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Knowledge and perceptions of female genital mutilation among African immigrant women in Windsor, Canada

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The objective of this is to investigate African immigrant women's perceptions of female genital mutilation (FGM) within the Canadian Criminal Code. Ten African immigrant women resident in Windsor, Canada were selected using snowball sampling for interviews. These women were of four African nationalities, namely Nigeria, Ghana, Somalia and Sudan. Semi-structured interview protocol with open answer possibilities guided the interviews. Most of the participants (70%) had undergone FGM, 25% had not and 5% were unable to confirm their FGM status. Participants' perceptions of sexuality remained inconclusive, and were linked to their ethnicity and religion. The participants noted that the association between FGM and infertility in western societies was questionable and Eurocentric. Despite the prevalence of FGM, African nations have high fertility, averaging six or more children. Participants reported the need to provide a prevention protocol that is not based on ethnocentric values but gives adult women the choice to be circumcised or not. Although recent literature in developed countries continue to highlight the negative outcomes of FGM, participants in this study are starting to question the criminalization of FGM based on protecting the rights of women and children because of the 'restructuring and reconstruction of the vagina' in developed countries.

Key words: Female genital mutilation (FGM), fertility/infertility, African immigrant women.

INTRODUCTION

World Health Organization (WHO) defines female genital mutilation or cutting (FGM/C) as "all procedures of modification that involve partial or total removal of the external genitalia, or other injury to the female genital organs for non-medical reasons" (WHO, 2008; 2016). WHO (2017) also classified FGM/C into four types: Type I: "Sunna"/clitoridectomy, which is the partial or total removal of the clitoris and/or prepuce; Type II: Excision is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; Type III: Infibulation is the narrowing of the vaginal orifice with a creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris. Type IV: All other harmful procedures to the female genitalia for nonmedical purposes (for pricking, piercing, incising, scraping, and cauterization). An estimated 130 million women are subjected to genital mutilation or circumcision, with an

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additional 2 million new cases each year (Epstein et al., 2001) in Africa, Middle East (for example Alkhalaileh et al., 2018) and Southeast Asia, and with 3 million Africa girls at risk of FGM/C annually (UNICEF, 2013).

With globalization and increasing migration of persons from the south to the north due to ethnic conflict, wars, natural disaster, and in search of greener pastures, there is an increasing international efforts to reduce the practice of female genital mutilation (Cook et al., 2002; Gele et al., 2012; Tamaddon et al., 2006; Toubia and Shareif, 2003; Varol et al., 2014). Evidence shows young African girls living in Europe, Australia and North America are at risk of experiencing FGM/C (Johnsdotter and Essen, 2017; Johnsdotter and Mestre, 2017; Jordal et al., 2019; Packer et al., 2015; Prazak and Coffman, 2006; Shell-Duncan, 2008; Wahlberg et al., 2019; Zurynski et al., 2017) because of social and cultural pressure on parents to maintain the practice, despite laws of host countries prohibiting it (Mattews, 2011; Bellemare et al., 2015; Elneil, 2016; Varol et al., 2014). Rather than designing and implementing policies and programs to educate all Canadians including refugees and immigrants, the federal government passed a legislation criminalizing female genital mutilation in 1997 (Buhaglar, 1997; Ontario Human rights Commission, 2000). Yet, many Canadian physicians remain inadequately trained to handle clients presenting complications from the 2,000-year-old practice.

