Female Genital Cutting/Mutilation: An Exploratory Study of the Psychological Health Outcomes in Tanzania

by

Courtney Callie Queen

Bachelor of Arts in Psychology, Ohio State University, 2007

Master of Social Work, University of Toledo, 2010

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This dissertation was presented

by

Courtney Callie Queen

It was defended on

May 9, 2016

and approved by

Helen Petracchi, PhD, School of Social Work University of Pittsburgh

Rachel Fusco, PhD, School of Social Work University of Pittsburgh

Margaret Larkins-Pettigrew, MD, School of Medicine Case Western Reserve University

Dissertation Chair: Christina Newhill, PhD, School of Social Work University of Pittsburgh

FEMALE GENITAL CUTTING/MUTILATION: AN EXPLORATORY STUDY OF THE PSYCHOLOGICAL HEALTH OUTCOMES IN TANZANIA

Courtney Callie Queen, PhD

University of Pittsburgh, 2016

Female Genital Cutting/Mutilation (FGC/M) is a practice that involves the partial or total removal of various portions of the external female genitalia for non-medically necessary reasons. This tradition has been passed through generations and is still very much present today. While the practice is adhered to for the social and cultural benefits it engenders, many negative outcomes have been associated with the practice. The harmful physical and sexual outcomes of FGC/M have been examined; however, very little research has focused on the psychological impact of FGC/M.

The purpose of this study was to narrow the gap in the research by examining the mental health and emotional outcomes of FGC/M among women in the East African country of Tanzania. Tanzania is home to the Maasai, a tribe with strong historical and cultural roots who have held on to many tribal practices over the years, including FGC/M. I used a qualitative methodological approach which included in-depth, semi-structured interviews with women from the Maasai tribe who have undergone FGC/M. Given that mental health is not a developed field in Tanzania, this study sought to elicit participants' feelings toward the practice of FGC/M including how the procedure made them feel emotionally both at the time it occurred and today.

During the interviews Maasai women described their personal experiences with and feelings toward FGC/M. Their responses were categorized in the following ways: 1) their view

of the logic behind why FGC/M is practiced; 2) psychological health outcomes; 3) women's general opinions and attitudes about FGC/M; and 4) women's personal journey and experience with FGC/M.

This study suggests that while FGC/M provides symbolic importance for Maasai women. They associate the procedure with pain, fear and shock at the time of undergoing FGC/M. FGC/M marks a significant turning-point in a young girls' life that includes both positive and negative outcomes. Many women wanted this practice to end because of their own negative consequences; however, they still had plans to continue this among their own daughters and granddaughters. This indicates that this practice, however traumatic it may seem, is attached to the strength and pride of what it means to be a Maasai woman. These findings provide the impetus for a number of social work practice, policy, and research implications to follow.

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1.0 INTRODUCTION

In 1948, the United Nations (UN) created the Universal Declaration of Human Rights, subsequently adopted by the UN General Assembly following World War II. This international doctrine was created to ensure individuals everywhere would be guaranteed human rights. It renounces participation in activities such as, slavery, torture and the degrading treatment of people. It also discusses individual entitlement to the right and freedom set forth in the declaration without distinction based on race, color, sex, language, or religion. Through this document, the UN has taken a stand against multiple social problems including political unrest in Egypt, the education of women in Afghanistan, and the practice of Female Genital Cutting/Mutilation (FGC/M). In December of 2012, the UN General Assembly officially banned the practice of FGC/M due to the dire consequences it has on girls' and women's health and their position in society (UN Women, 2011).

1.1 SCOPE OF THE PROBLEM

FGC/M is a practice that involves the partial or total removal of various portions of the external female genitalia for non-medically necessary reasons (WHO,2008). FGC/M is practiced in more than 28 countries in Africa as well as parts of the Middle East. It is estimated that between 100 and 140 million girls and women worldwide have undergone FGC/M with more than 3 million girls at risk of undergoing the procedure each year. The age at which FGC/M is practiced among

young girls' ranges from as young as a few months old to age 16, this variation is dependent upon the ethnic and/or tribal community beliefs of those who are practicing the procedure.

