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Perceptions of Female Genital Cutting Among Nigerian Immigrants in Portland, Oregon

Uche E. Ukachukwu
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Walden University

College of Health Sciences

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Uche Ukachukwu

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Walden University
2019

Abstract

Perceptions of Female Genital Cutting Among Nigerian Immigrants in Portland, Oregon

by

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MA, Webster University, 2014

BS, University of Nigeria, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Female genital cutting (FGC) is the partial, or total excision of the female outer genitalia, or different forms of lacerations to the female genital organs for nonmedical reasons such as social, cultural, religious, or other nonmedical intentions. Many girls and women around the globe who have gone through FGC or are at the risk of being forced into it. The purpose of this qualitative case study was to explore the place of culture, religion, social beliefs, and men's views, attitudes, and knowledge regarding the FGC within the Nigerian immigrant community in the northwest US. The social convention theory served as the framework for the study. Data were gathered from 22 adults, 18 years old and above, who have lived in the Portland, OR area for at least 2 years. Fourteen open-ended questions with subheading were used to carry out a face-to-face interview. The data were analyzed manually. The participants (parents with daughter[s]) in this study supported the possible eradication of FGC in all manner; using sound education and legislation. Even though FGC is filled with so much pain and in some cases, lifetime scares, people still carry it out because it is a traditional rite which has been passed down from generation to generation. Possible implications for positive social change include education of young parents and everyone else regarding the dangers that are associated with FGC, especially in the rural areas where FGC is believed to still thrive. If men were to speak up and stress their dissatisfaction with FGC and show sympathy to those who may have gone through FGC, they may shield their daughters from the practices. The eradication of FGC would enhance the lives of young women and girls and reduce the morbidity and mortality connected to this practice.

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Dedication

This study is dedicated to my late father, Mr. Joe Ohanusi, who believed so much in hard work, it is unfortunate that he did not live to see this come true, to my mother, Mrs. Mary Ohanusi, who baby-sat my children (her grandchildren) while I studied, I simply love you, to my beloved husband, Mr. Perry, you are the best among the best, you gave me hope when I thought I could not go on, you encouraged and cheered me on, you are my hero, to my uncle Kene and auntie Ijeoma, you two are simply the best, you trained me to be what I am today, thank you and God bless you, to my adopted grandparents, Prof. and Prof. Mrs. O. C. Nwana, you two showed me love as your own and I owe you a lot, thank you and God bless you, to my siblings, Obika, Onochie, Ifeoma, Ngozi, Chiamaka, Nduka, and Chigozie, thank you for your moral supports and prayers, to my children, Isaac, Nneoma, Ugonna, Oluoma and Chioma, my amazing twins, thank you for your love, understanding, and all the kisses you gave me when I seemed to be tired, and finally to my Lord, Jesus Christ, I truly want to express my deepest gratitude to You, because in my many moments of doubt, you showed me mercy and gave me grace to carry on. You have been the most faithful and compassionate of my soul and thank you, for giving me your grace, indeed, I experienced your abundant grace, Halleluiah.

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Chapter 1: Introduction to the Study

Female genital cutting (FGC), a circumcision practice used on women and girls around the world. According to the World Health Organization (WHO, 2018), FGC is characterized as the partial or total expulsion of the female outer genitalia, or different wounds to the female genital organs, for social or other nonremedial reasons. Mather and Feldman-Jacobs (2016) stressed that although FGC is prohibited from being practiced in the United States, some immigrants continue the practice. Deason and Githiora (2014) argued that many immigrants who came from countries where FGC is practiced continue the practice in the United States. Ako and Akweongo (2009) highlighted that those who practice FGC have adopted strategies to perform FGC to circumvent the law, such as sending their girls home to receive FGC in secret or inviting circumcisers from their home countries to the United States to perform FGC in private. Mather and Feldman-Jacobs (2016) stated that, as of 2013, there was a record of 507,000 U. S. women and girls who may have undergone FGC or were at the risk of the procedure. FGC continues to be practiced in the United States and in many countries around the globe.

Some African belief systems include the practice of FGC. FGC, as a religious rite, is believed to be sanctioned by Islamic religion (United Nations Population Fund, 2018). However, FGC is also practiced in Christian-dominated parts of Nigeria (Okeke, Anyaehie, & Ezenyeaku, 2012). As a social rite, FGC is considered a part of a young girl's life, social development, and initiation rites. In the Western part of Nigeria, the FGC practice is accompanied by ceremonies, celebrations, and coming-of-age rituals (Okeke et al., 2012). In Nigeria, FGC is practiced in adherence to the outlined patriarchal

roles of men and women (Ekeanyanwu, 2017). However, some view FGC as a violation of human rights of girls and women that reflects the inequality between men and women (Human Rights Watch, 2016).

The negative physical and mental health effects of FGC outweigh the cultural or religious rights to practice FGC (Sauer & David, 2013). According to Sauer and David (2013), infections from FGC are common because of unsterilized instruments, unhygienic environment, poor personal hygiene, contaminated herbs, and contamination from urine and feces. Bjälkander et al. (2012) explained that FGC causes complications throughout the life span. Infibulation has been found to be associated with reproductive health morbidities, increased risk of childbirth issues, infertility, and cervical cancer (United Nations International Children's Fund, 2018). The clitoral removal results in decreased sexual pleasure, dyspareunia, anorgasmia, and decreased coital lubrication (Bjälkander et al., 2012). Reisel and Creightonb (2015) stressed that FGC has been linked with blood-borne complications, such as Hepatitis B and HIV, because of unsterilized and shared instruments. These forms of infections increase in those who have undergone Type III FGC (Reisel & Creightonb, 2015). Type III FGC is the narrowing of the vaginal opening through the creation of a covering seal, and it could be done with or without excision of the clitoris (WHO, 2018). FGC may have lasting negative effects on women and girls who undergo the practice due to the damages to the female sexual organs.

It is necessary to the Nigerian immigrants' perceptions of FGC. The objective of this study is to explore the place of culture; religion; social beliefs; and men's views, attitudes, and knowledge regarding the continuation of FGC within the Nigerian

immigrant community in Portland, Oregon. The results of this study could aid in obtaining a deeper understanding of this FGC. The findings of this study could also identify the role that men play in the decision-making process of FGC. The findings of this study could contribute to the body of research needed to increase an understanding of the place that religion, culture, men's attitudes, knowledge, and belief systems have towards FGC within the Nigerian immigrant community.

In Chapter 1, I outlined the introduction to the study, background, problem statement, purpose of the study, research questions, theoretical framework, nature of the study, definition of terms, assumptions, scope and delimitations, limitations, significance, and the summary of the study.

Background

The practice of FGC is sacred to many African families. Goldberg et al. (2016) stated that traditionally, FGC is practiced in various parts of the globe. The United Nations International Children's Fund (UNICEF, 2018) highlighted that about 200 million women and girls have been subjected to FGC around the world. It is estimated that most girls are between 0 and 15 years of age when they undergo the procedure (UNICEF, 2018). People from countries where FGC is practiced continue the practice in their host countries (Equality Now, 2016). FGC is increasingly becoming a global issue as the practice is continued by immigrants in new host countries.

Religious and social factors have contributed to the continuation of FGC. Practitioners of FGC have claimed that it is part of their tradition and religion, and they should not be prevented from engaging in the practice (Sanctuary for Families, 2013).

According to Mitchum (2013), cultural relativists have argued that all customs, traditions, practices, and beliefs should be respected. On the other hand, universalists have claimed that FGC is an abuse of women's rights. Many supporters of universal human rights declarations have argued that FGC is a violation of women's rights that has caused women to seek asylum in other countries (Danial, 2013). According to Flamand (n.d.), FGC is a form of gender-based violence and a child-specific form of persecution that supports a claim for asylum. In geographic locations where FGC is practiced, religion has been used to justify the practice. When women resist the practice of FGC, they may be banished, which results in their seeking asylum in countries that have made the practice of FGC illegal.

Few scholars have sought to understand men's views on the abolishment of FGC (Catania, Mastrullo, Cecere, Abdulcadir, & Abdulcadir, 2016). There is a need for continued exploration and understanding of Nigerian, immigrant, male perceptions, and cultural, religious, and social beliefs of FGC practices. It is important to know how male Nigerian immigrants feel about the continuation of FGC in order to eliminate the practice.

Problem Statement

FGC is practiced primarily in Africa. However, each country has various types of FGC procedures that are prevalent within it. In Nigeria, there are differences in the types of FGC performed. South-Western states have a high prevalence of both Types I and II FGC, and the North-Central states have a higher prevalence of Type IV FGC (the angurya and gishiri cut; Odukogbe, Afolabi, Bello, & Adeyanju, 2017). The angurya cut

is the scraping of the vaginal tissues, while the gishiri cut is the use of corrosive substance in the rubbing of the vaginal tissues (Odukogbe et al., 2017). Women who have experienced angurya live in rural areas rather than urban areas, and they are more likely to lack education and to be impoverished (National Population Commission [NPC], 2014). According to the NPC (2014), 55% of Yoruba women have undergone FGC, 45% of Igbo women have undergone FGC, and 16% of Hausa women have undergone FGC. The NPC also revealed that FGC was higher among urban women (32%) as compared to rural women (19%). According to these data, FGC is practiced commonly in many African cultures.

Mather and Feldman-Jacobs (2016) explained that expatriates from Africa, Asia, and other countries who migrated to the United States continue to perform FGC on their daughters after settling in the United States. Nigerians are the largest group of immigrants in the United States from sub-Saharan Africa, constituting approximately 306,874 (0.7%) of all immigrants (Migration Policy Institute, 2016). FGC has been performed within the various immigrant communities in the United States (Sanctuary for Families, 2013). Akinsulure-Smith (2014) claimed that there was an FGC prevalence rate of 94% among the people of Liberia and Sierra Leone immigrants in the United States; they have the fourth highest FGC practice rates among immigrant countries (Akinsulure-Smith, 2014). Goldberg et al. (2016) found that among immigrants in the United States, Somalia constituted 98% of all FGC cases. In this study, I focused on Nigerian immigrant community and their perceptions regarding FGC Practices.

There is a need for continued exploration and understanding of men's perceptions and cultural, religious, and social beliefs regarding FGM practices within the Nigerian immigrant community in Portland, OR. In order to understand Nigerian immigrants' perceptions and beliefs about FGC, I explored how Nigerian immigrant men and women feel about the continuation of FGC. Their recommendations could aid in promoting policies that could prevent future practice of FGC.

Purpose of the Study

The purpose of this exploratory case study was to explore the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, OR. Because the purpose of this study was to explore a culturally sensitive issue, I used a qualitative interview. The findings from this study could contribute to the body of research on the place of religion; culture; and men's attitudes, knowledge, and beliefs system towards FGC within the Nigerian immigrant community.

Research Questions

- RQ1: What are the cultural and religious beliefs that contribute to the continuation of FGC within the Nigerian immigrant community in Portland, Oregon?
- RQ2: How do men's perceptions about FGC differ from that of women among Nigerian Immigrants in Portland, Oregon? Are there differences in their perceptions when it comes to the harm caused by FGC?

RQ3: How do the attitudes, perceptions, and motivations of parents and families within the Nigerian immigrant community in Portland, Oregon affect FGC messages to the family members and FGC practices?

RQ4: What role does knowledge play in sending messages regarding dangers associated with FGC within the Nigerian immigrant community in Portland, Oregon?

Framework

The theoretical base for this research was Mackie's (1996) social convention theory. Mackie first introduced this theory as the game-theoretic model, which states that every human action is interdependent, necessitating coordinated change among those who are connected. Mackie highlighted the inequalities in societies that perpetuate practices such as FGC and how aspects such as gender, class, and the desire to better a person's access to the social and economic resources may contribute to the establishment and continuation of the practice. Brown, Beecham, and Barrett (2013) argued that the use of social convention theory provides insight into why FGC has become entrenched into new communities. The use of social convention theory provides an evidence-based account and practical approach to organization of change from within the community (Brown et al., 2013). Brown et al. (2013) stated that the power of cultural and social norms should be considered because adherence to norms can take precedence over the personal recognition that FGC has potential negative health implications. Diop and Askew (2006) revealed that people who made a public pledge to abandon FGC continued the practice after attending sensitizing programs. Obiora (2007) opined that it is

important to construct messages that will address beliefs within communities. People continue to practice FGC as a result of social convention and sociocultural factors, such as acceptance either within a peer group, family members, or society (Obiora, 2007). The social convention theory provides insight into why FGC has continued around the globe. A detailed analysis of social convention theory is provided in Chapter 2.

Nature of the Study

The study was a qualitative, exploratory case study with the case being the community of Nigerian immigrants in the greater Portland, OR area who still engage in FGC. The reason for selecting qualitative, exploratory case study in lieu of other methods was the fact that, it helped me to have a better understanding of parents' perception regarding FGC practices within the immigrant communities in the United States (Baxter & Jack, 2008). Data collection was an in-depth, face-to-face open-ended-interview. Researchers use a case study to investigate and analyze a single or collective case and to capture the complexity of the object of study (Hyett, Kenny, & Dickson-Swift, 2014). The use of these methods, according to Cooper and Schindler (2011), is appropriate for topics that might be sensitive to people or when there might not be enough of a sample to conduct a large group interview. These methods gave the participants an opportunity to express themselves. I used a qualitative case study to explore FGC and the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding FGC practices within the Nigerian immigrant community in Portland, OR.

I collected data through in-depth, face-to-face interview, open-ended-questions. Scholars use this method of data gathering to have a deeper and richer understanding of

the phenomena being explored (Cooper & Schindler, 2011). The participant criteria included (a) being a Nigerian immigrant, (b) being 18 and older, (c) speaks and understands English, and (d) have at least a daughter. The participants were both males and females.

Definitions of Term

Angurya cut: The scrapping of the vaginal tissue (NPC, 2014).

Female genital cutting (FGC): The partial or total expulsion of the female outer genitalia, or different wounds to the female genital organs, for social or other nonremedial reasons (WHO, 2018).

Gishiri cut: The use of a sharp object in cutting backwards from the vagina into the perineum as an attempt to increase vaginal outlet. This type of FGC has been linked to various health damages, such as vesico vaginal fistulae (VVF; Ashimi, Aliyu, Shittue, & Amole, 2014).

Social convention theory: This theory is used to explain the inequality that is experienced in the face of resource scare (Shell-Duncan, Wander, Hernlund, & Moreau, 2011).

Assumptions

For the purposes of this study, I assumed that that the participants were truthful during the time of interview. I also assumed that participants' perceptions regarding the questions were valid during the time of data collection. I assumed that participants were able to share/communicate their thoughts on FGC practices and that they were mentally stable to answer the questions and understood them before answering. These assumptions

were necessary for the context of this study because I attempted to understand the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, OR.