FGM/C has been reported as a violation of human rights (Bewley, 2010; Hosken, 1981; Jaeger, et al., 2008; Krivenko, 2015), and serves as a rite of passage to adulthood, a method to ensure premarital virginity, social acceptability, marital chastity and marriageability (Jacobson et al., 2018; Johansen, 2016; Oljira et al., 2016), to promote femininity, modesty, for cleanliness and as a religious requirement (WHO, 2008). In addition, empirical evidence from home and host countries documents its consequences on the physiological (Skaine, 2005), psychological (Shell-Duncan and Hernlund, 2006), sexual functioning (Berg and Denison, 2012), fertility and infertility (Almroth et al., 2005; Larsen, 2002; Larsen and Yan, 2000), and obstetrics and gynecological health (Chalmers and Harshi, 2000; Wuest et al., 2009; Zurynski et al., 2015, 2017) of girls and women. However, current studies hold that the sexual impact of FGM/C remains inconclusive (Johnson-Agbakwu and Warren, 2017). Hence, FGM/C has been described in different ways: as a “tradition that has mutilated too many innocents for many years” (Dirie and Miller, 1998); as “strange and disturbing” (Lightfoot-Klein, 1997:131); as a “deeply emotional and brutal human drama” (DeMeo, 1997:1); and as “inhuman practice” (Annas, 1996:331). In recent times, it has been referred to as “vacation cutting” (Chiodini, 2017), and some equate it to cosmetic surgery redesigning the vaginal (Chiodini, 2017).

Nonetheless, regions practicing FGM/C see it as “a rite de passage” (Obi, 2004; Mandara, 2004), a significant part of culture (El-Gibaly et al., 2002; Meniru et al., 2000; Missailidis and Gebre-Medhin, 2000). In addition, the practice perpetuates ethno-cultural identity, family honor, preservation of virginity for increased marriageability (Abathun et al., 2016; Johansen, 2016; Oduro et al., 2017; WHO, 2016), and to enhance sexual functioning and pleasure (Catania et al., 2007; Kaplan et al., 2013; WHO, 2016). Some scholars argue that it’s a spiritual and religious demand (Berg and Denison 2013; Johnsdotter and Essen, 2005; Mohamud et al., 1999), while other studies (for example Johnsdotter, 2003; Islamic Relief Canada. (2013-2016), hold that religion has nothing to do with FGM/C. For example, younger Muslim girls question such position by pointing out that the Holy Quran (chapter 2:223) recognizes women’s right to sexual satisfaction from their husband. Western feminists, civil groups and activists see FGM/C as “a violation of human rights with no health benefits (Bewley, 2010: 1317), while American Association of Pediatricians described it as a ritual female cutting of female minors, which led to the policy recommendation to allow doctors to ”nick” female genitalia, as a cultural compromise” (American Academy of Pediatrics, 2010).

Earlier western reports on female genital mutilation described the practice as barbaric, uncivilized and reflective of the underdevelopment of the regions where the practice exits (Hosken, 1981, 1994). Although western feminists have been in the forefront to eradicate FGM, some Third World feminists (Njambi, 2004; Nnaemeka, 2005; Obiora, 2005) argue against universalizing female genital mutilation and the need to position it with cultural settings, because it goes beyond being a feminist. In *bridging North and South,* the author argues that third world feminists have to balance their views about women’s rights and oppression while still understanding that ethnicity and culture also contribute to the actions (Nfab-Abbenyi, 1997). Euro-centric values, beliefs, and practices shape Western discourses on female genital mutilation.

Despite international legislation on violence against women including FGM/C, of which many nation states are signatories, many societies fid such laws not enforceable (Hafner-Burton and Tsutsui, 2005). This western positioning of female genital mutilation has informed the crafting of anti-female genital mutilation laws criminalizing the practice. For instance, in 1997, the Canadian government added female genital mutilation as an aggravated assault to the Criminal Code (Packer et al., 2015). Under Section 268 of the Canadian Criminal Code, “A person may be charged with aggravated assault, while under section 273-3 anyone who removes a child under the age of 18 ordinarily resident in Canada with the intent to perform FGM is liable and faces a penalty of five years imprisonment. Similarly, section 221 holds a person may be charged with criminal negligence causing bodily harm and carries a maximum penalty of

ten years imprisonment, while section 220 holds that criminal negligence causing death carries a maximum punishment of life imprisonment. In addition, persons who aid another to commit the offence (section 23) or failure to protect an underage (under 18 year) resident in Canada from undergoing FGM can also face criminal charges and carries a maximum penalty of five years (section 273-3). Parents are not exonerated from the law as section 215 holds that The onus also lies with parents to protect a child as failure to provide the essentials of life for a child under the age of 16years carries a maximum penalty of 2years imprisonment (Government of Canada, 2019; Ontario Human Rights Commission, 2000).

