of FGM. For example, Western feminist perspectives did very well in
interpreting and framing the issues around FGM and was able to demonstrate how it enforces
gender discrimination and women's oppression and subordination. However, it did very little in
addressing the ways in which these particular FGM women (plagued by poverty, lack of
education, and lack of resources) can understand the external influences that shape their
decisions (DHS, 2005). The mainstream Western feminism failed to consider possibilities of
women’s autonomy and diversity. As they lump all African women in a homogenous group, they
failed to acknowledge diverse ethnicities, social locations, cultural factors, contexts, and
multitudes of intersectionality that African women experience. The African feminists were able
to take a step further in bringing out issues of contexts that have a great influence in male-female
relations that reject the individualistic and adversarial premises as promoted by their western
counterparts. However, most African feminists, in their response to what was perceived as an
imperialist and colonialist discourse that truly victimized African women while depicting them
as passive, powerless, and exploited (Dorkenoo, 1994), missed to consider male-female power
relations in African traditional patriarchal societies as well as exploring the deplorable economic
arrangements for women as their situation turns relations into provider-dependent relationship
thus creating female dependency (Nnaemeka, 1998).

There is a need for a holistic and culturally relevant approach that could bring an
understanding of FGM in its multitude facets and contexts whether within continental spheres or
transplant settings. A holistic, complete, comprehensive, and more culturally relevant theory that
addresses perfectly FGM issues, the reasons for its persistence, and the role of women as well as
men in the continuation of the practice does not exist. Different feminist perspectives have been
primarily applied to bring an understanding of FGM practice/behavior, but they have yet to be
integrated into a more cohesive framework. The complexity of the cultural practice along with
the myriad of ethnicities and diverse belief systems in Africa (Thiam, 1995) make the design of such an efficient theory very challenging. Such holistic theoretical pin that accounts for the multitude of factors that enforce FGM practice and explains realistically and comprehensively the phenomenon has yet to be lay out clearly. Indeed, we hope to bring to light a perspective that has a more holistic outlook on FGM. In order to do so, we have chosen a specific version of African feminism as a pertinent theoretical perspective by which to examine the continuation of FGM in the context of migration. In order to frame the choice of this perspective, we will offer descriptions of the historical development of Black African Feminism (BAF), briefly present Thiam’s perspective in addressing FGM, highlight the following three tenets of BAF a la Awa Thiam [1) FGM maintenance through patriarchal socio-cultural practices embeddedness, 2)FGM glorification through its social construction positive attributes, 3) FGM symbolization with positive cultural identifications], and present the ways in which this perspective is relevant to our quest to reach a fuller understanding of FGM in a transplant setting.

The Development of Black African Feminism

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

Although Black African Feminism may appear a homogenous group working for the betterment of African women and of society at large, there are tensions among African scholars with respect to finding a unified definition of Black African feminism. A variety of Black African feminist camps have emerged and include, grassroots women, young elite Western educated African feminists, and older activist feminists (Nnaemeka, 2004). Thus, Black African feminist groups may brand their perspectives as Nego-feminism (Nnaemeka, 2004), Mothering, Womanism, Stiwanism, or simply Black African feminism. Each of these perspectives emerged to broaden the scope of the African feminist landscape.
Black African Feminism addresses issues related to family life such as domestic violence, female genital mutilation, early marriage, female education, polygamy, bride price, women’s inheritance, women’s reproductive rights, and HIV/AIDS (Arndt, 2002), as well as other typical concerns. Black African Feminism recognizes FGM as a patriarchal creation and demonstrates how the practice impairs women and girls’ health (Momoh, 2005; Thiam, 1978; Toubia, 1994). Further, BAF shows how FGM perpetuates patriarchy through a rigid ideology intended to oppress women (Momoh, 2005; Thiam, 1978; Toubia, 1994). Furthermore, BAF tackles issues pertaining to culture and inter-ethnic acculturation, socio-economic exploitation, and oppression (Mama, 2005), thus providing an adequate framework to analyze and understand Black African immigrants’ attitudes toward FGM whether they be in their home country or part of the African Diaspora.