Scope and Delimitations

The study was delimited to Nigerian immigrants, in Portland, OR, and was focused on the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, OR. The participants were male and female; 18 and older; living in Portland, OR; able to read, write, and speak English; and have at least one daughter.

Limitations

Limitations were inherent to this study due to the broad nature of the topic. Some of the limitations might be the inability to generalize the findings as is done in quantitative studies, and the results may only be used in describing the place of culture; religion; social beliefs; and men's views, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, OR. However, the results may be used to enhance or support future study of FGC. To deal and minimize the impacts of bias, I respected the dignity of my study participants and observed fundamental principles of ethics, as suggested by Pannucci and Wilkins (2010). During data gathering, I needed to bracket my expectations and ensure that only the participants' experiences were recorded or written down, as recommended by Thirsk and Clark (2017).

Significance of the Study

The purpose of this study was to explore the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the practice of FGC within the Nigerian immigrant community in Portland, OR. Understanding the reasons behind FGC practices among Nigerian immigrants in Portland, OR, especially from the social convention point of view, could add to the body of knowledge on why FGC practices may be higher among certain immigrant demographics. The results that from this study could aid in working with immigrant communities in the United States by targeting immigrants who continue to practice FGC. The implications for positive social change could be increased awareness of the role and the various levels of influence of culture, religion, and social contexts of FGC. The results of the study may be used to support law enforcement for girls who may be at risk for FGC. These findings could be used to promote policies that support the discontinuation of FGM and improve the lives of Nigerian immigrants in the United States.

Summary

FGC is a traditional practice that includes the total or partial removal of the female external genitalia for nonmedical reason. FGC has been practiced to provide women and girls with cleanliness and to ensure they have better marriage prospects. FGC is also used in preventing promiscuity.

In Chapter 2, I will present the theoretical framework that will be used in understanding the practice of FGC, the exploratory case study approach, a historical overview of FGC, classification of FGC, complications of FGC, FGC and mental health,

historical overview of FGC, FGC and mental health, rates of FGC in Nigeria, efforts to abolish FGC practices in Nigeria, FGC and immigrants in the United States, male Nigerian immigrants' views on FGC, justification for FGC, medicalizing FGC, and ways to reduce and discontinue FGC practices.

Chapter 2: Literature Review

Introduction

Over the last several decades, communities, governments, activists, nongovernmental organizations, and others have increased global understanding of FGC and the barriers to eliminating it. FGC has become a global phenomenon and a public health and human rights issue. WHO (2018) characterized FGC as the partial or total expulsion of the female outer genitalia or different wounds to the female genital organs for social or other nonremedial reasons. Nigeria is one of the countries with a relatively high prevalence of FGC (28 Too Many, 2016), impacting 24.8% of women aged 15 to 49. The most common form of FGC is Type II (cut and flesh removal; 28 Too Many, 2016). WHO (2017) estimated that there are over 200 million women and girls who have undergone or are in danger of FGC, of which the majority of them are in Africa, the Middle East, and some parts of Asia. WHO (2017) showed that there is an 80% prevalence rate of FGC in Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Guinea, Mali, Mauritania, North Sudan, Guinea, and Mali. As people move around globally, FGC has become prevalent in various communities that ordinarily do not engage in the practice (Moira, 2010). It is important to consider the cultural and societal beliefs that support FGC, as this could help discontinuing the practice.

Literature Search Strategy

To explore the perceptions of female genital cutting among Nigerian immigrants in Portland, Oregon, I searched articles following databases: CINAHL, PubMed, Google Scholar, ProQuest, SAGE, Medline, and Medscape. I used the following search terms to

conduct this literature review: *female genital mutilation, various types of female genital cutting, perceptions of people regarding female genital practices, female genital cutting in Nigeria,, female genital practices within immigrant communities in the United States, and gynecological complications of female genital cutting*. In preparation for this review, I gathered and reviewed over 150 articles; some were older articles that were in support of the abandonment of FGC practices, and some were recent articles on the dangers that are associated with FGC. I also reviewed books and scholarly articles from professionals who have examined FGC, and I contacted organizations, such as Equality Now in New York, Community for Youth development in Nigeria, Amnesty International, UNICE, and Our Body Our Pride, and Say No to Female Genital Mutilation in Africa for additional information on FGC.

Theoretical Framework

The theoretical framework for this study is the social convention theory. This theory aided in understanding parents' perceptions regarding FGC within the Nigerian immigrant community in Portland, OR. Social convention theory, originally developed by Schelling (1960) and applied by Mackie (1996) to foot binding in China and FGC in Africa, can be used to explain why FGC practices persist. Researchers have used this theory to explain why families have continued to engage in FGC and why it is difficult for families to discontinue the practice (Mackie, 1996). FGC has been used as a method for securing a superior marriage within the practicing communities; as such, families may resist abandoning the practice because it could affect their daughters' marriage prospects (Abathun, Sundby, & Gele, 2016). According to the United Nations Children's Fund

(2010), social convention theory describes a behavior that is affected by social convention or social norms, and decision making is an interdependent process where a choice made by a family can affect other families.

FGC has become a social rule that all of the people within a community will follow. Parents may have FGC performed on their girl-children to ensure that their female children will be marriageable and accepted by their peers (UNICEF, 2010). Social convention can occur when some group of agents observes a regularity (Shell-Duncan et al., 2011). Families carry out FGC to ensure the marriageability and status of their daughters within an intramarrying group. If a family chooses not to practice FGC, their daughters may have a poor marriage or not be married at all (UNICEF, 2010).

A number of community-based strategies have been implemented using social convention theory to prevent the practice of FGC (Diop & Askew 2006; Hadi, 1998, 2006; 2003; Mackie, 2000; Mohamud et al., 2006; Tostan, 1999; Toubia & Sharief, 2003; UNICEF 2005). Shell-Duncan et al. (2011) stated that the only way to discontinue the practice of FGC is to get everyone involved in the process. In their study within the Senegambia regions, Shell-Duncan et al. used social convention theory to eliminate FGC by targeting women's social networks and by including both men and women. The United States Agency for International Development ([USAID], 2013) claimed that social convention theory was successfully used to reduce the prevalence of FGC in Egypt, Kenya, and Sierra Leone. In addition, 91% of Egyptian women underwent FGC in 2018 as compared to 96% who underwent FGC in 2005; 27% of Kenyan women underwent FGC in 2008, 32% underwent FGC in 2003, and 38% underwent FGC in

1998; and 88% of Sierra Leone women underwent FGC in 2010 and 94% of Sierra Leone women underwent FGC in 2006 (USAID, 2013). The elimination of FGC is possible; however, it needs to be coordinated through a collective abandonment within the intramarrying community.

Historical Overview of Female Genital Cutting

FGC is a cultural practice that affects women and girls globally. According to Llamas (2017), FGC has long been practiced in many communities in Africa and the Middle East; its origin is unknown. However, FGC started in Ancient Egypt, which is present day Sudan and Egypt (Boyle, 2002; Gruenbaum, 2001; Llamas, 2017, Lockhat, 2004). FGC may have started and spread through various routes of slave trade from the shores of the Red Sea to the end of Southern and Western African regions (Llamas, 2017). WHO (2017) stated that slaves were mutilated to limit their sexual arousal. In addition, WHO claimed that, in some cultures, women believed that a first born would not survive unless the women had undergone FGC. The practice of FGC cuts across religion, culture, geography, and socioeconomic status. Some believe that FGC is a practice of Islam that has to be carried out by every Muslim. Mitchum (2013) argued that FGC is not entirely a Muslim practice because it is also practiced by other religious groups and that the practice was not mentioned in the Qur'an. However, the practice of FGC has been a part of many religious beliefs (Mitchum, 2013). In contrast, Nour (2008) argued that FGC has been adopted by those who practice Islamic religion as one of the rituals that was recommended by the authority.

FGC has continued to be practiced in many regions throughout the world. A least 200 million girls and women who live in 30 countries where FGC is practiced have been subjected to the practice. The practice of FGC is concentrated in 29 countries of sub-Saharan Africa, the Middle East, and the Far East (UNICEF, 2017). Within the practicing communities, especially in Northeast Africa, FGC tends to be aligned with a female honor and modesty code. The practice is viewed as a requirement for marriageability (Mackie & LeJeune, 2008). Ashimi and Amole (2015) stressed that FGC is either performed at puberty, during pregnancy, or during childbirth as FGC is believed to protect modesty, stop marital promiscuity from women, ensure virginity, and initiate young girls into womanhood. In Nigeria, there is no unitary history of the origin of FGC; however, it is rooted in the culture of the practicing communities. Health care providers, especially midwives, perform the practice, which is known as medicalization (UNICEF, 2008).

Classification of Female Genital Cutting

For many communities, FGC is considered a rite of passage into womanhood as well as for marriage and child bearing. WHO (2016) classified FGC into four different types: clitoridectomy, excision, infibulation, and piercing or pricking.

- Clitoridectomy is considered as the total or partial removing of the clitoris. This can further be classified according to the excision area; the first type consists of the clitoral hood or prepuce removal, and the second type is the removal of the clitoris with the prepuce (WHO, 2017).

- Excision means either the complete or partial removal of the clitoris and the labia minora or without the excision of the outer labia. This type is subdivided as three excisions that are the removal of labia minora only, the removal of labia minora and clitoris, the total or partial removal of both labia and the clitoris (WHO, 2016).
- Infibulation is known as the narrowing of the vaginal opening with the creation of a “covering seal” that covers the vaginal opening by cutting and positioning the labia minora and the labia majora. Sometimes, this is done with excision of the clitoris sewn together (WHO, 2017). During this procedure, relatives usually keep the girl-child in a lithotomy position. Because it is a painful procedure, the girl may be pinned down by the family members and broken bones may be experienced. The legs are bound together to aid in the healing process (WHO, 2017).
- The last form is all harmful procedures done to the genitalia for nonmedical processes, such as pricking and piercing (WHO, 2017).

Short-Term Medical Complications of Female Genital Cutting

Short-term medical complications of FGC are those that are experienced during and after the procedure. These complications include traumatic bleeding and infection, wound infection, septicemia, gangrene, open sore, and tetanus (Knipscheer, Vloeberghs, van der Kwaak, & van den Muijsenbergh, 2015). According to Berg, Underland, Odgaard-Jensen, Fretheim, and Vist (2014), the chances of infection post FGC increase because of unsterilized instruments, unhygienic environment, poor personal hygiene,

contaminated herbs, and contamination from urine and feces. Berg et al. showed that victims of FGC experience vaginal discharge and itching, which affected their quality of life. Berg et al. indicated that there was an increased risk of dyspareunia with FGC and that women who underwent FGC have a high risk of gynecological complications. These gynecological complications have potentials of increasing risks of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby after delivery, and sometimes newborn deaths). In developing countries such as Nigeria, these risks are not always properly addressed. They fall in the women and girls' domain, which is not publicly discussed (Knipscheer et al., 2015). The possible shame or the complications are not addressed or treated, and these short-term complications may progress into long-term complications creating more health problems (Bjälkander et al., 2012).

Long-Term Medical Complications of Female Genital Cutting

Young girls who undergo FGC may experience long-term negative health outcomes. Bjälkander et al. (2012) explained that FGC causes many medical complications throughout a woman's life span. Infibulation, a form of FGC, has been found to be associated with reproductive health morbidities, increased risk of childbirth issues, infertility, and cervical cancer (Bjälkander et al., 2012). The clitoral removal results in decreased sexual pleasure, dyspareunia, anorgasmia, and decreased coital lubrication (Bjälkander et al., 2012). Berg et al. (2014) stressed that FGC can lead to other long-term complications, such as HIV, sexually transmitted infections (STIs), and infertility. Reisel and Creightonb (2015) stressed that FGC has been linked to blood-

borne complications, such as Hepatitis B and HIV, because of the use of unsterilized and shared instruments. However, Ali (2012) stressed that most of the study participants did not believe that FGC practice could increase a woman's chances of contracting HIV.

These forms of infections are more likely to occur in those who have undergone Type III FGC. Those who may have had Type III FGC live with the complications for the rest of their lives.

Female Genital Cutting and Mental Health Complications

The custom of FGC can lead to negative psychological health outcomes as survivors of FGC may suffer from memories of the trauma. Amasanti, Imcha, and Momoh (2016) stressed that FGC has been found to cause post-psychological effects, such as traumatic stress disorder, anxiety, and depression. Women who experience FGC suffer from a lack of sleep, mood and cognition changes, depression, chronic anxiety, and panic attacks (Amasanti et al., 2016). Knipscheer et al. (2015) found that FGC victims reported emotional disturbances that are related to FGC, especially those who may have remembered their experiences going through infibulation. Knipscheer et al. stated that victims of FGC developed substance abuse problems to cope with the stress associated with the effects of FGC. Other psychological effects include sexual phobia and fear of gynecological examinations (Sanctuary for Families, 2013). After the procedure, those who recall what they went through may suffer a mental breakdown (WHO, 2008).

However, Vloeberghs, van der Kwaak, Knipscheer, and van den Muijsenbergh (2013) highlighted that little is known about the psychosocial and relational consequences of FGC. FGC may predispose women to long-term trauma-related

complaints, anxiety disorders, a distorted or negative self-image, and feelings of incompleteness and distrust (Vloeberghs et al., 2013). Vloeberghs et al. (2013), further stressed there is not enough evidence to draw conclusion on the mental consequences of FGC.

Female Genital Cutting in Nigeria

UNICEF (2018) noted that FGC is a harmful practice that violates the rights of women and girls, and it is mostly performed illegally around the world. In some communities, FGC may be supported by health beliefs of norms of purity and fidelity or a determination of a girl's marriageability; it may represent a traditional custom that signals group identity, or it may mark the initiation into womanhood (UNICEF, 2018).

According to Joel (2018), FGC practice increased from 19% among 15-to 49-year-olds in 2007 to 21.6% in 2017 and in young girls 14 and younger from 13% in 2007 to 25.3% in 2017. 28 Too Many (2016) further claimed that 86.6% of girls and 79.5% of women have been cut by traditional birth attendants, while 11.9% and 12.7% have been cut by medical professionals. Nearly 20 million women and girls in Nigeria were reported to have gone through FGC in 2015 before and after the national banning of the practice, with a high of a 24.8% national prevalence rate for women and girls aged 15 to 49 (28 Too Many, 2016). Unah (2017) highlighted that FGC is widely practiced in Nigeria, and it accounts for about one-quarter of the estimated 200 million cut women worldwide. Ekeanyanwu (2017) also highlighted that Ebonyi and Imo states in the east are at 74% and 68% respectively; Ekiti, Osun, and Oyo states in the west at 72.3%, 76.6%, and 65.6% respectively. These numbers were reported after FGC had been banned in 2015

(Ekeanyanwu, 2017). However, it is difficult to accurately determine the number of FGC victims because, in many settings, FGC occurs in a culture of silence where women are the main guardians of FGC and may not discuss the subject with other women, let alone men (Ekeanyanwu, 2017). As the population increases, the practice of FGC will continue.