Initial perspectives of traditions and customs are expected to change. Hence, this paper explores the perspectives of African immigrant women living in Windsor Canada, where FGM is illegal and criminalized

Theoretical framework

This paper adopts the social constructionist approach, which focuses on how individuals gain meanings of practices through everyday lived interactions and experiences. According to Lorber and Martin (2007), such theoretical lens allows for a holistic analysis, embodying the physical and the symbolic. Social constructivism allows us to engaged in gendered and cultural examination of social phenomena. Thereby, portraying perspectives of FGM/C as defined, shaped and contested as both cultural and individual levels. According to Schildkrout (2004), the body is a product and site that embodies the cultural and the individual landscapes. As such, FGM/C is a cultural practice that leaves scars and designed to create a clean and perfect body in accordance to cultural expectations. This paper adopts social constructionism to explore and provide an understanding of the perspectives of African immigrant women about FGM/C and any changes resulting from the new context of the host society due to migration.

Study context

Windsor, located in southwestern region of Ontario, has also been identified, as has one of the highest rates of immigrants proportional to its population, having the sixth largest concentration of people who have ancestral ties to Africa. According to Statistics Canada (2011), Windsor has the highest proportion (33.3%) of low-income population living in very low-income neighborhoods. Windsor is a border town with Detroit, Michigan, USA. The low legal age for alcohol and tobacco consumption, attracts young Americans to visit Windsor bars regularly on weekends and has opened more avenues for social and sexual networking (Vingilis et al., 2006). This networking is likely to create unique local nuances in regards to sexuality, sexual health and cultural practices. Therefore, it becomes crucial to conduct a study that focuses on Windsor because issues such as inter-country migration or mobility, social hubs, and diversity may nurture cross-border politics and relations.

Research approach

The research adopted a qualitative approach to provide in-depth information and understanding of the diverse and cohesive perspectives of FGM/C among African immigrants in Windsor, Canada.

METHODOLOGY

Prior to the data collection, the author and a research assistant built a community rapport through consultation and briefing meeting with leaders of the various African ethno-cultural groups in Windsor. At the meeting, we formerly sought the approval of the ethnic community organization through a meeting with the community leaders, in which we discussed the nature of the study and its objective. Upon receiving their approval, the leaders linked us to the women leaders in their communities, who subsequently became the first female respondents. Respondents were recruited using snowball sampling technique until we attained a point of saturation. Interviews lasted approximately sixty to ninety minutes.

The interviews were guided by an interview guide containing a list of questions related to perceptions, experiences, and criminalization of FGM in Canada. We pre-tested the interview guide with non-participating African community such as Rwanda for clarity and to convey correct meanings. Verbal consent of each participant was obtained at the beginning of every interview. Confidentiality was guaranteed before the start of each interview and was maintained by using pseudonyms in place of real names. Interviews were in English, and carried out at the home of the respondents by trained female interviewers, who identify with the respondents by birth and heritage. Participants were informed of their right to withdraw from the study at anytime without any penalty. The interviews took place during the period of September 2004 to February 2005. Interviews were audio-recorded.

The basic criteria included African women living in Windsor, Ontario and were in their reproductive age of 15 to 50 years; with at least one living daughter, and have been resident in Canada for at least five years. The 5-year residency limit was applied to ensure that the women have some knowledge about Canadian policy and laws on FGM.

Analysis

Data analysis began with verbatim transcription of the recorded interviews. The transcribed data were analyzed using grounded theory procedure (Straus and Corbin, 1990). The study deliberately ensure the trustworthiness and credibility of the data as suggested by Lincoln (1995); through the use of quotes and descriptions to guarantee conformability and dependability of all emerging themes arising from a content analysis (Lincoln, 1995). We maintained consistency in our data analysis using code and recode procedure by two independent persons, the researcher and one of the student interviewers. The researcher and the student, a research assistant had independently coded and recoded the data. The data obtained were further discussed with five of the respondents separately as a means of reducing misinterpretation and to also confirm the translation.