1.1.1 Reasons for FGC/M

Multiple reasons have been cited for the use of FGC/M including: 1) adherence to religious beliefs; 2) cultural myths and beliefs of the tribe/community; 3) upholding traditions of ancestors, and 4) control of women's sexuality. FGC/M is generally associated with Islamic religious groups. Although the practice corresponds with Islamic ideals of family honor and female chastity, it is not directly outlined in religious doctrines (Boyle, Songora, Foss, 2001), Muslim leaders have stated the Koran does not condone the practice of FGC/M despite Islamic-followers may have previously believed. The evidence that Muslim leaders use to debunk this myth is that the practice of FGC/M predates Islamic times (Alsibiani & Rouzi, 2010).

FGC/M is also practiced with other groups in Africa besides the Muslim population. In 2009, United States Agency for International Development (USAID) implemented a project in Mali, West Africa, to address the barriers that were present in addressing FGC/M (USAID, 2010). The USAID team realized FGC/M was largely practiced in Mali for religious reasons and the majority of Mali's population identified as Muslim. The team partnered with government officials, health and social service sectors as well as religious leaders to address the issue. Upon completion of a policy review and a situation analysis, the team proceeded to conduct interviews and work with the religious leaders to identify intervention tools including data on health and economic consequences of FGC/M as well as specific texts from the Koran to use as an intervention. The religious leaders were able to identify the parts of the Koran that were

incongruent with what some people understood as condoning FGC/M and they were able to disseminate the actual interpretation of those readings. The team used the religious text to dispel the myth that FGC/M is promoted by Islam and to present the argument that FGC/M is actually contrary to Islamic values.

Controlling women's sexuality is common in the discourse on the logic behind FGC/M. In 1989, Lightfoot-Klein published one of the earlier studies on FGC/M in Sudan and discussed the cultural reasons behind the practice of FGC/M. Among these were to uphold the honor of families in the Sudanese culture; honor being measured by the virtue and chastity of women. Women were believed to be naturally promiscuous and sexually voracious yet too weak in a moral sense to be entrusted with the sacred honor of the family. FGC/M decreased excessive sexual sensitivity as well as weakened women's sex drive. FGC/M was also thought-of as upholding family honor by preventing rape and sexual assault. Another widely held belief suggested if the clitoris were not removed from women, it would grow to an enormous size and dangle between the legs, similar to a penis, this image being perceived as unattractive and decreasing the marriage-ability of women.

There are differing opinions on the specific culture that first introduced FGC/M. Although the reasons cited above for performing this are offered as justifications, there are other rationales discussed that supplement the notion that FGC/M is designed to control women's sexuality. Protecting virginity and family honor, aiding in maintaining cleanliness and health, furthering marriage goals which include increasing sexual pleasure for men, preventing women's outward enjoyment of sexual responses, and keeping women as private property are among the arguments that continue to be cited for the perpetuation of FGC/M and keep this practice alive in communities (Bashir, 1996; Hughes, 1995).

1.1.2Types of FGC/M

There are different types of FGC/M with differing degrees of severity. The World Health Organization (WHO) has created a uniform classification system for this practice with four distinct types involving varying details:

- **Type I:** The least extensive type consists of pricking, slitting or removal of the clitoral hood. It is also the removal of some or the entire clitoris.

- **Type II:** Most common and consists of removal of clitoral hood, removal of clitoris, removal of all or part of the labia minora, and excision of the clitoris together with partial or total excision of the labia minora.

- **Type III:** Consists of excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening. This procedure involves removal of clitoral hood, removal of clitoris, removal of labia minora, and removal of labia majora. The cut edges are stitched together covering the urethra and vaginal opening leaving a small opening for urine and menstrual blood. A small stick is inserted to maintain that opening and legs of the girl are bound together to promote healing. The opening may be sutured with catgut or thorns.

- **Type IV:** Consists of pricking, piercing or incising the clitoris and or labia, stretching of the clitoris and or labia, cauterization by burning of the clitoris, scraping or cutting of the vagina. (Khaled and Cox, 2000; WHO, 1998).

1.1.3 Outcomes of FGC/M

There are many physical, sexual, and psychological effects of FGC/M. Physically, girls and women who have undergone the procedure may subsequently suffer multiple complications including, keloid formation, hemorrhage, cyst formation, septicemia (sepsis-bacterial infection of the blood), dysmenorrhea (painful menstruation), dyspareunia (painful sexual intercourse), urinary tract infections, sexually transmitted infections (STI's), post-coital bleeding, lower abdominal pain, genital ulcers, poor urinary flow, and multiple obstetric issues including giving

birth to distressed babies, vaginal tearing, and obstructed births (Elnashar & Abdelhady, 2007; Momoh, Ladhani, Lochrie, Rymer, 2001; Elmusharaf, Elkhidir, Hoffmann, Almroth, 2006; Okonofua et al., 2002; Dare et.al.,2004;).