Nigerian Culture and Female Genital Cutting

The traditional practice of FGC is an accepted part of Nigerian culture (Ekeanyanwu, 2017). According to Anuforo, Oyedele, and Pacquiao (2004), Nigeria is composed of over 250 major and minor ethnic groups; these ethnic groups are classified by population size, and many of the ethnic groups speak different languages. However, the major tribes consist of the Igbo, Yoruba, and the Hausa/Fulani tribes (Anufuro et al., 2004). The family unit remains patriarchal with bonds among the extended family members; marriage is seen as a group affair that binds families for life. To achieve this bond through marriage, families have to ensure that their daughters have undergone FGC (Anufuro et al., 2004). Despite the global strategy to abandon FGC, women and girls are still at risk of being subjected to FGC (28 Too Many, 2016). FGC is performed by both the Muslims and Christians alike, even when there is no official support for the practice in Christian and Islamic faiths (Kahn, 2016). FGC is widespread in Nigeria.

Kahn (2016) argued that many believe that FGC will ensure that the continued paternal bloodlines, property inheritance, lesbianism prevention, calming women, thwarting women's sexual desires, and preventing the clitoris from growing like a penis. Kahn stressed that there are three main beliefs that underpin the practice of FGC in Nigeria: it helps to ensure a woman's faithfulness to her husband, it signals sexual

maturity through a coming-of-age ritual, and it guards against future complaints from a woman's husband concerning her level of pureness upon marriage. Ekeanyanwu (2017) stressed that when a vaginal opening is covered or narrowed in FGC, the fear of the pain of opening it deters women from engaging in extramarital affairs. Serour (2013) stressed that FGC is performed to ensure that women remain faithful to their husbands. FGC is also believed to eliminate a woman's sexual desire, as well as her interest in masturbation. Women who undergo FGC are considered to be pure because they have no interest in sexual activities. Among the Muslims, FGC is performed on the 8th day after birth, and this is referred to as sunna (Anufuro et al., 2004). A woman or a young girl forced to undergo a practice that puts her life and overall well-being in jeopardy is an individual in bondage (Batha, 2017). These individuals are not given freedom of choice, freedom of expressing an alternative view, but are forced into it in order to preserve the custom (Batha, 2017).

The practice of FGC is viewed as a family trade where skills are passed down through generations. Those who carry out the procedure may be organized into guilds in some ethnic groups, such as Yoruba, who have a network of women cutters. Male cutters are mainly found in the city of Ibadan, a city in Western Nigeria, and in the Eastern region, among the Igbos (Anufuro et al., 2004). Cutters are classified into two broad subgroups: traditional and trained health workers. In the south, traditional cutters largely carry out the procedure (Ekeanyanwu, 2017). In contrast to the Type III FGC practiced in Sudan and Eritrea, Types 1 and 2 are largely performed in most parts of Nigeria and these are practiced in the rural areas by illiterate mothers and grandmother (Anufuro et al.,

2004). In the Igbo and Yoruba speaking communities, girls are cut between the 7th day and 21st day after birth (Anufuro et al., 2004). Similar to the practices in Somalia and Chad, cutting a girl is performed at about 10 years of age in Edo communities in Southern Nigeria (Anufuro et al., 2004). They also can carry out the practice between 13 and 18 years of age, during pregnancy, or just before a woman gives birth to her first baby (Anufuro et al., 2004).

According to Joko (2018), FGC has become integrated in the community and is viewed as a shared social identity. Some parents consider FGC practice as the core to their positive identity that differentiates them from the rest of the world (Abdelshahid & Campbell, 2015). Abdelshahid and Campbell (2015) further confirmed that abandoning FGC may be interpreted as a threat to the parent's sense of belonging and positive self-image. No family wants to be seen as an outcast who cannot live freely amongst their community (Abdelshahid & Campbell, 2015). Parents may feel pressured to preserve the practice of FGC as a part of their cultural identity.

Efforts to Abolish Female Genital Cutting Practices in Nigeria

International communities and community leaders are speaking out against the practice of FGC. According to Bicchieri and Marini (2015), FGC is on the rise in Nigeria, even with all the various efforts to reduce it. In 1999, local laws were made, and in 2015, a national law against FGC was approved (Violence Against Persons Prohibition Act; Bicchieri & Marini, 2015). This law made FGC illegal in Nigeria, and it carries a maximum punishment of 4 years in prison and a 200,000 naira (\$635) fine (Ekeanyanwu, 2017). However, the law has not affected the rate of FGC practice. FGC is prohibited

within the country, but the punishment is not sufficient to stop the practice. In many communities, those who carry out FGC are not punished (Daly & Carson 2016).

In Nigeria, FGC is practiced among families with higher education and upper middle-class city dwellers (Bicchieri & Marini, 2015). Joel (2018) further argued that although efforts have been made to eliminate FGC in Nigeria, it has persisted. Despite this law, no one has been prosecuted for subjecting their daughter to FGC (28 Too Many, 2016). The practice of FGC persists in almost all parts of Nigeria where it is rooted in culture and tradition. Efforts to combat the practice has been ongoing, largely by various nongovernmental organizations. They used social marketing to reach various villages (28 Too Many, 2016). Despite local activism and legislative measures, the practice is illegally performed by doctors, midwives, and the traditional birth attendants (28 Too Many, 2016).

Changing parental perceptions towards FGC has remained challenging. Some parents believe that the practice is beneficial for their daughters in finding a suitable marriage (Nkwopara, 2015). Organizations and governments have worked together to address the practice of FGC in Nigeria (Nkwopara, 2015). Some of these stakeholders have overlooked FGC's social, religious, and financial significance. Sometimes, after outside intercession, communities have reinforced the practice as a method for supporting what they see as a cultural right (28 Too Many, 2016). According to 28 Too Many (2016), traditions are difficult to change. FGC has to be addressed in a diplomatic way so that people will believe that their values are being respected.

It is important that the community members not see FGC prevention program as an outsider intervention. According to 28 Too Many (2016), there has been various community dialogues about the practice, addressing cultural and socioeconomics in various communities across Nigeria. Efforts were made to ensure that group dynamics reflected the communities at large and included religious leaders, students, teachers, women, men, youths, and the elderly (28 Too Many, 2016). Discussions were led by facilitators to help members explore in-depth and the cultural norms surrounding the promotion of FGC. Using these techniques, facilitated attempts to ensure that all members contributed to discussions in the context where gender and generation often limited the input of certain groups (28 Too Many, 2016). The programs tended to achieve some results but could not achieve a nation-wide desired effort to abandon FGC practices (28 Too Many, 2016). Williams and Robinson (2014) suggested including an educative segment on instruction about the anatomical and physiological parts of the human body in Nigerian schools to promote the abolishment of FGC. Williams and Robinson further stressed that in Ethiopia, the health workers adopted strategies that incorporated existing laws and engaged females who were exposed to FGC to abolish the practice, which yielded positive results. However, Brown et al. (2013) argued that for any intended program to be effective, it must include community-based participatory action and use culturally appropriate tools. Using such an approach may provide a framework for understanding how to influence behavior at an individual and group level in order to facilitate change at the community level (Brown et al., 2013). Community participatory methods should be encouraged. Tapp, White, Steuerwald, and Dulin (2013) claimed that

using a community-based participatory process was an effective method of addressing any public health issue. Using a community-based awareness program that is accessible to everyone will be the best way to eradicate FGC in Nigeria.

Immigrant Nigerian Men's Views on Female Genital Cutting

FGC is a tradition that is entrenched in the traditions and cultures of practicing communities, and men could be allies in efforts to abolish FGC. According to Johnson-Agbakwua, Helmc, Killawid, and Padelae (2014), few scholars have documented men's perspectives regarding the continuation of FGC because men are believed to have a role in societies where FGC is normative, and these dynamics may change with acculturation to Western social views (Johnson-Agbakwua et al., 2014). Brown, Mwangi-Powell, Jerotich, and May (2016) found that, in Kenya, men were in support of abolishing FGC. Some men have stressed the difficulties in voicing their positions regarding the continuation of the practice of FGC (Powell et al., 2016). 28 Too Many (2016) found that 61% of Nigerian men believed that FGC should be abolished. Johnson-Agbakwua, et al. (2014) stated that men's attitudes towards FGC had dramatically with increasing awareness of FGC-related morbidity. However, in Somalia, 96% of men in a study stated that they preferred to marry women with FGC (Johnson-Agbakwua et al., 2014). Furthermore, Abdelshahid and Campbell (2015) claimed that Egyptian fathers believed that their uncut daughters were prone to promiscuity. Men in Guinea stressed their support for the continuation of FGC because it reduces females' premarital sex activities (Gage & Van, 2006). Men must buy into the abolishment of FGC because they are the

heads of families and seen as important figures within the communities (Varol, Turkmani, Black, Hall, & Dawson, 2015).

Amusan and Asekun-Olarinmoye (2008) found that 71% of Nigerian men and women said that FGC was a paternal grandfather's decision to make to reduce the likelihood of their daughters living promiscuous lifestyles, to ensure their marriageability, and to preserve their culture. FGC is a product of traditional laws put in place by male leaders, which makes it difficult to abolish the practice. Men play an important role within the Nigerian culture as their attitudes influence decisions within the family. Both the fathers and the grandfathers are seen as the decision makers in the discourse on the practice of FGC for their daughters (Joko, 2016). Therefore, a holistic approach to understanding the perspectives of men can give voice to FGC within the Nigerian immigrant community in the United States.

Female Genital Cutting and Immigrants in the United States

Immigrants face changes related to cultural behaviors and values in their new host country. According to Mather and Feldman-Jacobs (2016), the right to bodily integrity is considered an aspect of human rights. International treaties stressed that removing parts of the human body without the person's consent constitutes a violation of human rights (Human Rights Watch, 2016). In the case of FGC, the treaty is applicable because parents usually make the decision to perform FGC for the child. FGC is performed on many girls with varying degrees of consent to the practice (Mather & Feldman-Jacobs, 2016). According to Sanctuary for Families (2013), gender-based persecution (i.e., honor killings, forced marriages, and FGC) have led immigrant women to seek political asylum

and gain legal entry to the United States. Within the immigrant communities in the United States, FGC may not be viewed as a health hazard or problem. FGC is usually viewed as private issues where public discussion is discouraged (Sanctuary for Families, 2013). Although some women express varying degrees of discomfort about having been subjected to FGC, they have not indicated that their experiences have resulted in any health issues (Sanctuary for Families, 2013).

Mitike and Deressa (2009) stated that Somali refugees showed their support for FGC. Mather and Feldman-Jacobs (2013) explained that as of 2013, there were about 507,000 U. S. women and girls who may have undergone FGC or are at the risk of receiving the procedure. According to the Sanctuary for Families (2013), several U. S. states are being affected by FGC; Oregon has a high prevalence rate of FGC with 766 cases being conducted on those under the age of 18 years; 2,758 of cases of FGC being conducted on those above the age of 18 years. The state of California has the highest number of FGM cases of those under the age of 18 years with 9,631 cases performed on minor children and 28,722 performed on those above the age of 18 years (Sanctuary for Family, 2013). In the United States, Congress passed a law against FGC, making it illegal to perform, in addition, 23 U. S. states have signed laws against the practice (Mather & Feldman-Jacobs 2016). Despite all of the laws to prevent FGC, people still engage in the practice by sending their children to the home country to be cut; this led to the 2013 law making it illegal to transport a girl child out of the United States for the sole purpose of FGC (Mather & Feldman-Jacobs, 2016).

Some families continue the practice of FGC when they migrate to other countries. In the United States, some immigrants have continued to practice FGC by either sending their daughters back home or by bringing the circumciser into the United States (Equality Now, 2016). FGC is illegal in the United States. In 2013, President Obama signed into law the Transport for Female Genital Mutilation Act to protect girls from being transported abroad for FGC purposes (Sanctuary for Families, 2013). This law, the Transport for FGM Act, which has a penalty of 20 year in jail and being sued by the daughter for the damages (Collazo, 2017). According to the American Academy of Family Physicians (2018), more family physicians should become involved in stopping FGC. A holistic approach through educational programs and awareness for the immigrants on arrival is needed to halt FGC practices, especially from countries in Africa where FGC is mostly practiced (AAFP, 2018).

To prevent FGC in the United States, stakeholders must understand the immigrant society's cultural beliefs/rationales behind this practice and use an educational approach that is culturally appropriate in planning and prevention strategies (Brown et al., 2013). Attaining a coordinated effort to eliminate FGC within a community of people requires several steps because community discussion changes attitudes (Brown et al., 2013).

Justification Provided for Female Genital Cutting

Marriageability

Mothers use FGC to ensure the marriageability of their daughters. According to Abathun et al. (2016), marriageability has been found to be the main driving force for the continuation of the practice of FGC. However, Mackie and LeJeune (2008) highlighted

that a proper marriage was the most common reason for practicing FGC. In most rural areas of Southern Nigeria, the status of a young girl depends on upon whether she upholds the standards of her society, and the practice of FGC is a part of an initiation ritual that denotes the move into womanhood (Okeke et al., 2012). In many areas where FGC is practiced, patriarchal economic customs and institutions make marriageability necessary to secure the long-term financial security of daughters as well as their families (Shell-Duncan et al., 2011). In Tanzania, the bride price for a girl who has gone through FGC is much higher than her uncut counterpart (UNICEF, 2005). An unmarried girl has no assurance that she will survive in old age or have economic security. In Nigeria, according to Ekwueme, Ezegwui, and Ezeoke (2010), uncircumcised woman is not qualified for customary burial ceremonies that are essential for her spirit to achieve her hereditary home. Okeke et al. (2012) stated that FGC aids in positioning a girl to be married and the parents to receive the full bride price. FGC is also considered to show respect to the goddess of fertility (Okeke et al., 2012).

A desire for marriage could be a reason for FGC across practicing societies, including Nigeria. The factor of marriageability has been found to be to coincide with sexual morals because FGC in young girls and women is considered a prerequisite for a good marriage. Also, the belief that men favor a future wife to have FGC has brought about the high demand for mothers to make sure that their girls are cut (Berg & Denison, 2013).