RESULTS

Participants' characteristics

Of the ten research participants, three were of Nigerian origin, one was Ghanaian, four were Somalis, and two were Sudanese. All the respondents were married, six had university degrees, three were in the university, and the other had Grade 12 equivalent. The mean age of the respondents was 39.35 years. The research participants included persons who were born and raised in urban and rural areas of their heritage countries. At the time of the study, almost all the respondents were either schooling or self-employed or working as wage earners. Sixty percent were of Islamic faith while forty per cent were of Christian faith. Although all spoke English, they also retained their indigenous dialect.

Knowledge and perception of FGM

The participants commonly believed that FGM was supported by both tradition and Islamic religion, and perpetuated by the desire to promote tradition and to respect ancestors. Participants of Islamic faith stated that Islamic support for FGM was for clitoridectomy, known as *Sunna*, and not the more complex form known as infibulation. Five per cent argued that FGM is against Islamic teachings and more of an ethnic tradition promoted in the name of culture. Although seventy per cent of the participants have undergone FGM, twenty-five have not undergone FGM while five per cent were not certain of their FGM status. In addition, 50 percent reported their daughters born in Africa had undergone FGM before migrating to Canada, 38 per cent were unsure if their daughters undergone FGM, and twelve per cent reported their daughters did not undergo FGM. Irrespective of their personal experiences, there was a common preference for clitoridectomy a minor form of FGM than infibulation, which ten percent reported they had. All women noted that under the Canadian context, they would not subject their daughters to FGM, but were critical of the criminalization.

The consensus was that the "Canadian system failed to put into consideration their culture in which children were the property of their patrilineage, and mothers cannot dictate to their husbands' families what to do with their children." As such, a daughter can be a victim of FGM without the approval of her parents. The criminalization of FGM puts the onus on the parents to safeguard their daughters from such practice. For some of the women (45%), it means they would not travel to their heritage society with their daughters, and this has meant families not visiting home as a unit until the children are old enough to defend themselves from becoming a victim of FGM. In addition, the women noted that deliberate attempt have not been made by Canadian government to educate immigrants of their position, however they have gained their knowledge through secondary sources including friends relatives and at times from their *Imams* in the mosques. Although most of the women believed that eliminating FGM would put the reproductive rights of women in their personal hands, many opposed the argument linking FGM to sexuality and infertility. The women reported that the high fertility an average of five children among African immigrants in Canada does to support such position and as such, is likely to point to other hidden agenda in the international interest to eliminate FGM.

The decision makers behind FGM were identified as mainly women both in the past and in the present. Mothers and grandmothers were primarily involved in the decision to have a daughter undergo FGM in their heritage societies. However, in Canada both parents are involved when there was a decision not to perform FGM. Nearly half of the participants supported their parents' primary motive for FGM, to decrease sexual desire or promiscuity in females. The women cited that criminalizing FGM in Canada has created intergenerational conflict. She reiterated that:

We are finding it difficult to control our daughters' sexual activity in Canada.

The system gives so much right to our children. Children now come in and out of their homes with total disregard to parental rules and demands. Some start sex so early, get pregnant, drop out of school or continue schooling as single mothers.

The worst is that the system perpetuates such behavior through legislation against spanking. And the encouragement given children to move out of their parents' home into government housing or subsidized residency (Somali woman, 45 years)

Another woman said:

Child discipline is now in the hands of government and not with parents. And, children are taught to call 911 when disciplined by parents. Children now have power over their parents. They talk now talk down on us in disrespect. Telling parents they do not know anything. This is Canada (Nigerian woman 35 years).