Much of the existing literature suggests , women who have undergone FGC/M have reported negative sexual experiences and complications including lack of sexual desire, lack of sexual arousal, and lack of orgasm during sexual intercourse (Thabet & Thabet, 2003; El-Defrawi, Lotfy, Dandash, Refaat and Eyada, 2001; Osinowo & Taiwo, 2003;). Although less common in the literature, two studies reported women experiencing no issues with sexual pleasure subsequent to FGC/M. In fact, some women reported experiencing orgasm frequently (Lightfoot-Klein, 1989; Catania et al., 2007). Lightfoot-Klein's (1989) study examined the sexual experience of women in Sudan who have undergone FGC/M. Given that "typing" FGC/M was not implemented until 1998 by the World Health Organization, Lightfoot-Klein's study described the process of the procedure the way it was practiced in Sudan (analogous to Type III). Lightfoot-Klein (1989) reported of the 300 women interviewed, nearly 90% reported experiencing orgasm from sexual intercourse. Similarly, the results from the Catania et. al. (2007) study indicated pleasure and orgasm in women with FGC/M is possible because some erectile structures fundamental for orgasm have not been excised with the severe types of FGC/M. Of the 137 women examined for this study, 84 (61.3%) women had undergone Type III and reported experiencing pleasure from sexual intercourse.

While the physical and sexual effects subsequent to FGC/M have been addressed, the mental health and psychological outcomes of FGC/M have been studied far less frequently. Of those research studies that have examined the mental health outcomes of FGC/M, results suggest Post Traumatic Stress Disorder (PTSD), depression disorder, and issues with anxiety

may result (Behrendt & Moritz, 2005; Kizilhan, 2011; Elnashar & Abdelhady, 2007). However, each of the aforementioned studies were quantitative and used symptom checklists to assess for psychiatric illness, none sought qualitative information regarding FGC/M experiences. In fact, two studies, Applebaum, Cohen, Matar, Rabia & Kaplan, (2007) and Pereda, Arch and Perez-Gonzalez (2012), found an absence of mental health impairment though the methodologies between in studies were not similar. Pereda, Arch & Perez-Gonzalez (2012) utilized mixed methodologies and conducted focus groups and individual interviews and presented them as individual case studies. Applebaum et al. (2007) utilized a quantitative methodology using questionnaires to assess traumatization and psychiatric illness.

The mental health studies cited above conclude with a call for more research examining the mental health and psychological outcomes of FGC/M in order to fully understand the scope of these consequences as well as the most appropriate interventions. Given the lack of evidence suggesting FGC/M has an impact on mental health, not only is more mental health research needed, but research identifying women's qualitative feelings toward the practice of FGC/M is needed as well. Gaining an understanding about how women perceive the practice can help provide insight into their psychological and mental health outcomes following the procedure thus suggesting effective intervention and treatment strategies..

1.1.4 Human Rights and FGC/M

An argument often accompanying the discourse on FGC/M is whether or not this is a violation of human rights. While the United Nations (authors of the Universal Declaration of Human Rights) has determined FGC/M is, in fact, a violation of human rights and is used as the standard by which we hold human behavior, some believe the practice of FGC/M needs to be