Economics Reasons

FGC can become a means of livelihood for those who carry out the procedure. The traditional excisors, many whom of are females, make money that they would not have made if they were not practicing FGC (Mitchum, 2013). Families are usually involved in the marriages of their children, especially daughters, which gives them the opportunity to enforce FGC so that they may gain the full bride price (Mackie, 1996; Mitchum, 2013). The bride price of those who have undergone FGC is higher than their uncut counterparts because the intending in-laws give money to the family to preserve the virginity of their daughter (Mitchum, 2013). In Nigeria, parents ensure that their daughters undergo FGC to gain payment of a dowry (Coyne & Mathers, 2009; Ouedraogo & Koissy-Kpein, 2014). Shell-Duncan, Njue, and Moore (2017) argued that medical professionals regard FGC as a means of economic inflow because parents, especially those in the city, use them to carry out FGC on their daughters. Some affluent families offer gift to those who carry out FGC as a way of showing appreciation and to thank them for preserving their custom (Shell-Duncan et al., 2017). FGC is a means of livelihood for many people in communities where FGC is practiced.

For Nigerian immigrants and other immigrants in the United States, economic status may not be the reason why they have continued to carry out FGC on their daughters. These immigrants may continue to practice FGC to preserve virginity, observe religious ritual, observe a rite of passage, and preserve a source of pride and identity.

Religious and Social Reasons

Many girls undergo FGC to ensure their social acceptance. Costello (2015) asserted that FGC is rooted in the societal, religious beliefs, and values of many communities. FGC is a socially acceptable behavior that families and individuals uphold because they believe that their society expects them to do so (Costello, 2015). The trauma of FGC is regarded as a part of a girl's informal educational training to become deferential and acknowledge her part as a servant to her husband. Costello and Ekwueme et al. (2010) stressed that a girl's conduct reflects on the family and refusing FGC may bring disgrace to her family. Parents regularly carry out FGC to keep their traditions, customs, and beliefs (Ekwueme et al., 2010; Sanctuary for Family, 2013). FGC is linked to gender identity, family honor, social status, and the ability to find the right husband. Ekwueme et al. explained that uncut women are viewed as incomplete and inclined to marital promiscuity. When an uncut woman from a tribe where FGC is not practiced marries into a community where FGC is practiced, FGC is usually performed before she is acknowledged as a member of that community (Ekwueme et al., 2010). FGC is performed in line with tradition and social norms and to uphold the status and honor of the entire family.

Another commonly cited reason for FGC is religion and religious obligation. Abathun et al. (2016) reported that the majority of the participants from Somalia believed that the Sunna type of FGC is supported by religion. In Ethiopia, FGC is performed due to religious reasons (Mohamud, Kaba, & Tamire, 2016). However, Mackie and LeJeune (2008) argued that FGC may be performed for nonreligious reasons; some communities

believe that FGC makes a girl spiritually clean. The Human Rights Watch (2016) stressed that the practice of FGC is incorrectly linked with religion, particularly to Islam, as the practice of FGC is not mentioned in the Qur'an or any other religious book. Also, UNICEF (2013) highlighted that FGC is not aligned with a specific religion but is practiced among various cultures with diverse religious beliefs and traditions. There are many communities where Imams and others preach that FGC is a religious practice (UNICEF, 2013).

Okeke et al. (2012) reported that in some parts of the Northeast states in Nigeria, Muslims believe that the practice of FGC is a part of their faith, as ordered by Islam. Type 1 FGC is also called Sunna, which signifies following the Prophet's custom, and it is cited as a religious foundation for the practice (Ashimi & Amole, 2015). Hayford and Trinitapoli (2011) also stated that FGC is more prevalent among Muslims and indigenous African practices in Burkina Faso than among Christians. FGC is predominantly practiced among the Christians of the Western region. Akinsulure-Smith (2014) stressed that there is a higher prevalence rate of FGC among Muslim immigrant women than their Christian counterparts in Gambia. Some religious leaders defend FGC as a part of their religious rites, which could influence the continuation of the practice (28 Too Many, 2016). Kahn (2016) opined that FGC is practiced by both Christians and Muslims as well as other indigenous religions. Christian, Muslim, and the Pagan communities who carry out FGC often believe that FGC is required by their various holy books.

Honor Cleansing

Some people believe that those without FGC are unclean, polluted, and even dangerous. Mitchum (2013) stated that another reason why FGC has persisted is due to honor cleansing. Honor in the African context is different from the Western definition of honor. African honor is defined as maintaining a group identity and being accepted as a true member of the community. As illustrated in the case of Somalia and Sudan, (UNICEF, 2005), reported that infibulation was carried out to make girls clean and to bring honor to their family (UNICEF, 2005). An uncut girl or woman is believed to have a bad odor because she is not clean in her genitalia (Berg & Denison, 2013). Parents love their daughters and desire them to be viewed as clean (hygienic), honorable, and marrying the right person, which will guarantee them acceptance in the society (UNICEF, 2010). FGC is seen as a necessity because it regarded as guarantees female virginity, hygienic cleansing, and honor to the family until marriage. This belief has been one of the reasons why Nigerians, both home and abroad, have continued to carry out FGC.

Fidelity

In communities where FGC is practiced, it is not viewed as a violation of women's and girls' rights, but as a necessary step to raise a girl, protect her, and reduce her urge to engage in premarital and extramarital sexual affairs (UNICEF, 2010). FGC in some communities is believed to reduce a woman's libido, which helps her to resist illicit sexual activities. When a vaginal opening is narrowed or covered, the fear of the pain of the opening, and the fear that it will be found out by the husband, is meant to discourage women from engaging in extramarital activities (Equality Now, 2016). In Nigeria,

women without FGC are viewed as untrustworthy in their marriages; therefore, men may not marry a woman who has not undergone FGC because they fear that the sexual urges will be high (Ekeanyawu, 2017). According to Ekeanyawu (2017), mothers carry out FGC to prevent promiscuity. Varol et al. (2015) claimed that FGC has been used to reduce women's likelihood of engaging in premarital sex. However, study of Somali men, Gele, Bø, and Sundby (2013) discovered in a study that most men did not believe that FGC could prevent infidelity or preserve girls' dignity but is instead used to inflict fear in women. Abathun et al. (2016) discovered that some Somalian communities had higher instances of marital problems where men had uncut wives. On the other hand, Abdelshahid and Campbell (2015) argued that Egyptian men believed that FGC negatively impacted marital sexual relationships. The men further stressed their displeasure in their spouses' inability to enjoy sexual pleasure due to FGC (Abdelshahid & Campbell, 2015). Nonetheless, some men still believed in the use of FGC to ensure their wives' fidelity in their marriage (Abdelshahid & Campbell, 2015). Bogale, Markos, and Kaso (2015) highlighted that FGC is still used to maintain fidelity in rural residents.

FGC is believed to reduce sexual infidelity, ensure a woman's and girl's virginity before marriage, and ensure fidelity thereafter. Premarital chastity and marital fidelity were seen to function as proof of morality, as well as granting the woman and girl social respect (Abathun et al., 2016).

Medicalizing Female Genital Cutting

Concerns over various health risks that are associated with FGC have led to some people to advocate for less severe forms of the practice. The term medicalization refers to

medical professionals performing FGC (Pearce & Bewley, 2014). Some parents have used trained medical professionals to carry out FGC. The parents argue that having the procedure performed by trained health workers within health care settings minimizes the health risks and pain of performing FGC, while sustaining and maintaining the practice to meet cultural norms (Serour, 2013). Shell-Duncan et al. (2017) pointed out that more medical professionals carry out FGC than the traditional cutters because medical professionals carry out the procedure with sterilized equipment. About 15 million women were reported to have been cut by medical professionals (Shell-Duncan et al., 2017). To some, medicalizing FGC reduces the medical risks caused by FGC by improving the sanitary conditions under which FGC is carried (Shell-Duncan et al., 2017). According to the UNICEF (2013), FGC is now being medicalized in Sub-Saharan regions of Africa, and over 70% of FGC conducted in Egypt was done by trained medical practitioners. However, reports of the deaths of girls who were cut in hospitals brought about a renewed ban on the practice in public hospitals in Egypt (Serour, 2013).

Medicalizing FGC will not reduce the long-term complications of FGC. FGC has no medical benefit, and its performance violates the code of medical ethics (Serour, 2013). WHO (1981) declared it unethical for any health care provider to perform FGC either in hospitals or in any other established health facility. FGC has been considered a violation of the human rights of girls and women under international law. The Universal Declaration of Human Rights (United Nations, 1948) is to “provide for every person’s rights to life, liberty and security of person, and to be free from cruel, inhuman, or degrading treatment” (p. 73). From the human rights perspective, FGC is not an

acceptable practice due to its numerous health risks without any health benefits. Batha (2017) further stressed that medicalizing FGC is a way of indirectly legitimizing FGC, which could result in the promotion of the practice. Similarly, Serour (2013) claimed that there is an increasing number of medical professionals who engage in FGC and claim to be fulfilling the cultural demands of their community members, respecting their patients' cultural values, and enhancing women's value in the society. Kimani and Shell-Duncan (2018) found that in Nigeria and Kenya, health providers who performed FGC promoted the nicking of the vagina in lieu of the actual clitoridectomy, which is done to reduce the likelihood of complications and drawing attention to their practices. The trend has increased particularly in Nigeria, Guinea, Kenya, Northern Sudan, Mali, and Yemen. In Nigeria, medically trained personnel are replacing the traditional birth attendants who typically perform the FGC procedure (Batha, 2017).

The medicalization of FGC should be condemned because it violates human rights; ethical principles of justice, beneficence, nonmaleficence; and the medical code of ethics, and it will only cause more harm to women and girls (Pearce & Bewley, 2014). Medicalizing FGC will not reduce the various complications that are associated with the practice. FGC has no medical benefits. The demand for medicalized cutting and the belief that no harm is associated as long as it is done in a hygienically safe environment has encouraged more immigrant parents to engage in "summer cutting" by sending their daughters back to Nigeria and other African countries for the FGC. Heightened concerns over potential health complications have motivated parents to seek medicalized or less severe form of cutting (Kimani & Shell-Duncan, 2018).

Ways to Reduce Female Genital Cutting

Health Education and Health Promotion

It is important to protect girls and women who are at the risk of undergoing FGC and educate their parents on the dangers of the practice. According to Pashaei et al. (2016), the use of health education can reduce the prevalence of FGC. Educating parents and getting them involved in various FGC talks is important in the prevention process. Health care leaders should educate mothers in a nonjudgmental approach. Furthermore, Pashaei et al (2016), reported that in a study carried out in Kenya and Senegal, education for both men and women were successful in outlining the dangers that are associated with FGC. Similarly, Rojer (2010) pointed out that educating the girl-child has proven to be an effective tool in reducing FGC. Karmaker, Kandala, Chung, and Clarke (2011) reported that education was associated with a reduced likelihood of undergoing FGC for both Protestant and Catholic participants. However, Pashaei et al. argued that using education alone would not be enough to eradicate FGC but using culturally-appropriate tools when designing educational outreaches will help in reaching out to the public audience.

Program leaders should focus on transforming attitudes and beliefs about women's bodies, sexuality, and their role in societies (Pashaei et al., 2016). It is important to also seek help and support from the religious leaders, activists, organizations, leaders, and other stakeholders within the society through intrapersonal to the macro level. Information, messages, and activities should be tailored to their audience. Programs can also build upon existing beliefs about detrimental consequences from FGC and the position that the practice is not a religious obligation (Berg & Denison,

2013). Galukande et al. (2015) discovered that the use of culturally-appropriate teaching about the dangers that are associated with FGC yielded positive effects. Pashaei et al (2016) stated that health educators should include the immigrants in a culturally appropriate manner when talking about the dangers that are associated with FGC because those who support or practice FGC may not be aware of the dangers that are associated with the practice. As stipulated by Gele, Johansen, and Sundby (2012) found that targeting the immigrants at their early arrival have demonstrated a trend in abandoning FGC practice over time. With the right tools to educate the Nigerian immigrants, they may cooperate and not feel offended or think that that their custom and belief of practicing FGC is being taken away from them (Gele et al., 2012).

Use of Legislation

Some African countries, including Nigeria, have laws against FGC practice. Nigeria banned FGC practice in 2015, but these laws have not been effective due to lack of the public awareness and enforcement (Daly & Carson, 2016). Despite the existence of laws and policies to safeguard against FGC in Nigeria, there is limited progress in enforcing legislation and implementing policies. However, UNICEF (2013), the United States, Canada, France, the United Kingdom, and other Western countries have legislations that prohibit FGC practices, and these countries have granted asylum to women and children to avoid FGC. Some states in the United States have an existing legislation against FGC, including Oregon, where the present study is being conducted, but some states are yet to pass laws that prohibit it in their states (Mather & Feldman-Jacobs, 2016). However, in Nigeria, few states (Abia, Edo, Bayelsa, Cross River, Ogun,

Osun and Rivers states) have legislations against FGC practice, and there has been no arrest or prosecutions made for performing FGC (Leo, 2012). Shell-Duncan, Hernlund, Wander, & Moreau (2013) found that, although there is a widespread knowledge of existence of various national laws banning FGC practice, family/community rules take preference over rule of law. Legal coercion alone is not always sufficient as a change agent. Laws have to be paired with a community's moral and social motivations to bring about the abandonment of FGC (Mackie, 1996).

Instead of using only the law to put an end to FGC practice within the immigrant communities in the United States, the public education and community discussion approaches may motivate people to do the right thing for their children, for their communities, and other groups to socially regulate their peers in support of the change (Council on Foreign Relations, 2016).

Use of Community Conversation

With its increasing prevalence in various communities across the United States, community conversation might serve as a useful starting point in addressing FGC within the immigrant communities. The current existing negative, positive, and ambivalent representations of the practice found across parents offer a potential resource for small group discussions (Abdelshahid & Campbell, 2015). Such settings may provide parents with opportunities to debate their opinions and reflect on the dilemmas they experience, opening up new ways of thinking about the matter and facilitating discussions that allow parents to voice their reservations about new ideas on FGC (Abdelshahid & Campbell, 2015). Mackie and LeJeune (2008) stressed the importance of engaging communities to

promote conditional commitment to abandoning FGC. Further, Mackie and LeJeune mentioned that agreement may not be easy at the onset, but with persistence within the core group, pursuing FGC abandonment may be possible. In Ethiopia, Wohi and Reddu used small stakeholder/core groups and then extended to a larger community to begin discussions on the eradication of FGC (as cited in Mackie & LeJeune, 2008). However, lack of funds has been reported to be a barrier to the use of the community conversation in the FGC abandonment process (Khalifa & Brown, 2016). They stressed that bring in health educators, social workers, and other professional bodies in the communities can be very expensive and some communities do not have the funds to do so. Community conversation should be conducted with sensitivity (Costello, 2015). In other words, using culturally appropriate materials must be considered the best approach.