Religion and FGM

The majority of the women (65%) of Islamic faith argued that there might be support for clitoridectomy in Islam and definitely not infibulation, while others argue that Islam does not support FGM. However, the study notes that respondents who had undergone infibulation had parents who linked FGM to their Islamic faith. However, Christianity remains silent on the struggle to eliminate FGM, as this has not become a sermon topic despite the international call for its elimination. Yet, there is nowhere in the Bible supporting FGM, although male circumcision was required after the eight day. For many Christians, this was also translated to mean eight days for female

circumcision, as man used in the Bible was seen as a generic term connoting both male and female. Among the Christian respondents, their experiences of FGM were clitoridectomy, a minor form of FGM. In Canada, many would not have their daughters undergo FGM because there is no social support for it while resident in Canada, but cannot guarantee that this would not take place if they take their daughters back to their heritage societies.

Sexuality, marriageability and FGM

In this study, the participants reported having some doubts about some of the motives such as marriageability, because "we see our men anxiously seeking to derive sexual satisfaction from women who are not circumcised and some abandoning their wives to marry uncircumcised women, particularly white women referred to as *mugunzu."* However, the highly educated women noted that religion, whether "Islam or Christianity respected women's right to sexual pleasure also". For example, one participant reported that

Islam calls for women's right to sexual pleasure and satisfaction just as men too.

However, women would not abandon their husbands and children in search for sexual satisfaction and pleasure (Somali woman, 35).

Chapter two, the biggest chapter of the Quran called "The Cow" bears credence to this, by ordering the man to give the woman the right to have pleasure, to give the foreplay and to get the wife to have sex repeatedly and to wait for her to ask for sex.

Your wives are a place of sowing of seed for you, so come to your place of cultivation however you wish and put forth for yourselves. And fear Allah and know that you will meet HIM. And give good tidings to the believers (Quran, 2:223).

The women irrespective of their religion also noted that:

Although both Islam and Christianity recognize women's sexuality, sexual pleasure remains a man's issue. Women are to be submissive to their husbands, to serve and satisfy them needs. Male sexuality is openly discussed while female sexuality is tabooed and invisible (Nigerian woman, 40 years).

For instance, rape under the Penal Code 33 Section 282 deems rape to have occurred when: when sexual occurs with a woman occurs against her; without consent and with her consent obtained under fear of death or hurt; with her consent, … home societies like Nigeria a man cannot be accused of having sexual intercourse with his wife under duress, use of force or threat

Education and FGM

This study shows that respondents with higher education and long stay in Canada were more likely not to defend or condone FGM in any form or way. This is a pointer that their enhanced status in Canada may have influenced their perception and are more learned in their knowledge of their religion and culture, as well as adopt a more critical look into the norms, values and beliefs of their heritage culture. These women were strongly against their daughters or any other female being subjected to FGM practice.

The participants reported that western formal education enhances women's knowledge and wisdom through exposure to information and broad-based ideas. Thereby, the women reported: "we begin to adopt a critical lens toward examining one's own heritage culture and that of our host society". First, "we experience some form of alienation when we hear criticisms of our cultural practices, particularly in terms of the language that categorizes such practices as uncivilized, and portray women as having no rights whatsoever. But, we do have some rights, probably not the rights demanded by western women." Consequently over time, we begin to see things differently and more from a western perspective. That is when we begin "to question some of our heritage cultural practices including arranged marriages and FGM".

Migration and FGM

A majority of the women (63%) reported that they would not give up their cultural obligation to be sexually passive and to provide satisfaction to their male partners at the expense of their own sexual gratification. A typical response from the women holds that:

I can now demand participation in household decision making such as purchases, children welfare. But, I cannot aggressively demand sexual gratification, as my husband may misinterpreted this to mean I must be having an affair… As such, I am likely to remain in a relationship where my sexuality is not an issue (Ghanaian woman, 36 years).

On the issue of their body, the women generally reported: "we were brought up to protect and keep our body for our future husband to value and adore as a precious property." For many of these women, they commonly reported that:

…Women's sexuality was for men's satisfaction, and a woman not reaching sexual gratification and climax was the norm and socially acceptable. In Canada, both my social networks in terms of friends, relatives and colleagues at work or school, as well as my husband has shown me the importance of women having sexual gratification, and to appreciate my body and feelings as ways to ensuring I seek and obtain sexual satisfaction (Sudanese woman, 32 years).