Black African Feminism seems an appropriate theoretical approach through which one might conduct research that seeks to understand what is holding FGM in place among members of the Diaspora even in contexts that are not supportive of the practice. This approach acknowledges that in order to truly understand the maintenance of FGM despite an active global movement that seeks its eradication, one must recognize the ways in which gender construction intersects with the unique socio-cultural and historical contexts of African societies (Gruenbaum, 2005; Thiam, 1995). In the present study, the immigration experience of African families may be a salient dynamic to influence immigrants’ perception of sexual liberty within the American society. That experience may also be a determining factor that could shape immigrant parents’ choice to continue or disrupt FGM (Johnsdotter, 2002). This theoretical perspective may also yield significant contributions in investigating the potential actions the West-African immigrant community may want to take to deal with FGM.
Black African Feminist Perspective a la Awa Thiam

Awa Thiam is one of the most prominent Black African feminists (Mianda, 2014). Thiam’s work (Thiam, 1978, 1995, 2016) spoke directly of harmful traditional practices such as female genital mutilation and suggested potential solutions for the abandonment of FGM. Thiam’s Black African feminist perspective is more holistic, locally crafted, and brings to light African women’s life and lived experiences with the ultimate goal of eliminating such detrimental practices. When such considerations emanate from BAF, it reflects genuine inquiries while encompassing local knowledge to explain the FGM system and the ways in which African women cope with the actual differential treatment resulting from FGM. Black African Feminist perspective a la Awa Thiam acknowledges the importance of social and cultural contexts as well as the social creation of meanings concerning individual development, and how these meanings affect women’s lives (Thiam, 1978). It can be utilized in the exploration of female genital mutilation across locales as well as the diaspora and within multiple contextual, cultural, and structural influences.

FGM is maintained by patriarchal socio-cultural practices embeddedness. Issues related to patriarchal ideology seem to shape the sociocultural contexts and construction of the practice. Much of the social construction of FGM is attached to the institution of marriage and the structure and power relations within marriage support patriarchal ideology. Also important are political and religious considerations which are intertwined with the influence of the patriarchy. Awa Thiam’s perspective underlined potential factors that could contribute to the maintenance and perpetuation of FGM.
Influence of the patriarchy. The development and continuation of FGM is closely tied to patriarchal ideology and to the structures that support it. Patriarchy is defined as a structure that oppresses women for the benefit of men (Van Rossem & Gage, 2009; Thiam, 1978, Thiam, 1995) and refrain them from advancing in society. Johnson (1997) identified patriarchal societies as those that promote male privilege, focus on male-centered benefits, and are structurally male-dominant. The practice of FGM reinforces males’ domination and control over the female body (Hosken, 1979, 1994), promotes gender inequality (Momoh, 2005), and socializes women to submit themselves to men.

FGM compliments and upkeeps gender discrimination. Gender based discrimination is clearly relevant to the discussion of Female Genital Mutilation. FGM is performed on female subjects to control women’s sexuality (Rigmore & Denison, 2012; Van Rossem & Gage, 2009) while enhancing males’ sexual enjoyment (Thiam, 1978). The implication is that it implicitly endorses the strong message of the subordinate role of women in society (Thiam, 1995). In most patriarchal societies, women’s role is very limited and these typical societies promote her submission to male power. In this context, FGM is perceived as an attempt to suppress women’s sexuality, emphasize her subjugation, and an effort to control her reproductive capacity (Thiam, 1978).

FGM compliments and upkeeps gender inequality. Gender inequality is woven into the fabric of the gendered social order and justifies conditions in which women and men are not only treated differently, but in which women are significantly disadvantaged (Lorber, 2005). Moreover, women see this differential treatment as an integral part of their gender identity. Gender identity is emphasized as an element in the making of an individual in African patriarchal societies that practice FGM (Amusan & Asekun-olarinmoye, 2006). Belonging to a
specific gender is perceived as having a direct effect on a person’s self-esteem. Females take pride in being identified as women, wives, and mothers, and truly believe that the reward for their total submission to their husbands will be successful children (Amusan & Asekun-olarinmoye, 2006).