Attaining stable, coordinated abandonment of FGC within a community of people requires several steps; the greater part of the community must be involved in community dialogue, decision making, and commitment. The community discussions must be genuine and should debate the merits of abandoning the FGC practice. Community discussion can change attitudes when done the right way, especially the use of a bottom-up, community-led approach to address the embedded traditional values and beliefs about FGC. All community members should be encouraged to report any suspected case of FGC and be informed that they can report anonymously if they fear the consequence of reporting (Costello, 2015).

Summary

Women and girls in FGC-practicing societies may not have a choice regarding FGC; most of them are forced to practice FGC because, if they refuse, they face being socially ostracized. The purpose of this study is to explore what is known about the causes of FGC, the various social dynamics that support it, and those who are not in support of it. Hernlund and Shell-Duncan (2007) stressed that different communities practice FGC for different purposes and each given reason possess different challenges for the fight against FGC. FGC is a violation of women's and girls' fundamental human rights to dignity, bodily integrity, and security of their persons. From the lens of the cultural relativist, FGC can be justified; however, through a human rights' lens, it violates women's and girls' fundamental human rights. FGC is an international issue with health complications. No health benefits have been associated with the practice. The practice of FGC is rooted on cultural, religious, and social beliefs, which have contributed to its continuation despite the adverse effects of FGC, such as hemorrhage, shock, chronic pain, keloid formation, and psychological trauma (Abdulcadir, Rodriguez, & Say, 2015). In spite of its well-known risks and consequences, the practice has persisted in many African communities and in many immigrant communities in the United States. Although there are laws prohibiting it both in Nigeria and in the United States, people have found various ways of carrying it out. Some use medical practitioners to perform FGC because they believe that it makes the procedure medically safer.

The results from this study could help in addressing the issue of FGC among Nigeria immigrants in the United States; however, more studies are needed as only a few

qualitative studies has been done to address the issue of FGC practices, especially the ones that involved men and their intentions regarding FGC discontinuation in the United States. Few scholars have sought to understand men's view to help lead the crusade towards abandonment of FGC. A need exists for continued exploration and understanding of men's perception, cultural, religious, and social beliefs of FGC practices within the Nigerian immigrants. It is important to know how Nigerian immigrant men feel about the persistent continuation of FGC in order to create any real and lasting change. Their recommendations could aid in promoting policies that lead to the eradication of FGC.

In Chapter 3, I will outline the methodology of the study.

Chapter 3: Research Method

Introduction

FGC is commonly practiced in Nigeria, and despite the practice being illegal, many governments have not been able to abolish it. According to Bicchieri and Marini (2015), FGC is a public health issue, and the reasons for its practice can be found in the social, political, and economic conditions of the countries in which it is practiced. Khosla, Banerjee, Chou, Say, and Fried (2017) argued that FGC practices are rooted in individual, cultural, and religious beliefs and norms; hence, it is important to explore FGC practices in each cultural setting. FGC is often supported, for those who practice it, by social expectations.

The purpose of this study was to explore the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, OR. I conducted in-depth, face-to-face and open-ended interviews, using a voice recording device. I used these techniques to obtain rich, detailed information of Nigerian immigrant parent(s) perceptions on FGC within the Nigerian immigrant community in Portland, OR.

This chapter included the methodology that were used in the study. This chapter began with an explanation of the research design, as well as the rationale behind the choice of the research design. I also present the research questions, the research content, how the participants were recruited, data collection, data analysis, and the role of the researcher. I also examined the issues of trustworthiness and ethical concerns.

Research Questions

The purpose of this research study was to explore perceptions of female genital cutting among Nigerian immigrants in Portland, Oregon. four questions will be used for this study:

- RQ1: What are the cultural and religious beliefs that contribute to the continuation of FGC within the Nigerian immigrant community in Portland, Oregon.?
- RQ2: How does men's perception about FGC differ from that of women among Nigerian Immigrants in Portland, Oregon? Are there differences in their perceptions regarding FGC practices?
- RQ3: How do the attitudes, perceptions, and motivations of women and families within the Nigerian immigrant community in Portland, Oregon FGC messages to the family members and FGC practices?
- RQ4: What role does knowledge play in sending messages regarding dangers associated with FGC within the Nigerian immigrant community in Portland, Oregon?

In order to ascertain the validity of the questions that were used in gathering data, questions have been developed and sent in to my committee member for her expertise review. A pilot study was carried out after IRB approval and feedback was made.

Research Design and Rationale

Qualitative Methodology

A qualitative study is primarily exploratory in nature. I used the qualitative method to gain a rich understanding of underlying reasons, opinions, and motivations behind FGC. According to Burkholder, Cox, and Crawford (2016), qualitative researchers address questions that are concerned with developing an understanding of the meaning and experience of human's lives as well as the social world. Moen (2006) stressed that participants in qualitative studies describe, in detail, their views regarding activities or their lived experience. Qualitative research is typically based on the ability of the researcher to understand the individual's concept of the world by immersing his or herself in the case while trying to make sense of it (Burkholder et al., 2016). Qualitative researchers believe that the empirical and theoretical resources that are needed to understand an issue or idea are included throughout the study (Burkholder et al., 2016). Qualitative researchers provide rich insight into cultural activities that may be missed in a structured survey. Scholars use the qualitative method to understand their world, society, and institutions. Qualitative research is rich and holistic, and it includes snapshots that provide an understanding of a sustained process (Tracy, 2013). Observations, textual, visual, analysis, and interview are some of the methods for collecting qualitative data (Tracy, 2013). Qualitative research is used in a variety of disciplines because it provides information about personal, relational, group, organizational, cultural, and virtual contexts in various areas (Tracy, 2013). I chose the qualitative methodology for this study

because it will enable me to explore the continuation of FGC among the Nigerian immigrant community in Portland, Oregon.

Qualitative Research Designs

Scholars use qualitative designs to study human behavior, opinion, themes, and motivations. According to Teherani, Martimianakis, Stenfors-Hayes, Wadhwa, and Varpio (2015), phenomenology, grounded theory, ethnography, historical, and case study are all qualitative research design. Scholars can use each of these designs to explore a phenomenon. In this study, I have chosen exploratory case study.

Case study. This design is an intensive study of a single person, single group, or similar unit (Jeanfreau & Jack, 2010). Yin (2003) stressed that a case study researcher should be familiar with the study domain so that he or she will understand the main concepts and the relevant theoretical and methodological issues that are a part of the study. Starman (2013) claimed that the case study approach has been used in the social sciences in areas of study such as education, management, public administration, sciences, and social work. Starman stressed that it is important to select a case for a unit of investigation, such as an individual, family, group, organization, or community where a problem of interest exists. The case should not be selected based on its representativeness; rather, it is selected based on unique characteristics that may bring about changes in the intended subjects (Starman, 2013). Baxter and Jack (2008) stated that the use of the case study approach is unique because of its use of multiple data sources, which enhances data credibility and interview being the most used form. When

gathering the data, the researcher needs to be careful not to collect overwhelming amounts of data that will be cumbersome to handle (Baxter & Jack, 2008).

Exploratory Case Study Approach

This qualitative, exploratory case study endeavors to explore the perceptions of female genital cutting among Nigerian immigrants in Portland, OR. According Yin (2003), scholars use a case study to explore a topic of interest that is based on a constructivist's paradigm. To constructivists, the truth is relative, and the truth is built on a collaboration between a researcher and the research participants because the participants are encouraged to tell their stories (Yin, 2003). Yin stated that participants' ability to tell their stories enables the researcher to understand why participants engage in certain actions. Case study scholars gather various pieces of data to better understand the case (Patton, 1990). Patton (1990) stated that in an exploratory case study, multiple data sources are used and converged in the analysis process, and each data source aids the researcher in understanding the whole phenomenon being explored. However, a researcher must provide enough detail so that readers can assess the validity and credibility of the work (Patton, 1990). Using this method helped in exploring one or more cases through detailed open-ended interview in order to find out the root cause of FGC continuation among immigrants in Portland, OR.

Role of the Researcher

The qualitative researcher functions as an instrument. All of the information in the study flows through the researcher (Tracy, 2013). As a researcher, my role was to describe the perceptions of FGC, as outlined by the participants, as comprehensively as

possible. I ensured that I control my preconceived ideas or bias and to do that, the interviews were carried out with open-ended questions, the participants' responses were reviewed, and my conclusions were reviewed. I also bracketed my preconceived ideas about FGC. According to Tufford and Newman (2012), bracketing is used to mitigate the potential of bias. To further minimize bias, I used credibility check as well as to analyze only the information given by the study participants. To achieve bracketing in this study, I wrote and maintained memos throughout the data collection and analysis periods to help me to examine, as well as reflect upon, my engagement with the data (Tufford & Newman, 2012). As a researcher, I remained neutral, but focused. Due to the sensitivity of the topic, I was alert to the participants' feelings. During this study, I developed questions which I used in data collection (Tracy, 2013). The participants were Nigerian immigrants living in Portland, OR and I did not know them personally.

Methodology

Participations Selection

Qualitative researchers use a small number of participants. In a qualitative research, the sampling procedure is referred to as purposeful sampling (Padgett, 2008). According to Palinkas et al. (2015), the purpose of qualitative sampling was to gather wide variety of data sources. Unlike quantitative study that makes use of large numbers of samples, qualitative study makes use of small sampling numbers. The sampling method used in a qualitative study is known as purposeful sampling, which is used in selecting participants who have the ability to provide the needed information (Palinkas et al., 2015).

A sample of the participants, 18 years and above were recruited from the Nigerian immigrant community through a snowball sampling technique. Snowball technique is a method of reaching a hard to reach population (Heckathorn, 2011). Then, recorded face-to-face, open-ended interviews were administered.

Instrumentation

This section is used to describe the type of instrument that was used for data collection for this study. This is a qualitative case study with an exploratory approach and one of the reasons for carrying out a qualitative study is to have a full understanding of the small samples that are usually used or studied. The researcher is considered the primary instrument in a qualitative study (Rubin & Rubin, 2012). On the other hand, Patton (2002) stressed that a researcher should be attentive to be able to reflect nonverbal participants' reactions that may surface during the interviews. There are several methods used in gathering data in a qualitative study, with interview being the most commonly used tool (Jamshed, 2014). I developed open-ended questions that were used for interview the participants volunteered to participate in this study. However, before I carried out the interview, I had to carry out a pilot study which was used to ascertain the validity of the questions being used. After the IRB approval, through the Immigrant and Refugee Community Organization in Portland, OR, participants were recruited visited the site for interviews. I used 14 rich questions in order to explore the deep perceptions of female genital cutting among Nigerian immigrants in Portland, OR.

Pilot Study

I carried out a pilot study after the IRB approval. The use of the pilot study was to help to determine if the interview questions were able to provide the type of responses that could ascertain open-ended questions in a qualitative study. The questions that were used were validated by the committee member and this pilot study were used to validate questions and remove those that were not in line with the study or those that did not yield useful data. Using pilot study helped my face-to-face open-ended interview skills. According to Teijingen and Hundley (2001), a pilot study is a preparation for the major study. Scholars conduct a pilot study to foresee where a research may fail. Janghorban, Latifnejad, and Taghipour (2014) highlighted the importance of using a pilot study to find problems and barriers that are related to participants' recruitment and to assess the acceptability of interview protocol.

Data Collection

Data for this study were collected from Nigerian immigrants in the Portland, OR who did not have prior access to the questions and they had opportunity to suggest additional questions. The short face-to-face, open-ended questions comprised a section on the participants' age, marital status, religious affiliation, number of daughters, employment status, educational achievement, and place of residence. Once a participant agreed to the interview, I arranged to meet with him/her for the interview which were mostly at their homes. Before the interview began, I explained the informed consent to the participant in a detailed manner and then had him/her sign the form. Then, a copy was handed to the participant. I approached the participants with openness, which helped to

identify any uncertainty. The researcher should be professional, uncritical, and not judgmental (Fabiola & Ignasi, 2012). With that in mind, I carried out the interviews with every atom of professionalism, but occasional giggles. The participants were open and felt that they needed to talk about FGC, especially those who went through it. I explained to the participants that they had the right to leave the study interview at any time.

There was a debriefing process for the study participants. Debriefing is a critical part of any study that involves human participants. It is conducted after the study has been concluded that involves a structured or semistructured verbal conversation between the researcher and the participants. The researcher discusses various topics with the participants and gives the participants an opportunity to ask questions (Johnson Pivec, 2011). During the debriefing, I provided participants with my contact information in case of any questions or comments regarding the study. The data collection event took 4 weekends to complete. However, the participants were given the opportunity to suggest any additional questions that they may have and most of them did not have anything extra to suggest other than what they had said during the main interview. The interview lasted between 35 to 40 minutes in some cases. According to suggested by Seidman (2006), interviews should be done in such a way that participants are given enough time to voice out their minds. Data were recorded using an audio recorder with permission from the participants. This method allowed me to refer back to the interview and take a fresh listen at the interview data. In carrying out the recording, I had to make sure that the environment was conducive and free from noise. It was important that I gave the participants a choice in choosing the interview location (Laureate Education, 2016), of

which majority of them chose their homes. To avoid too few participants, I overrecruited, inviting one or two people more than I will actually need. According to Thoma, Farrokhyar, McKnight, and Bhandari (2010), when overrecruiting, it is usual to back it up with incentives.

Data Analysis Phase

Analyzing the gathered data is an aspect of a study. According to Yin (2002), data analysis is the act of examining, categorizing, tabulating, and testing evidence to address the study. Yin also opined that the early analysis of the data is a step in the overall interpretation of the case study because it is a stage of making meaning of the data that have been gathered. In a case study, researchers need highly structured, analytic guidelines, as well as principles, because the case study is still evolving (Yin, 2002). All of the interview data were transcribed. Data were coded, and themes were developed at the end of the interview sessions with all of the participants. To analyze the data, I was supposed to use a Computer Assisted Qualitative Data Analysis Software (CAQDAS) NVivo software established by Ritchie and Spencer (1994) to incorporate the interview topic guide and ideas from prominent themes that will be identified from review of the transcripts, but I was not able to use it due to some major technical issues. Therefore, I manually coded the data. The transcripts were coded line by line, and additional themes will be entered into the matrix where necessary. The data were first read thoroughly and then organized under themes (Yin, 2002). These steps involve the following techniques for data analysis: pattern matching, explanation of building, and time-series analysis (Yin, 2014). The data should be read at least three times before organizing them, as this

will help to get a more comprehensive view of any differences and similarities in the answers that will be given (Braun & Clarke, 2014). As the researcher, I had to uncover knowledge regarding FGC by reading the transcripts and developing themes and categories from the data. To make sure that there are no discrepancies, I will have to look back at the early interviews to check if any theme was missed during the initial analysis.