An exceptional case was noted in which a woman reported that:

FGM remain the norm in her home culture. Nonetheless, providing sexual gratification for both the male and female partners was socially approved. I am told to enjoy sex as much as I can, as this would boast my male partner's manhood and desire to seek for more rather than go elsewhere. I tend to fake this gratification at times just to keep my man and this has worked for me. Keeping my husband is what matters to me most than seeking for my own sexual satisfaction because at times I get it other times I do not because our tempo may differ during sex (Nigerian woman, 47 years).

Several women also claimed that they have learnt how to help themselves to gain sexual satisfaction rather than demand their rights to it from their husbands. For other women, they struggle to control their sexual urge and satisfaction. According to one of the participants:

I do not want to appear too sexually active or to know more of sex than my husband. Otherwise, he may begin to have wrong ideas in his mind such as me having an affair. Therefore, I learn to hold back my orgasm or show signs of over-excitement (Nigerian woman, 37 years).

Some of the respondents reported that some empowered women in their community begin to engage in culturally unacceptable behaviors such as partying without their husbands, engaging in extra-marital affairs, which destroy their marriages. A participant noted that:

Another woman after one year of arriving Canada had a child who turned out to be colored. The husband was the last to notice the difference, but once he realized that the child was not his, he simply moved out and sought solace with another woman who was not of African origin. The woman has since moved out of Windsor because of the ridicule from the other community members (Somali woman, 38 years).

Many other participants reported that a common practice was for their husbands to travel home and to continue to keep concubines and at times other wives, as they cannot bring these other wives to Canada. A participant reported that:

My husband abandoned the children and me in Canada while he went back home to marry another wife. He told me that he could no longer live in Canada because of all the rights they give to men and the caging of men from being men (Somali woman, 48 years).

DISCUSSION

Migrating to a new country brings exposure to new norms, values and beliefs and an eventual influence on home culture and way of life. The lived experiences of migration like in this study have been shown to de-emphasizes adherence to tradition while promoting adherence to the norms, values and practices of host society. The change in an individual's cultural identity involves the discovery of the shortcomings in the "realities and values" of our heritage culture (Ahmadi, 2003). To some extent, the African patriarchal sexual relationship and practices such as FGM and women's sexuality perpetuates embracing heritage way of life. However, female education and empowerment, the promulgation and enactment of progressive women-oriented policies and globalization may have contributed to changes in the perception to FGM and not the criminalization of FGM.

Although religion remains a significant factor in shaping values, norms and beliefs, religions are not homogenous entities, but have variations within a given sect. There are many variations within Christianity and Islam, and many of these variations have been influenced by and shaped by tradition, western norms and values, and other systems of thoughts. Although the findings like other studies (Johansen, 2016; Essen and Johnsdotter, 2004) show religion influences perception, there is need to show some caution in holding the view that religion such as Islamic religion supports not only FGM but specifically infibulation, the more serious form of FGM. This position flows from the fact that Middle Eastern countries like Saudi Arabia do not practice FGM while it is prominent in predominantly Christian countries (El-Damanhoury, 2013; UNICEF, 2013).

Education also plays significant role in shaping participants perspectives, a further attestation to the role of less education in perpetuating women's support of FGM. Hence, there is a call for a more holistic strategy to eliminating FGM/C that does not support only the criminalization but includes continuous education and enlightenment of newcomers and ethno-racial groups on FGM and the incorporation of FGM/C in the curriculum of Canadian medical schools. The medicalization of FGM/C in the name of clitoral reconstruction (Johnsdotter and Essen, 2017) will be eliminated. According to WHO (2010), health professionals engaged in FGM/C violate girls' and women's right to quality of life that ensures right to life, physical integrity and health. Consequently, it is important to avoid sensationalizing the practice in terms of adopting colonial and postcolonial language to describe and condemn FGM/C. Otherwise, such social representation of FGM/C in the host culture may result in girls and adult women contesting and resisting the practice.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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