understood within the context of culture. This perspective holds that individual voices should be used to evaluate the soundness of FGC/M. Further, those who hold this view argue the concept of a human right can be defined differently based on culture. In this sense, families believe they are doing what is best for their daughter when they decide she will undergo FGC/M and do not believe they are violating her rights. Criticisms of the Declaration of Human Rights include that the document was created by Westerners with a Western cultural ideological undertone.. In 1948, the drafting committee of this international document consisted of nine people including Dr. Charles Malik (Lebanon), Alexandre Bogomolov (USSR), Dr. Peng-chun Chang (China), Rene Cassin (France), Eleanor Roosevelt (US), Charles Dukes (UK), William Hodgson (Australia), Hernan Santa Cruz (Chile), and John P. Humphrey (Canada) (United Nations, 1948). Every continent is represented except for Antarctica and Africa. Given that Antarctica does not have any permanent residents and is considered one of the most uninhabitable places on earth, its lack of representation during the drafting is obvious. However, the continent of Africa is the second largest continent in the world with the second largest world population and its absence is highlighted by those who are critical of the document. During this time, most of Africa was still under colonial power which further validates the notion that the people of Africa were not able to have their voices and cultures heard. The notion that FGC/M is in direct violation of Universal Declaration of Human Rights can be difficult to understand by cultures that practice FGC/M. Taking a human rights stance is the current platform used to oppose the practice of FGC/M. Those in opposition of the practice of FGC/M talk about it as an issue of human rights which is a shift from opposing it due to the physical complications it can produce (Shell-Duncan, 2008). As noted previously, certain types of FGC/M can produce more profound physical complications than others, but approaching this from a human rights perspective allows each type to seen as a

negative experience. The United Nations has opposed this all FGC/M deeming it a violation based on the physical complications it can lead to, the rights of the child, rights to health, security and physical integrity of the person, right to be free from torture and cruel, inhuman or degrading treatment and the right to life when the procedure results in death (WHO, 2008).

FGC/M has been called "female circumcision," "female genital cutting," and "female genital mutilation." Those who view this practice as an egregious behavioral practice tend to refer to it as "female genital mutilation." Such is the case of the United Nations and all of their agencies. In 1999, Barstow adopted this approach and explained that the physical, mental, and sexual trauma that can accompany the FGC/M results in circumcision being labeled as barbaric and equated with torture.

The use of the term "female circumcision" has been deemed by scholars to be equating it with male circumcision, removal of the male prepuce or foreskin of the penis, which lessens the perceived impact that the practice has on young girls given that male circumcision is much more common and perceived to be less severe a practice than removing some or all parts of the external female genitalia. Depending on the type of FGC/M, comparing it to male circumcision is argued as the equivalent to amputation of most or all of the penis, the soft tissue roots and part of the scrotal skin and can therefore significantly alter the sexual experience when comparing the two (Toubia, 1999). Using the term "mutilation" to describe FGC/M is one way of conceptualizing the practice while using "circumcision" is another. "Mutilation" implies that FGC/M is unacceptable and intolerable while "circumcision" implies tolerance and acceptance of the practice. The use of the term "female genital cutting" is a middle ground between the two extremes.

1.1.5 Countries where FGC/M is practiced

Of the 28 countries in Africa and the Middle East where FGC/M is practiced, it is most commonly found in Egypt and Ethiopia representing approximately 50 million women and girls who have undergone FGC/M. (WHO, 2011; UNICEF, 2013). Somalia (98%), Guinea (96%), and Djibouti (93%) also have high rates of FGC/M among women and girls between the ages of 15 and 49 (UNICEF, 2013). Other countries where FGC/M has been documented include Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote d'Ivoire, Eritrea, Gambia, Ghana, Guinea-Bissau, Tanzania, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Sudan, Togo, Uganda, Tanzania and Yemen. Incidences of FGC/M have been documented in non-African nations including India, Indonesia, Iraq, Israel, Malaysia, Thailand, and the United Arab Emirates. Moreover, through immigration, the number of girls and women subjected to the procedure in Europe, North America, Australia and New Zealand is continuing to grow.

1.1.6 United States and FGC/M

Although minimal, evidence exists in North America, specifically in the United States (U.S.), indicating that FGC/M has a presence and is on the rise. There is little literature in the U.S. that focuses on characteristics of FGC/M. Instead, the research in the U.S. around this topic has been largely centered on estimating the prevalence and constructing laws and policies to prevent it. The U.S. government has identified an increasing prevalence of FGC/M and has created policies to deal with the practice locally. These policies and legislative initiatives began surfacing in the 1990s in the U.S. In 1990, the Department of Health and Human Services (DHHS) and the Center for Disease Control and Prevention (CDC) estimated there were 168,000 girls living in

the U.S. who had undergone FGC/M or who were at risk of undergoing FGC/M. No research other than census prevalence studies of those likely to engage in the practice of FGC/M have been implemented in the U.S. In 2013, a research team at the African Women's Health Center at Brigham and Women's Hospital followed the same methodology used by CDC to create estimates of the current number of women with or at risk for undergoing FGC/M. They used the 2000 census and found that the 1990 numbers were increasing with approximately 228,000 women and girls subsequently at risk in the U.S. this was an increase of approximately 35 percent. In 2013 the Population Reference Bureau replicated this study utilizing the same methodology used by the CDC. They concluded there were 507,000 women and girls who had undergone FGC/M or were at risk for undergoing FGC/M. This figure is more than twice the number from the year 2000 estimates (PRB, 2013) and more than three times the number from 1990 and likely also reflects an increase in immigration to the U.S.