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

**FGM supports women’s social oppression.** Thiam speaks specifically about deeply embedded forms of female oppression. Charlton (1998, p. 8), states “oppression occurs when individuals are systematically subjected to political, economic, cultural, or social degradation
because they belong to a social group that results from structures of domination and
subordination and, correspondingly, ideologies of superiority and inferiority.” This definition is
useful in helping understand the dominant-dominated relational nature between men and women
along with an exploitative component against women in the context of FGM (Thiam, 1995).
Thiam (1995) asserts that the relationships between males and females in FGM practicing
societies have elements of social oppression as the organization of social life enables the male
dominant group to oppress women. According to Black African Feminism a la Awa Thiam,
African women suffer a triple oppression by virtue of their sex, class, and race (Thiam, 1978,
1995). Black feminists such as Collins (1990, 2000) expended Thiam’s concepts of threefold
oppressions to African American women’s conditions, and Crenshaw presented the multiplicity
of oppression under the term intersectionality (1989, 1991). These scholars similarly argue that
Black women experience discrimination based on their gender, class, and race that function as
interlocking systems that shape the relationships of dominant and subordinate (Collins, 1993).
Thiam (1978, 1995) argues that Black African women suffer the three oppressions within a
double domination contexts of colonial/neo-colonial patriarchy and that of traditional patriarchy.
Women are dominated by both the colonial/neo-colonial men and also by the African men in
their home countries. After immigration, issues related to acculturation experience are believed
to influence the lives of members of the African diaspora.

*FGM self-enforcing nature stems from its internalized oppression consequences.* Thiam
(1978) highlighted FGM women’s oppression which is internalized and has remained largely
unexplored by scholars, activists, or policy makers. Through this viewpoint, FGM is considered
as a self-enforcing social system that establishes and maintains gender hierarchy. Vygotsky’s
view of internalization argues that, to understand the meaning-making of individual participants
in a culture, one must consider the social relations of individuals within their cultural context (Vygotsky, 1978; Wertsch, 1994). Thiam (1978) argued that African women who adhere to FGM suffer an internalized oppression as they become the enforcer of the practice without recognizing that they are executing FGM for males’ benefits (Thiam, 1978, 1995). Numerous scholars found that FGM is organized and executed by women themselves and affirm that this is a woman’s business that has nothing to do with men (Ukpai, 2007). This statement may overlook at the internalized nature of FGM oppression which is so rooted in women’s ways of living that it becomes difficult for them to detect oppression (Thiam, 1978). As such, the internalized oppression of women is a strong drive for the continuance of FGM practice as women may take it upon themselves to ensure that their daughters are excised (Thiam, 1978, 1995). Thiam (1978) stated that most of these oppressed FGM-women do not understand the situation as they have been enthralled by men’s subtle dominance in the FGM case for millennia (Thiam, 1995).

**FGM is glorified through its social construction positive attributes.** The socially constructed symbols of excised women are deeply enmeshed in local traditional beliefs and are attached to positive qualities that would identify an “ideal” African woman. Socially learned meanings associated with female excision would identify the ideal female as pure, fertile, beautiful, capable of enduring pain, and above all, a virgin whose sexual appetite is under control. Consequently, as females learn the symbolism or meanings attached to FGM, through interaction with society, they develop a sense of self based on social standards set for them (Naguib, 2012). Studies about FGM have shown that women constantly look for social stimuli and cues to conform to prescribed norms for survival purposes (DHS, 2005; UNICEF, 2016; WHO, 2008). For example, for parents, knowledge of the stigma attached to non FGM women and the qualities associated with FGM women out weigh their worry about the physical,
psychological, and sexual consequences resulting from the practice of FGM. In the African psyche, FGM is associated with virginity, men’s sexual enjoyment, female sexuality, and marriage eligibility as followed.

**FGM guarantees virginity.** The preservation of female virginity is a key factor in women’s value in the marriage market. Virginity is a pre-requisite for marriage and is associated with female honor (Kaplan, Hechavarria, Martin & Bonhoure, 2011) and decency. FGM is a means to protect virginity in a context where males demand virgin brides. In the case of infibulation in which the vagina is sewn closed, virginity is ensured since a shield is created to prevent any sexual activity. Virginity is further ensured when females lose their sexual desires as the result of genital mutilation (Rigmore & Denison, 2012).

**FGM guarantees male sexual pleasure.** Sipsma et al. (2012) argued that men prefer tight female genitals and would always prefer women who have undergone infibulation. In FGM practicing communities, men have reported their fondness of vaginal tightness since, during intercourse, it produces increased friction that is a more stimulating and satisfying sexual experience for them (Van Rossem & Cage, 2009).