Issues of Trustworthiness

Trustworthiness is an important aspect of a qualitative study. According to Bryman (2012), trustworthiness is an aspect of qualitative research that consists of four different components: credibility, transferability, dependability, and confirmability.

Credibility

Credibility in a qualitative study refers to the validity of the findings. Patton (2002) highlighted that credibility is partially a part of the integrity of the researcher. The researcher has to look for data that will support alternative explanation. Credibility involves intellectual rigor, professional integrity, and a researcher's methodological competence (Patton, 2002). I established credibility through identifying and accurately describing the study participants, as well as by conducting member checks. To determine credibility, I used a pilot study with two Nigerian and two non-Nigerians who were familiar with FGC practices; this helped to assure clarity. Another means of establishing trustworthiness will be through member checking, which is known as a technique used for establishing credibility in a study. It involves taking data and interpretations back to the participants to determine if they reflect their views (Harper & Cole, 2012). With the focus group, I also followed up with the participants, I had to mail them the summary of

the session, send them a thank you letter, and include them in correspondence about how the information will be used. I scheduled a meeting to review the summaries and discuss their implications, as suggested by Breen (2006).

Transferability

Transferability is a form of external validity. Bryman (2012) stressed that authors should provide the step-by-step process that was used in implementing their study so that other researchers can carry out the same strategy. However, Tracy (2013) argued that it is the duty of the readers to assess the transferability of a study. I ensured transferability of this study by describing the research context, as well as assumptions that are central to this study. Also, I made sure that my generated sample participants were Nigerian immigrants who are between the ages of 18 and above who have daughters in order for this study to be considered transferable.

Dependability

Dependability is important in this study. Dependability means that another researcher can acquire the same results if the same study should be carried out in any other time and place (Polit & Beck, 2012). Dependability is enhanced by keeping audit trails and rich documentation. As suggested by Shenton (2004), using an audit trail could help future researchers repeat the study. Therefore, to ensure dependability, I kept a detailed audit trail that could help future researchers conduct a similar study.

Confirmability

Confirmability refers to the neutrality and ability of the researcher to control bias. Bias in a qualitative study is a concern. However, biased interpretations can be

recognized by the researcher and factored out of a design (Shenton, 2004). Confirmability is used to verify that the findings are not shaped by the researcher but by the participants. To achieve confirmability, I documented the various procedures for data collection and analysis throughout the study, which I had to check and recheck to ensure full accuracy (Shenton, 2004). Confirmability is important in a study because it helps to ensure that the work's findings are the results of the participants and not that of the researcher.

Ethical Considerations

Researchers must be aware of ethical issues, regardless of what form of research he/she is embarking on. According to Burkholder et al. (2016), ethics are norms that distinguish between right and wrong; they help to determine what is acceptable and unacceptable behaviors on the part of a researcher. When carrying out a qualitative study, the researcher is faced with many ethical issues, such as honesty, integrity, openness, confidentiality, informed consent, and human subject protection, and it is his/her duty to see that each of these elements are addressed (Sanjari, Bahramnezhad, Fomani, Shoghi, & Cheraghi, 2014). According to O'Leary (2010), ethics depict what is acceptable or allowed within the profession through rules of behavior. O'Leary asserted that ethics are linked to moral obligations that are intended to highlight what is right, fair, wrong, or just. To maintain the ethical integrity of this study, I obtained the approval of Walden University's IRB before interviewing human participants. I also explained to my participants the voluntary nature of the interview, what is required/expected from them, the risks and benefits of the study, and the study's confidentiality before they sign the consent form. The participants had the right to withdraw from the research at any time.

For their privacy, the participants' names were not be required; rather, they were assigned numbers for easy identification of the questionnaires. Therefore, after collecting data from the participants and after the initial interpretation of the data, I took the data back to the participants to ascertain if the interpretations reflect their views. In addition, at the end of the study, a copy of the research findings will be given to the Nigerian immigrant community in Portland, OR.

Summary

In this chapter, I outlined the details of the methodology that will be used in data collection. I presented a detailed description of the research design and methodology. I discussed ethical considerations, how the data will be collected and analyzed, trustworthiness, and its various components. In Chapter 4, I presented the results/findings of this study which were obtained through in-depth, face-to-face interviews.

Chapter 4: Results

Introduction

The purpose of this qualitative, exploratory case study was to explore the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, Oregon. This section presents the results of the study which is organized into subsections which include the pilot study, the study setting, demographics, data collection and the analysis, evidence of trustworthiness, results of the findings, summary, and a brief introduction to Chapter 5.

Pilot Study

The pilot study was carried after the Institutional Review Board (IRB) approval of the actual study. The results were not included in the main study. The IRB approval number for this study is 10-02-18-0565770. The questions for the face-to-face interviews were validated and approved by Dr. Dixon-Lawson and Dr. Anderson. The pilot study consisted of four participants who fit the study requirement: two Nigerians and two non-Nigerians from Ghana, a neighboring country to Nigeria and FGC is also practiced there (two men and two women). The participants have daughters and live in the U.S. The main purpose of the pilot study was to test my interview abilities before the actual interview. The pilot study helped to boost my confidence in carrying out a face-to-face interview and to adjust time management as that was needed. According to Janghorban, Latifnejad, and Taghipour (2014), a pilot study is used to find problems and barriers that are related to participants' recruitment and to assess the acceptability of interview

protocol. The end result of the pilot study showed that there was no need for changes in recruitment and protocol.

Setting

As soon as my IRB application was approved, I sent in the study flyers for participants' recruitments to the partner organization (IRCO). Thirty-five participants agreed to be part of the study; but, only 22 participants were available to participate. The rest thought that it was a form of questionnaire that they could fill out at a convenient time. They had to back out because it did not fit their work schedule. Mothers did not have any reservations, but fathers were a bit skeptical because to them, they felt that my topic was more of the things that women could do. However, I was able to get eight men who were open and were surprised at the same time regarding FGC practices. Some participants were able to freely give their personal experience with FGC.

Demographics

The participants for this dissertation study were asked to complete the informed consent forms which they did before the face-to-face interview started. The demographics were asked; because there were no written forms: Age, Marital status, ethnicity, number of daughters, employment status, salary range, religion, and length of stay in the United States, and their genders were noted. The participants were Nigerian immigrants with daughters in Portland, Oregon. The demographic questions were used to determine the level of exposure and the length of stay in the U.S. The participants were between the ages of 28 and 68 years and were all married with daughters. There were 22 participants, 14 females and eight males. Five of the participants indicated that they were medical

doctors, three of them indicated that they were pharmacists, and the rest were with college degrees or above, employed, and two housewives.

Summary of the Participants' Profile

Participant 1 was 35-year-old female, married, from the eastern part of Nigeria, 1 daughter, employed, earns over \$45,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 2 was a 44-year-old female, married with two daughters, from the eastern part of Nigeria, employed, earns above \$100,000, a Christian, and has been in the United States for over 5 years.

Participant 3 was a 45-year-old male, married with two daughters, from the eastern part of Nigeria, employed, earns above \$100,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 4 was a 45-year-old female, married with three daughters, from the eastern part of Nigeria, employed, earns above \$60,000 a year, a Christian, and has been in the United States for over 5 year.

Participant 5 was a 32-year-old female, married, from the southern part of Nigeria, with two daughters, employed, earns over \$60,000 a year, a Christian, and has been in the United States for over 5 year.

Participant 6 was a 40-year-old male, married, from the eastern part of Nigeria, with 2 daughters, employed, earns over \$50,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 7 was a 35-year-old female married, from the eastern part of Nigeria, with one daughter, employed, earns over \$50,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 8 was a 30-year-old female, married, from the Northern part of Nigeria, with 1 daughter, housewife, a Muslim, and has been in the United States for over 2 years.

Participant 9 was a 56-year-old male, married, from the southern part of Nigeria, with 1 daughter, employed, earns over \$100,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 10 was a 38-year-old female, married, from the eastern part of Nigeria, with 1 daughter, employed, earns over \$100,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 11 was a 57-year-old female, married, from the southern part of Nigeria, with four daughters, employed, earns over \$40,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 12 was a 68-year-old male, married, from the eastern part of Nigeria, with three daughters, employed, earns over \$100,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 13 was a 57-year-old female, married, from the western part of Nigeria, with two daughters, employed, earns over \$50,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 14 was a 58-year-old male, married, from the western part of Nigeria, with two daughters, employed, earns over \$70,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 15, was a 58-year-old female, married, from the eastern part of Nigeria, with one daughter, employed, earns over \$50,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 16 said between the ages of 35-50-years old, a female, married, from the eastern part of Nigeria, with one daughter, employed, earns over \$100,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 17 said between the ages of 35-50-years, a female, married, from the eastern part of Nigeria, with one daughter, employed, earns over \$ 50, 000 a year, a Christian, and has been in the United States for over 5 years.

Participant 18 said between the ages of 35-45-years, a female, married, from the eastern part of Nigeria, with three daughters, employed, earns over \$ 50, 000 a year, a Christian, and has been in the United States for over 5 years.

Participant 19 said between the ages of 35-45 years, a female, married, from the eastern part of Nigeria, with one daughter not employed (a housewife), a Christian, and has been in the United States for over 5 years.

Participant 20, a 57-year-old male, married, from the western part of Nigeria, with 1 daughter, employed (self-employed), earns over \$ 400, 000 a year, does not practice any religion, and has been in the United States for over 5 years.

Participant 21, a 60-year-old male, married, from the eastern part of Nigeria, with two daughters, employed, earns over \$ 100,000 a year, a Christian, and has been in the United States for over 5 years.

Participant 22, a 58-year-old male, married, from the eastern part of Nigeria, with four daughters, employed, earns over \$ 100,000 a year, a Christian, and has been in the United States for over 5 years.

Data Collection

Participants' recruitment took four weeks after IRB approval, (Walden University IRB #10-02-18-0565770). I had to send in the study flyers to the IRCO office in Portland which they received and distributed on their various noticeboards for participants' recruitments. Within 2 days of their receiving the study flyers, I got the first text message from a potential participant and within 3 days, I was able to schedule the first interview. Through the first participant, other participants were recruited through word of mouth. In other words, snowball technique was used. At the end of each interview, a \$10 gift card was given to the participant. Data collection took three weekends (Saturdays and Sundays) due to the participants' work schedule. I drove to Portland every Friday evening during these three weekends in order to start the data collection on Saturday. Most of the participants lived in Portland metropolis and that made it easy to move from one location to the next.

Data were recorded with a rechargeable digital voice recording devices, each of the interviews lasted 35 minutes. Most of the participants preferred the interview in their homes, two men chose their offices. Among the participants were some medical doctors

who were aware of various FGC cases and asked how to get involved, because they believed that girl-children should be free from any harmful practice in the name of culture, especially FGC. Most of the participants were professionals in their fields, I had to work around their time, which was difficult. Time was such an issue; however, I was flexible to work around their schedule. Interviews were done on weekends and Sundays. Because they were refereeing themselves, it made it easy for people to open up. No unusual circumstances were identified or encountered during the interview sessions. I transcribed the audio version of the interview myself and the findings were developed.

Data Analysis

Once I finished the face-to-face interviews, I listened to each participants' interview statements in its totality more than once to fully understand their perceptions of FGC (Creswell, 2013), I began to note down those statements that were significant regarding what the participants have stated. I highlighted statements from the audio that had specific importance to FGC and I grouped them into clusters and themes for easy identification. I made a very careful attempt to pull statements from the audio interviews in order to understand the parents' perceptions about FGC. After listening and understanding each of the statement in its entirety, I relistened to the recorded transcript again and moved the emerging themes into clusters. The step was repeated for each of the participants' recorded face-to-face interviews regarding FGC perceptions (Creswell, 2013). I listened to each participant's statement a few times as I selected specific statements, I coded each meaning cluster to explain the essence of Nigerian immigrant parents' perception about continuation of FGC.

I manually coded each transcript separately which enabled me to find out each participant/parent's perception about FGC continuation. I did not include those themes that were sparsely emerged, I was interested in multiple responses from the participants. This helped to bracket my bias as well as the interpretations so that new themes could emerge from each transcript (Creswell, 2013). The participants' perceptions about FGC were described in the theme analysis and the structural descriptions were synthesized into compound description of the Nigerian immigrants' perceptions and FGC continuation (Creswell, 2013). Most of the participants stated that, "FGC is an abuse that deprives females their sexual health," and is "Use in controlling women and suppress their sexual feelings." A particular participant stated that "me and my sisters almost lost their lives due to the infections that were associated with FGC." Some stated that FGC is "pain and infections because it is carried in places that are not hygienic and they use very old and dirty equipment."

There was a slight discrepant category, the male to female ratio. There were more females than males who indicated their interest in the study. Initially, there were 20 females and five males who indicated their interest in this study. However, when some of the women were told that it was going to be a detailed face-to-face recorded interview, they backed out, saying that they did not have the time for it, even when they were told that the interview was going to be between 30-45 minutes long. Six females backed; so, I continued with the remaining 14 and I looked for more participants. I also got three more men who agreed to participate and that gave me a round number of participants. I had earlier indicated that I was going to use NVivo software for the data imputation in

Chapter 3; I was not able to use it after downloading it due to its complicated nature.

Therefore, it was manually coded by me. Each participant's statements were grouped into themes as they emerged (Creswell, 2013). All the participants' FGC perceptions were explained in the theme analysis.

Specific Codes and Themes That Emerged From the Data

Nigerian immigrants in Portland, Oregon were asked to highlight their perceptions regarding FGC continuation. The parents' thoughts clustered around six themes. I extracted six themes from the qualitative data collected through face-to-face interview: (a) FGC is an abuse to female; (b) Tradition, Cultural, Social, and Religious rites; (c) Untrained personnel; (d) Complications; (e) Education; and (f) Use of legislature. Table 1 below shows six themes and 43 subthemes from the study.