The number of women and girls at risk varies by state. In 2013, about three-fifths of all women and girls at risk of FGC/M lived in eight states: California, Maryland, Minnesota, New Jersey, New York, Texas, Virginia, and Washington. California had the largest at-risk population (57,000), followed by New York (48,000), and Minnesota (44,000) with Minnesota having a disproportionate number of women and girls at risk of FGC/M because of its large Somali immigrant population.

It is possible that the physical, sexual, and psychological outcomes consequent to FGC/M may also be present in the U.S. However, this is only speculation because this is under-examined. Studying the psychological consequences in a community where FGC/M is prevalent may help inform our understanding of the psychological health of women living in the U.S. who have undergone FGC/M.

Many countries outside of the U.S. have concentrated communities where FGC/M is practiced. Specifically, the Maasai community of East Africa is one tribe known for their continued loyalty to the practice displayed by their sustained commitment to carry-out the tradition (Chege, Askew, Liku, 2001) and the East African country home to this cultural tribe is Tanzania.

1.1.7 Tanzania and FGC/M

More research and literature addressing FGC/M in Tanzania exists compared with that available on the U.S. however, overall, there is very little research that encapsulates the exact prevalence of this practice as this information is difficult to obtain. The existing literature identifies laws and policies as well as discusses groups of people who practice FGC/M as well as outcomes and interventions. While FGC/M is also illegal in Tanzania and has been since 1998, it is estimated 7.9 million women and girls in Tanzania have undergone the procedure (UNICEF, 2013). The country of Tanzania has a total of 130 different ethnic tribes though not all tribes practice FGC/M. The tribe one belongs to commonly dictates the presence and type of FGC/M. "Tribe" refers to the ethnic group to which people belong within a country and encompasses many traditions and beliefs that can be similar or different from other tribes. However, tribes are distinguished by language and therefore have also been referred to as socio-linguistic groups (28TooMany, 2013). According to the Demographic Health Survey (DHS), the estimated prevalence of FGC/M among girls and women in all tribes between the ages of 15 and 49 is 14.6%. This is the same rate recorded in 2004 and 2005 so the practice has remained relatively stable since that time. The DHS data indicate the older a woman is, the more likely she is to have undergone FGC/M. Of the women who have undergone FGC/M in Tanzania, 90.9% have undergone Types I and II, however, given that some communities do not use the WHO (2008)

classification system, it is possible that other types are also utilized. There are, however, significant regional variations in prevalence. The regions of Arusha, Dodoma, Kilimanjaro, Manyara, Mara and Singida all have prevalence rates of FGC/M between 20 and 70% and FGC/M increased slightly in Arusha, Mara, and Singida from 2004 to 2010. The Maasai tribe is mainly situated in Arusha and has a high prevalence of FGC/M. The DHS reports that 58.6% of women in Arusha have undergone FGC/M which also suggests the prevalence rate among the Maasai women (DHS, 2011).

Since the 1970s Tanzanian Organizations and Non-Governmental Organizations (NGO's) have been trying to eradicate FGC/M by implementing anti-FGC/M activities and introducing alternative rites of passage to ensure a safer and healthier transition into womanhood. . The health outcomes discussed above have been identified in Tanzania.

Given that FGC/M is practiced in multiple ways in different countries, studying the practice within the context of each country and culture is most ideal in order to obtain ample understanding of the practice. Although comprehensive, this approach is costly and time consuming. Instead, in order to understand FGC/M in the U.S., the practice can be studied in the context of a country with a culture where FGC/M is an accepted tradition, such as Tanzania. Studying FGC/M in this way allows the emergence of new information for U.S. medical practitioners and social workers on how to engage with women who have experienced FGC/M, how to appropriately identify problems related to FGC/M when they occur, and how to provide the most appropriate care. This also allows for the health and mental health care professionals in Tanzania to understand more about the outcomes of FGC/M in their country. Hence, the approach and purpose of this dissertation.