**FGM guarantees women’s loyalty and fidelity.** FGM is known to reduce or eliminate women’s sexual desire, thereby lessening temptations for females’ extramarital affairs (Thiam, 1995). It is believed that in contexts where polygamy is accepted and common, men may believe that a wife whose clitoris is removed may require less supervision; therefore, she becomes more valuable in the marriage market (Posner, 1994). Further, Coyne & Coyne (2014) indicated that FGM is a means for husbands to ensure that their wives remain faithful and for their daughters to remain virgins until marriage.
**FGM increases marriage chances.** In the African traditional social context, FGM is profoundly associated with marriage eligibility, and the failure to marry is damaging to women’s reputation and family honor (Thiam, 1995). Virginity, men’s sexual enjoyment, and female fidelity are important factors in the attainment and maintenance of marriage. Parents feel that their responsibility toward their daughters is twofold: (a) to increase daughters’ chances in the marriage market and (b) to be seen as conscientious parents acting in the best interest of their daughters (Coyne & Coyne, 2014). Believing that either clitoridectomy, excision, or infibulation lead to better marriage outcomes is a sufficient reason for FGM families to continue the practice (Chesnokova & Vaithianathan, 2010). Hernlund and Shell-Duncan (2007), in their analysis of FGM in Senegal and the Gambia, argued that in African societies afflicted by poverty, daughters’ marriage becomes a survival issue of great concern for parents. Since FGM is supposed to enhance women’s marriage prospects, and as marriage is traditionally imperative for defining women’s status, efforts are made by parents to ensure that the daughters are excised to increase their marriage likelihood.

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

Rites of passage. Gruenbaum (2005) viewed FGM as a rite of passage by which females make the transition from childhood to womanhood and society acknowledges the accession to female higher ranks or secret societies. In these particular FGM-practicing communities, Thiam (1978) reported the common belief that the cutting of the clitoris and the creation of a genital shield through infibulation are pre-requisites to womanhood. However, currently, FGM is performed more and more on infants, thus questioning the rationale of the rite-of-passage stance.

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

**BAF a la Awa Thiam and the Transplanted FGM**

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

**The immigrant experience of acculturation influences the maintainences of FGM.**

Acculturation is a process that does not automatically change African immigrants’ behavior. Acculturation has become an important topic in heterogeneous societies as it relates to how people who develop in one culture come to adapt psychologically and sociologically to another cultural context. Some researchers regard acculturation and cultural adjustment as two interchangeable terms, which indicate a dynamic process of embracing the cultural traits or social patterns of another group. Acculturation is defined as “the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (Berry & Hou, 2016). Researchers assert that *acculturation* is the
change that results from migration, colonization, or other forms of intercultural experiences and migrants’ strategies to cope with new social tensions and challenges (Berry, 1997; Berry & Hou, 2016). Hence, acculturation explains how individuals, new to a culture, respond to the contact with members of the host culture (Berry, 1997). It occurs at the group level and individual level (Agbemenue, 2016; Berry, 2005; Kang, 2006). At the group level, it involves changes in social structure, and cultural practices. At the individual level, it involves changes in personal behavior. Moreover, acculturation is categorized along the two dimensions of retention or rejection of either the individual’s culture or the dominant culture (McDermott-Levy, 2009; Thomson & Hoffman-Goetz, 2009). Vissandjee (2003) found that the process of acculturation gives rise to feelings of insecurity and/or loss of identity among African immigrants practicing FGM; thus, provoking emotional and somatic problems. According to Berry (1997, 2016) and Agbemenue (2016) there are four acculturation strategies that immigrants may adopt in order to cope with the exposure to a new culture: integration, assimilation, separation, or marginalization.

*Integration.* Integration occurs as the immigrant acts and partakes as an essential member of the larger society, while preserving to some extent his or her own cultural integrity. To understand the African immigrant pathways to integration in the United States, one must study the context in which they might interact with other people, how they build relationships and communities, and factors that shape their sense of belonging (Dryden-Peterson, 2009). Moving to Western countries such as the United States can be challenging to African immigrants (International Organization for Migration, 2005; Kamya, 1997) as they try to adjust within an absolutely different setting in addition to trying to preserve fundamental elements of their own culture. A study on African Immigrants from FGM practicing countries reveals that often they experience fear and resentment when they realize that FGM is legally prohibited in the host
country (Hernlund & Shell-Duncan, 2007). The literature is fairly consistent in the view that the more integrated immigrant communities are, the less likely they are to practice FGM. The feeling of belonging to the new society plays an important role in adopting or adapting customs (Johnsdotter, 2002). Consequently, looking into African immigrants’ level of integration may help in determining how well integrated and assimilated this group is in order to better understand their choices pertaining to FGM continuity.