Table 1

Themes and Subthemes

Themes	Subthemes
FGC is an abuse to female	FGC is an abuse that deprives females their sexual health Used to control women Suppresses women Can destroy girls
Tradition, Cultural, Social, and Religious rites	Family tradition To preserve culture and fulfil their tradition
Untrained personnel	Infancy During pregnancy/childbirth Acceptancy
Complications	To avoid name calling To obey tradition that subjects women and girls to pain To belong
Education	Crude equipment Unsterilized equipment Unsanitized environment Lack of anesthetic usage Bleeding
Use of legislature	FGC causes infection Bleeding Pains Someone can die Delayed childbirth Obstructed labor Urine incontinent
	Educate the young people, go to the rural areas and educate them Educate parents on the dangers of FGC Educate fathers so that they can shield their daughters Educate the stakeholders/opinion leaders Educate the general public because not everyone knows the dangers. Use the church Use every important avenue.
	People will obey once they see government locking people up Once police are involved, people will sit-up This may help to stop it however, it may be difficult They have to enforce it as soon as possible They should make the existing law work I think government is working with other NGOs to protect women and girls from this Some states have enacted laws regarding this, it is just for them to enforce it

Evidence of Trustworthiness

Credibility

Precautions were taken so that every threat to trustworthiness was ruled out during data collection. Participants were believed to have answered all the questions willingly without any form of influence. Participants answered the questions willingly and at ease. The participants were 18 years old and above, had daughters, and were able to read and write in English. Another way that the credibility of this study was ensured was through the use of a pilot study, I used two Nigerians and two non-Nigerians who were familiar with FGC practices; this aided in assuring clarity. I also used member checking, I took the transcribed data back to the participants to determine if it reflected their views (Harper & Cole, 2012). The participants were pleased with the outcome. Another way that credibility of this study was ensured was that the interview questions were edited and validated by my content methodologist.

Transferability

Transferability is a form of external validity. Bryman (2012) stressed that authors should provide the step-by-step process that was used in implementing their study so that other researchers can carry out the same strategy. It is the ability of transferring and generalizing the results that are obtained from one study to another. However, Tracy (2013) argued that it is the duty of the readers to assess the transferability of a study. To ensure transferability of this study, I obtained a sample size of 22 participants whom were Nigerian immigrants in Portland, OR with daughter(s), and who were 18 years of age and above by describing the research context, as well as assumptions that are central to this

study. Future researchers may be able to continue or build on the result of this current study with other population.

Dependability

Dependability is important in this study. Dependability means that another researcher can acquire the same results if the same study should be carried out in any other time and place (Polit & Beck, 2012). Dependability is enhanced by keeping audit trails and rich documentation. To attain the dependability of this study, I had to keep an audit trail which helped to report the detailed process in this study and this could help future researchers. I developed the audit trail to cover coding and themes and they were done from the beginning of this study to the data analysis period. I will safeguard the notes that were developed throughout the research process, especially during data collections and analysis stages which could be of a help to a future researcher in conducting similar study.

Confirmability

Confirmability refers to the neutrality and ability of the researcher to control bias. Bias in a qualitative study is a concern. However, biased interpretations can be recognized by the researcher and factored out of a design (Shenton, 2004). It is important to know that the aim of this study was to find out Nigerian immigrants' perceptions about FGC continuation. Confirmability is used to verify that the findings are not shaped by the researcher but by the participants. To achieve confirmability, I documented the various procedures that I used for data collection and analysis throughout the study. I had to check and recheck all the data to ensure full accuracy (Shenton, 2004). I also sent the data

and the results that I got to an expert who reviewed them and agreed with what I came up with. As a health educator, I had to set aside my passion and individual knowledge about FGC while collecting the study data and that helped to collect data in its original nature. Furthermore, the data will be properly stored in my password powered computer and also my file cabinet under key and lock which will be for a period of 5 years.

Results

This exploratory case study was done to find out the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, OR. Understanding the reasons behind FGC practices among Nigerian immigrants in Portland, OR, especially from the social convention point of view, helped to identify the various themes and subthemes that emerged. Themes that emerged were: (a) FGC is an abuse to female; (b) Tradition, cultural, social, religious rites; (c) Untrained personals; (d) Use of legislature; (e) Complications; and (f) Education.

Theme 1. FGC is an Abuse to Females

Most of the participants stated that FGC was an abuse that deprives females their sexual health later in life. The overarching research question that was asked was, What are your thoughts when you hear female genital cutting (FGC), what does it mean to you? The majority of the participants stated that FGC was an abuse to the females which is done without their consent. They also stated that it has to stop with immediate effect. Here are excerpts that backs up this theme:

Participant 1:

FGC is done to females against their will. Some are deceived into believing that it will help them stay accepted in the society, some mothers just do it without the full knowledge of the whole issue. I have seen some picture of the operation, it is horrible.

Participant 2:

FGC is an abuse to the female and it should be abolished. One of our relatives once said that it was done to her prior to her getting married because her husband's people believed in it. She said that she lost a lot blood and was afraid that she was going to die. Listening to her made me angry and I kept wondering the essence of the circumcision.

Participant 3: "It is an abuse on the girls, even on women. I still have not figured out the benefit of the said cutting. I will say that it is also form of wickedness."

Participant 4: "It is an abuse and I just cannot believe that parents are still carrying this out. We talked about it those days in the university in Nigeria but when I went further to look it up out of curiosity, I was surprised. I wish people could stop it."

Participant 7: "It is an abuse and I cannot imagine my daughters going through it."

Theme 2. FGC is Tradition, Cultural, Social, and Religious Rites

Participants stated that FGC is done as a tradition, culture, social, and religious rites during infancy, during pregnancy/childbirth, identification for marriage, because FGC is believed to be a prerequisite for marriage, to avoid name calling or to belong, and to control women and their bodies.

Participant 4: “I think it is mainly for cultural purposes to continue a tradition that has been long practiced. Some of these traditions are just to promote some societal believes that are outdated.”

Participant 5: “I do not think that religion has anything to do with it because as a Christian, I don’t think that I have come across female circumcision in the bible. It is only male that I saw.”

Participant 6: “I don’t think it is a religious act per-say because everybody does it, Christians, Muslims, Pagans, just anybody or are they saying that it is in the holy books? I don’t think so, I may be wrong but I don’t think so or did you come across it?”

Participant 9: “People do it to stop their daughters from being promiscuous later in life.”

Theme 3. Untrained Personnel

Participants stated that FGC is usually done by untrained personal (traditional birth attendants) who have no knowledge of how female reproductive systems are formed. The untrained cutters use crude equipment, unsterilized equipment, unsanitized environment, lack of anesthetic usage, and there is usually excessive bleeding.

Participant 6: “It is a terrible thing and must not be done on any girl. I heard that it is done by grandmothers in the village and these people do not use clean thins around there and I believe that they are not trained.”

Participant 8: The participant stated that one of her friends nearly died due to her losing too much blood during and after the operation.

We stopped seeing her around and did not know that she was forced to go through the circumcision. When we finally went to her house after about 2 weeks, she could not walk and was looking white (pale). She said that they held her, four strong men held her down and the cutter cut her. They used razor blade and no medication and there was no privacy.

Participant 9: “I have not seen anyone in person but from what I read about it as medical personnel, it is mostly done by untrained people and mostly in the rural areas. They use some dirty looking equipment to perform it.”

Participant 16: “They are not trained in medical practices and there is bound to be infections.”

Theme 4. Complications

Participants stated various complications that are associated with FGC. The subthemes were (a) FGC causes infection (b) bleeding (c) pains (d) death due to complications from infection (e) delayed childbirth/obstructed labor (f) urine incontinent (h) HIV/AIDS. Some participants stated that nothing good has come out of FGC, it comes with complications.

Participant 1: FGC can expose women and girls to several complications. Some can even lose their wombs due to infections. Obstruction of labor because you know that they cut everything and stitching it back and other complications can occur. Some can contract diseases from it such as HIV/AIDS.

Participant 3: because they are done by unprofessional personnel, I question their knowledge regarding female anatomy so issue such as urine incontinency I guess there are many more that I don't know about.

Participant 4: Pains, according to my mum. She went through a lot of pains during her own. And that was why she vowed never to carry it out on her daughters. I also remember my childhood friend who went through cutting. She almost lost her life during this circumcision. So, death can be involved.

Participants 16: FGC causes infection, bleeding, pains, someone can die, delayed childbirth, infections, urinary incontinent, fear.

Theme 5. Education of the Masses

Participant 7: "Education is important. After I saw my friend looking pale as a result of losing so much blood because of the cutting, I believe educating them in the villages about the dangers of this cutting will help."

Participant 14: "Government should be involved in educating all these people the of FGC and where it is not necessary."

Participant 15: "Educate the rural area women about the danger of female circumcision."

Participant 16: "Government should work with the elder, educate them on the dangers of the FGC so that it is not swept under ground."

Participant 21: "It has to be through education. It has to be education, start from the beginning, start from the infancy explain to parents and children that it is not acceptable to get anybody mutilated."

Theme 6. Use of Legislature

When asked regarding the use of legislature to end FGC, the majority of the participants believed that using legislature to end FGC would work, provided that it is enforced from the grassroot. Because people have a way of respecting government but must not use force in carrying it out, because once people are being held accountable for their actions, others will think twice before engaging in such a terrible practice.

Participant 12:

Of course, using it may help to stop that horrible thing anyone who is caught should face the law in fact, prison. Also, using schools to educate girls will help. They need to start as early as possible. I know that they taught us in the university in Nigeria but it was not enough. It was not deep, they need to do more.

Participant 13:

Yes, using the legislature may help in abolishing this issue in our communities. All our communities have to be informed because it is more in the rural communities. I remember my friend's grandmother who was a traditional birth attendant those days, she was also into this but she is late now.

Participant 14: "Using legislature is good but making arrest is another angle that I believe that will work because when someone is arrested, others will learn their lessons. I don't think that people have been arrested before because of this circumcision."

Participant 18:

Yes, I would say yes because with government involvement and also getting it through the legislative process, I think that would also be stronger, I mean it

would hold more power to it and I think that more consequences will be attached to it if we have to pass it through this part because I know that some of our parents and cultural leaders are very, very adamant, they are very stuck in their ways. So, I think that having the government involved in it will make it stronger.

Participant 22:

Using legislature is very important. However, it has to be mixed with education. First, you will not judge or condemn them so that they will not kick against the program. It has to be done in a cultural appropriate manner so that when you now legislature, it will be accepted without them going back to continue in the background or underground.

Summary

Participants had the opportunity to express their views regarding their perceptions about FGC. Most participants stated that FGC is a serious abuse on the girl-child and has to stop, even though it is a culturally, socially, and traditionally motivated practice, they believed that it has to stop. Those who had a first-hand experience, firmly stated the need to stop the practice. They looked at it and found no benefit whatsoever in carrying out the practice. Those who went through it voluntarily gave their experiences and that informed their decisions not to carry out FGC on their daughters.

A particular participant recounted her bitter experience with FGC and what she had to go through during her first pregnancy. I also spoke with some people who stood with the lady that sought for asylum due to the fear of FGC in Nigeria when the United States immigration services wanted to deport her and daughters. The participants stated

their interest in seeing that the government helps to put a stop on FGC practices and violators be prosecuted to show others how serious the government is against the practice. They believed that education will have to be taken to the grassroots which has to start from infancy. Finally, most participants were open, expressed their feelings regarding FGC, the men, especially those with full knowledge of the practice, could not imagine their daughters going through such a horrific practice in the name of preserving cultural heritage.

In Chapter 5, I discussed the findings of the study, limitations of the study, recommendations, implications that could lead to social change, finally, the conclusion of the study.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The purpose of this qualitative study was to explore the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the continuation of FGC within the Nigerian immigrant community in Portland, OR. Data from this study could provide new insights to help policymakers and human rights organizations implement measures that could help protect girls and women from FGC practices.

Analysis of interview data reviewed six themes related to participant's perceptions of FGC practices. These themes include: (a) FGC is an abuse to female; (b) tradition, cultural, social, religious rites; (c) untrained personals; (d) use of legislature; (e) complications; and (f) education. During the data collection period, a particular participant said that she had looked for ways of letting other people, especially mothers know what she went through as a result of her FGC experiences. She said that in a way, it was good that she went through it and that was what prevented her from carrying it out on her daughters when she was told the importance of FGC. She said that she would have fought with people who brought up the FGC idea then in Nigeria. That was a major highlight of the data collection experience.

Interpretation of the Findings

Fourteen questions guided the research which was used to answer the research questions. Definitions and knowledge of FGC and what it stands for were given by most of the participants. Some Participants described FGC procedure literarily as "cutting off and chopping off of the female genitalia," other said "traditional rite of passage" yet

others said to “curb the female sexual appetite by cutting off the clitoris” some said it is done to “suppress and control women.” Generally, majority of the participants stated that FGC was an abuse/torture on the girl-child and women and it is carried out without knowing the full implications or medical consequences.

Theme 1. FGC is an Abuse to Female

Majority of the participants stated that FGC was an abuse on women and girls and most of those who undergo this practice do not know how and what it is done for. Participant 15 who was open about her and her sisters’ experiences said that they did not know why such a thing was done to them. She started asking questions when was about 15 or 16 years about the benefit of FGC; but, nobody told her anything meaningful. However, what she went through during child labor made her study more about FGC and what she found out scared her such that she vowed never to carry such an abuse on her daughter and that agrees with what the United Nations International Children’s Emergency Fund (UNICEF, 2016), stated that FGC is an abuse to women and girls with serious physical and psychological consequences. Their various points showed that even though FGC is filled with so much pain and in some cases, lifetime scares, people carry it out simply because it is a traditional rite which is passed down from generation to generation.

Theme 2. Tradition, Cultural, Social, Religious Rites

Many participants spoke extensively about the traditional, cultural, social, and religious aspects of FGC. As they spoke, these subthemes were picked: (a) family tradition, (b) to preserve culture and fulfill their tradition, (c) infancy, (d) during

pregnancy/childbirth, (e) societal acceptance, (f) to avoid name calling, (g) to obey tradition that subjects women and girls to pain, (h) religion, and (i) to belong. When the participants were asked what they thought were the general reasons for performing FGC, many participants strongly believed that FGC is being done to fulfill the traditional, cultural, social, and religious aspect of human existence. A particular participant stated that she was told that she needed to undergo FGC in order to keep her cultural heritage and make her parents proud and at the same time become a woman. Most of the participants further stated that FGC is considered as traditional, cultural, social, and religious rites where it is practiced, which confirms what Berg and Denison (2013) stated. According to Berg and Denison, FGC is a mixture of cultural, traditional, religious, and social factors within families and communities. In some cases, FGC is often done as a ritual to mark the coming of age or passage into womanhood (Berg & Denison, 2013). This could be the reason behind it being celebrated in some parts of Nigeria as stated by some of the participants.