**Assimilation.** Assimilation occurs when immigrants decide to adapt the host country’s culture, strive for frequent interaction with it and hence, choose not to maintain their cultural heritage. If African immigrants originating from FGM countries become assimilated to the American culture, this means that, after prolonged contact, they are more likely to abandon their cultural practices and adopt the host culture (Ward & Rana-Deuba, 1999).

**Spatial assimilation** is the process by which immigrants share the same residential neighborhoods as members of the dominant native-born group. Spatial assimilation is often used as a point of reference to gauge immigrant integration. Living in the same neighborhoods with Americans increase the probability of physical and social contact between immigrants and host society. To that extent, the frequent contact may foster meaningful social relations, feelings of belonging, and ultimately the embracing of the host culture which may result in the abandonment of FGM. Nonetheless, assimilating new values and norms from the host society may have a very strong impact on FGM (Berry, 2005). Researchers believe that in places where the majority of people do not undertake certain harmful practice such as FGM, the African immigrant community is then less likely to maintain it (Browne, 2014).

**Separation/rejection.** Separation or rejection occurs when immigrants choose to retain their original culture while avoiding interacting with other cultures of the host country. The
African immigrant, in this instance referred as “separated”, are considered as those who seek to maintain their culture of origin and enforce FGM while rejecting some components of the host culture deemed not conform to their traditional moral standards (Bourhis et al., 2009). Hence, it is predicted that, in areas with large African immigrant communities, identity and associations develop more so along national, religious, or ethnic lines (Deason & Githiora, 2014). It is along those lines that the International Office of Migration (IOM, 2009) asserts that there is often continuing support for FGM/C in migrants’ destination countries. African immigrants who strongly believe in abiding by the prescribed social norms may send their daughters to their home country and have the procedure done (Vissandjee, 2003). IOM (2009) affirms that social factors that influence the perpetuation and perpetration of FGM/C are similarly prevalent in migrant communities. IOM (2009) also suggests that FGM/C may have been and may still be a mechanism to delineate African immigrant communities from the host society with the intent to preserve their sense of identity and shared culture. For instance, members of the African immigrant communities, to attain a sense of community in the context of migration, may apply cultural practices such as FGM more rigorously and strictly than they would if they were in their home country (Gele, Johansen, & Sundby, 2012; IOM, 2009). In Norway for example, African immigrants supported the enforcement of FGM/C as it was believed to be good for the girls’ decency (Gele, Johensen, & Sundby, 2012). Another study that examined Somali women in Ottawa indicates that African women refugees who have the intention of returning to their country of origin once the political situation is stabilized, tend to safeguard their values vis-à-vis FGM (Vissandjee, 2003). Therefore, “separated African immigrants tend to be more enculturated. Enculturation is defined as the preservation of native culture and the transmission of morals and values to the next generation (Vissandjee, 2003).
Marginalization. Marginalization refers to a circumstance in which immigrants have very little interest in cultural maintenance and in relating to the host country’s culture (Agbemenu, 2016). Marginalization occurs when immigrants not only undergo their own cultural loss but are also discriminated against by the host culture (Agbemenu, 2016; Berry, 1997). Due to lack of accurate data about African immigrant marginalization, the extent of the issue is not well documented. Nonetheless it is believed that the population I will be studying, the West African immigrant, is unlikely to undergo marginalization because of their deep and profound connection with their origin and their perspective on their worldview.

Conclusion: Laying out clearly the Black African feminist framework a la Awa Thiam reveals a holistic framework worthy of explaining fuller the phenomenon of female genital mutilation whether in a local setting or in a transplant situation. Important ideas relevant to this framework show how holistic and interdisciplinary it is. Further, the BAF perspective on FGM was grounded on macro-level socio-cultural beliefs and practices and within its historical context. This allows to untangle and peel the layers of complexity of FGM within its socio-cultural-political-religious construction. Furthermore, Thiam’s BAF framework on FGM was built on the experiences, hardship, concerns, and consciousness of Black African women across historical time within colonial and neo-colonial practices as well as their typical traditional experiences.
Reference


Johnsdotter, S. (2002). Created by God: How Somalis in Swedish Exile Reassess the Practice of Female Circumcision Department of Sociology, Lund University


https://opus.bibliothek.uni-wuerzburg.de/files/12240/JAZ03_Segueda.pdf


http://search.proquest.com/docview/1796371695?accountid=12536