As a religious rite, a few of the participants stated that some religion, especially the Islamic beliefs sanctions parents to carry out FGC and some Christians carry it out as a way of obeying their parents according to the law in the bible. Some believed that the traditional African beliefs allow FGC in order to appease the goddess of fertility. However, according to Hayford and Trinitapoli (2011), there is no clear instruction with the Islamic beliefs regarding FGC practices and there are no instructions in the Bible regarding FGC. To buttress their points, 28 Too Many (2015), stressed that there is mention of FGC practices in the Quran, but some Muslim clerics use the hadith to

support that FGC is recommended but may not be obligated for women to practice (28 Too Many, 2015). The hadith was an encounter between prophet Muhammed and a woman (Um Habiba), prophet Muhammed told her not overdo FGC because it was believed that she was into the practice (28 Too Many, 2015). To buttress all their points, Costello (2015) opined that in most African cultures, traditional life and religion are very close life was is an expression of religion and religion is said to hallow life. Therefore, in general, FGC has not been demonstrated to be linked to any religion, and particularly to Islamic beliefs or faith (Costello, 2015).

A particular participant stated that any culture that supports any form of abuse has to be removed no matter how much people have regards for that culture. He further stated that there was no way they could have cut their daughters in the name of a tradition or religion. The participant stated

I saw my grandmother cut my sisters, then I thought that they were doing the right thing, but looking back now, they were so wrong and I wished that they did not do such a thing, you know. I watched my sisters cried for pains as three and five-year-olds. As their brother, I consoled them because mama and grandmother believed that they were doing the right thing to them.

In addition to the strong cultural, traditional, religious, and social beliefs that have been associated with FGC practices, most of the participants believed that FGC has been used to control and hold women down, as it is usually done against their wish. Society believes that an uncut woman will be sexually active and that will lead to her being promiscuous and that will be a dishonor to her family and will eventually lead to her not

finding a suitable husband to marry her. Therefore, cutting her would reduce her sexual desires and in turn humble her enough to focus on her life and eventually on that of her husband. However, Ahanonu and Victor (2014), found out in their study that FGC does not stop promiscuity in any way. If there is anything, it has the tendency to push those with an extreme form of FGC to not be sexually satisfied (Ahanonu & Victor, 2014).

Theme 3. Crude Equipment and Untrained Personnel

Participants stated who and how they knew FGC to be done. The subthemes were (a) crude equipment, (b) unsterilized equipment, (c) unsanitized environment, (d) lack of anesthetic usage, (e) traditional birth attendants, (f) no privacy, and (g) infancy and adolescence. The participants stated that FGC is done mostly by untrained personnel who have no idea of the female anatomy and it is mostly done in unclean environments, with crude equipment. They also stated the equipment is usually used for several people without changing them or sterilizing them. Girls are usually lined up and after, the wound is dabbed with some concoctions and their legs bound together in order for the wound to heal. One participant described her sister's horrific experience after FGC when the wound got infected:

My sister almost died due to the infection she got from the FGC wound. After the cutting, the wound was covered with some local herbs which contained nchuonwu (scent leaf) and other ingredients, days after that, she could not pass urine and the area started smelling, my parents had to seek for medical help in the city

Another participant stated that people need to speak up against this practice because the practice results in doing more harm to a girl than protecting her. As a nurse, I have come across several women would have lost their babies during labor if not for advanced medical practices. “There was a case of a Somali woman who had this issue, she had to undergo virginal reopening during her pregnancy before she had her baby because everywhere was stitched during circumcision”

The participants, all stated that FGC is mostly done by untrained personnel with crude equipment, and in an unhygienic environment. This supports what Okwudili and Chukwudi (2012) opined regarding FGC and its various complications such as difficulty in urinating, excessive bleeding, birth complications, chronic pain, infection, and danger to a newborn.

Theme 4. Education

Participants described the importance of using education to reach out to the general public concerning the dangers of engaging in FGC. When asked about the importance of educating young Nigerian parents about the dangers that are associated with FGC, these themes emerged (a) educate the young people, (b) go to the rural areas and educate them, (c) educate parents on the dangers of FGC, (e) educate fathers so that they can shield their daughters, (f) educate the stakeholders/opinion leaders, (g) educate the general public because not everyone knows the dangers, and (h) use the church. The participants stated that everyone needs to be educated and not just young Nigerian parents. Participants were eager to see that FGC messages are sent across to various communities in Nigeria through education. Because when people are educated on the

dangers of FGC, there is a likelihood of them not engaging in it. A particular participant stated that it would be good to see all manner of FGC stopped, dropped through sound education and awareness across Nigeria. To achieve this, everyone has to be involved because this practice has been on for too long. Legislation alone cannot do the work, education is the key. These finding echoes what Okwudili and Chukwudi (2012) stressed that there is an urgent need for an educational campaign on the dangers on all forms of FGC at all corners of Nigeria; the community, women's groups, traditional birth attendants, and healthcare professionals.

Theme 5. Complications

Participants stated various complications that are associated with FGC. The subthemes were (a) FGC causes infection, (b) bleeding, (c) pains, (d) death due to complications from infection, (e) delayed childbirth/obstructed labor, (f) urine incontinent, and (h) HIV/AIDS. Some participants stated that nothing good has come out of FGC, it comes with complications. Girls are cut with the same equipment without them being sterilized. A particular participant stated that after the sister got cut and thereafter, the wound got infected, they fought for their lives and one of the sisters eventually started limping due to the infection she incurred from FGC. Another participant stated that a friend almost died from blood loss due to FGC. The participant further stated what the friend told her about her being naked in front of men who held her down during FGC.

This finding supports what WHO (2018) stated, that FGC is also associated with increased exposure to different forms of infections and in some cases, an increased

number of blood transfusions, due to blood loss during cutting, increased obstructed labors. The findings indicated showed that excessive bleeding, pain, infection, and lack of sexual interest or dissatisfactions are some of the complications that are associated with FGC. This supports what Kaplan, Hechavarría, Martín, and Bonhoure (2011) stressed in their study that those who may have gone through FGC go through untold pains and blood loss due to the excessive blood loss during and after FGC. Reisel and Creightonb (2015) pointed out that FGC has the potential of causing major complications such as damages to the urethral opening, obstruction of the urinary opening, and scarring of the meatus and all these could lead to chronic incontinence.

Theme 6. Use of Legislature

When the participants were asked about their perceptions about government involvement, the findings indicated that most of the participants wanted the government to get more involved in dealing with FGC in such a way that it will not drive it deeper into untold secret dealings. These subthemes came up (a) people will obey once they see government locking people up, (b) once police are involved, people will sit-up, (c) this may help to stop it; however, it may be difficult, (d) they have to enforce it as soon as possible, (e) they should make the existing law work, (f) I think government is working with other NGOs to protect women and girls from this issue, and (g) some states have enacted laws regarding this it is just for them to enforce it. One statement caught my attention, the participant stated that using the government force will be a good idea; however, enforcing it may be difficult because of the nature of our society. Another participant stated there has been a ban on the practice; but, those in the rural areas may

not be aware of it. The use of various agencies to bring the message to them in rural areas.

The participants believed that the right use of the legislation can help to put a stop to FGC practices, but they stressed that families in the rural areas may not abandon the practice without the support of the various levels of the government and its policies. A few of them were aware of the 2015 ban on FGC, but expressed their displeasure with the way the government has been handling the situation. A particular participant asked if I came across any arrests so far since the ban on FGC practice. Most of them stressed that it would be good for the Nigerian government to work with various nongovernment organizations, stakeholders, community/opinion leaders, faith-based organizations, and other relevant bodies to create and embark on awareness, education, campaign, and symposiums towards the abandonment of FGC. A particular participant agreed that government involvement is good, however, if there are no arrests made, people will not take any legislation seriously, especially those in the rural areas where FGC seems to be more.

Another finding was that the law or ban on FGC has not been effectively followed or enforced and that has encouraged people to continue. However, as opined by one of the participants, if the legislation is not done properly, it will just drive the practice further into the dark, where the practice will continue without traces. Those in diaspora will continue to identify with the culture of FGC. Those who send their daughters home to get cut will continue to do so because those who carry out the practice have not been arrested or prosecuted. This supports what the United Nations Population Fund (n.d.)

highlighted regarding the summer cut going on in various parts of the world, especially in Africa and Middle Eastern countries where FGC is most prevalent and dreaded. Summer is when the practice thrives the most, young girls are out of school, and that gives them more time to heal before the next school session (United Nations Population Fund, n.d.).

Population Reference Bureau (2018) stated that the summer rush has exposed several girls to FGC because their parents usually send them back home to get cut in order to keep their culture alive as well as to preserve family reputation and keep the practice alive (Population Reference Bureau, 2018).

A participant confirmed the summer cutting being practiced by some African parents. Some time ago, I came across a family that sent their girls home in order to have them get cut as that was a way of making sure that their girls are preserved. I did not do anything because I did not know what to say or do then. In general, most of the parents interviewed want FGC to be fully abolished and the law should be used in dealing with anyone found wanting.

Limitations

This study has several limitations. A sample of 22 participants ($N=22$) was used for this study which may not represent the entire Nigerian immigrants' perceptions in the United States regarding FGC continuation. Hence, the inability of the study to be generalized. First, this study was limited to the perceptions of Nigerian immigrants in Portland, OR regarding FGC continuation. Although the participants had different knowledge of FGC procedure and who performs it, the information that was provided can only be used in a further study on FGC in the Portland area and this is a limitation of

transferability. Secondly, a qualitative method is usually used in exploring a small number of a population and that makes it difficult to generalize the findings; however, using a face-to-face interview gave the participants the opportunity to stress their perceptions regarding FGC and its continuation. To avoid potential bias, which is common with a qualitative study, I had to bracket my expectations and recorded only the perceptions of the participants. This was due to the nature of the topic, FGC is one topic that could get one so emotional when it is being discussed.

Recommendations

This study and its findings indicate several possible directions as well as actions to see that whatever laws that has been put in place to stop FGC both among immigrants and those back in Nigeria are enforced. The participants believed that continuous education and awareness on the dangers that are associated with FGC should be encouraged and taken to every corner of Nigeria and the rest of the world. There is a clear need for increased education, awareness, and understanding of the legislation for FGC amongst the communities where it is practiced as well as those parents who may want to engage in the summer cut practices. This is because taking appropriate and effective measures with a view to eradicating the practice of FGC has to be firm and nonjudgmental. The introduction of appropriate educational and training programs and seminars based on the research findings of the problem that arises from FGC could be useful in eradicating FGC.

From the participants' points, it is important to identify and report those who carry out this practice as this will ensure that they are appropriately investigated and

prosecuted. I recommend that The United States government engage with other western countries where viable programs have been used successfully in reducing the incidence of FGC. For example, Baillot et al. (2018) highlighted that there are various programs in Europe which focuses on protecting the rights of individual women and girls. Such program interventions include child protection, risk assessment, and reporting, the role of law, prosecutions, and international protection (Baillot et al, 2018). . Australia has been reported to have a robust and clear prohibitions against FGC and programs that are aimed at helping those at risks of FGC (Costello, 2015).

I recommend that the future study be extended to members of the rest of West African countries who live here in Oregon and maybe the use of a quantitative approach could help since it will involve more countries. This is because, during my data collection, some participants asked if I was covering the rest of West Africa. In various communities, the government should endeavor to invite the assistance, information, and advice from the appropriate organizations; such as the United Nations system to support and assist in eliminating harmful traditional practices such as FGC. Care should be taken so that the practice is not driven further into secrecy where it will be difficult in seeing those who engage in it. In order words, when leading the anti-FGC efforts, more neutral character and culturally affirmative approaches which will not denigrate local culture and practices should be used. Because all the men who were interviewed said that they will not support their daughters being cut, more men should be encouraged to speak up against FGC since men are known to naturally protect their daughters. I recommend getting men to speak up against FGC which will be a way of telling people that FGC does

not protect against promiscuity because when men are involved, they will stand and protect their daughters and wives against FGC (Varol et al., 2015). This supports what Batha (2016) opined that the main reason why girls in Kenya undergo FGC is to increase their chances of getting married. However, if men stand up and say no to FGC, families will think twice before getting their daughters cut (Batha, 2016).

Implications

The findings of this study have several implications for positive social change. The participants stated their perceptions regarding the continuation of FGC. The major social change implication that emerged from this study is the education of young parents and everyone else from cultures that practice FGC. The findings suggest that there is an urgent need for the federal government to begin to take legislative action against FGC. Most of the participants stressed the importance of the proper prosecution of the offenders because it is not just enough to ban the practice. There is an implication for the schools to incorporate FGC teaching in their curriculum. Because as some of the participants highlighted, teaching and creating FGC awareness has to start as early as possible.

Another implication is for the men to speak up and stress their dissatisfaction with FGC, also show sympathy to those who may have gone through FGC and thereby shield their daughters from the practices. This is because the attitude of significant stakeholders such as husbands and fathers are important in eradicating FGC practice. According to Odukogbe et al. (2017), men who are against FGC can identify most of its consequences such as physical, obstetric, psychological, sexual, and social.

The main implication for social change is the proper education of women and girls in various rural areas where FGC practices are at its peak. The call to properly educate parents about the dangers that are associated with FGC was very strong. Using the right channel to deliver education can make a profound difference in the fight against FGC thereby helping parents make an informed decision regarding FGC. Findings from this research show that education is the key because, through proper education, parents will be made to understand the dangers that are associated with FGC and that FGC is not necessarily a prerequisite for marriage. With this information, parents will be able to make their own informed decision regarding FGC. Government should reach out to the tribal leaders and other people who support FGC, in promoting its abandonment, educate them on the dangers that are associated in FGC practices and thereafter, hold those who perpetrate it responsible for inflicting harm on girls and violating the girl-child or woman's rights. According to Odukogbe et al. (2017), some countries including Nigeria have enacted laws against the practice but these laws are mostly not being enforced. People do not report the practice because to them it is a good tradition that has to be kept, therefore, reporting it may bring the wrath of the gods upon them since FGC is seen as a religious obligation (Ogoe, 2015).

Conclusion

The purpose of this qualitative study was to explore the place of culture; religion; social beliefs; and men's view, attitudes, and knowledge regarding the of FGC within the Nigerian immigrant community in Portland, Oregon. Through the data gathered, results showed that FGC is an abuse with serious negative consequences and almost all the

participants agreed that FGC has to be discontinued in our society and those performing FGC to have to be properly prosecuted in order to deter others from it. Due to the sensitivity of this topic, questions were carefully crafted and presented in a very respected manner in order not to unknowingly offend anyone. However, participants were excited and offered extra information on their own, to them, they wanted their experiences known as it may help other parents to make a better decision regarding FGC. Because the many risks that are associated with FGC, essentially affect both men and women alike at the end of the day. I also found out that those who live here in American do not see FGC as a prerequisite for their daughters to get married, especially those who went through it themselves. They spoke out against it and desired for it to be completely eradicated from our cultures. Those who had seen other non-Nigerians send their girls home for cutting, expressed their dissatisfaction with the practice. Finally, parents need to be educated that when they alter or remove any part of their daughter's vagina, they are essentially demonizing and reducing their ability to function fully in sexuality later in life.

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