1.2 STUDY AIMS

This study aims to contribute to the knowledge and to improve our understanding of the mental health and psychological outcomes resulting from the practice of FGC/M. This will be accomplished by allowing women to discuss their personal experiences with the practice within the context of their lives as women in their ethnic society. Examining this in Tanzania allows us to understand the practice in its original environment, providing a platform for the development of culturally relevant recommendations for social work practice with this population in the U.S. Understanding FGC/M in its original and native form will result in a more in-depth cultural understanding of the psychological health outcomes experienced by women in Tanzania which can then be applied to enhance and deepen the limited knowledge base in the U.S. This study aims to:

Aim #1: Develop an understanding of women's psychological health following FGC/M.

To address this aim, I conducted qualitative, semi-structured interviews with women in Tanzania who have undergone FGC/M to determine how they perceive the practice and how they report feeling emotionally and psychologically as they reflect on having undergone FGC/M in the past. I asked women to identify how they recalled feeling at the time the procedure and how they felt about FGC/M now in order to understand more about their psychological health status. The interviews were audio recorded, transcribed, and coded. Themes were identified and analyzed in order to understand more about women's psychological health following FGC/M.

Aim#2: Understand women's general opinions and attitudes toward the practice.

To address this aim, I conducted qualitative, semi-structured interviews with women in Tanzania who have undergone FGC/M and inquired about their personal opinions about the practice. I asked women if they had a daughter and from there I asked if they would want FGC/M performed on their daughter or hypothetical daughter. I asked about their general experience with the practice which will help lead to an understanding about other potential reactions to it in addition to those that are emotional and psychological. These questions help clarify women's feelings toward the practice itself. Having this knowledge can help provide a foundation for women's psychological experiences with FGC/M.

Aim #3: Identify women's conceptualization of their personal journey and personal experience with FGC/M.

To address this aim, I conducted qualitative, semi-structured interviews with women in Tanzania who have undergone FGC/M. I asked women about their opinion of their position in their ethnic tribe and the greater Tanzanian community as well as how FGC/M has impacted their lives. Asking these questions helped explain more about the women's perceived need for FGC/M being performed and helps to explain the usefulness of the practice through the eyes of these women. This information will help inform women's psychological experiences following FGC/M.

Taken together, information garnered from these aims have been used to derive implications for social work practice and research in the development of future interventions and treatment approaches to working with women who have undergone FGC/M. These aims seek to narrow a profound gap in the research on the psychological outcomes of FGC/M as well as

inform the minimal knowledge base of FGC/M in the U.S. These qualitative results will provide more insight into the experiences of women who have undergone FGC/M. This information will be useful in clinical work with (the potentially increasing number of) women and girls living in the U.S. with FGC/M. Studies have indicated the necessity for greater attention being paid to the psychological status of women living in Western countries who have undergone FGC/M so that healthcare professionals can help women deal with potentially negative outcomes they may have experienced following FGC/M (Pereda, Arch, Perez-Gonzalez, 2012; Mulongo, McAndrew, Martin, 2014).

2.0 LITERATURE REVIEW

In the area of FGC/M, much of the literature is organized in a way that focuses on the physical, sexual, psychological, and mental health outcomes consequent to the practice. Organizations such as World Health Organization (WHO), United States Aid to International Development (USAID), and United Nations organizations such as United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) etc. have produced research documenting and discussing the consequences of FGC/M as well as potential interventions for FGC/M. In order to give the outcomes a context, it is important to consider the history of this practice and how it came to be in existence. This section of my dissertation will discuss the history of FGC/M in order to provide background information on the development of this practice, discuss the literature on the physical, sexual, psychological, and mental health outcomes of the procedure, as well as U.S. policies created to address FGC/M. This literature will demonstrate the significance of the effects and implications of the practice of FGC/M. This section will conclude with the relevance of FGC/M to social work highlighting the contribution this dissertation will make to the field of social work and advancement of the social work mission.

2.1 HISTORY OF FGC/M

The history of FGC/M dates back to around 450, B.C. in ancient Egypt. Although there are differing opinions on the exact culture that introduced FGC/M, it was widely practiced by the ancient Egyptians (Barstow, 1999). Medical examination of mummies confirmed FGC/M was

common among the rich and the powerful. Barstow (1999) suggests that a possible explanation for FGC/M has to do with the inheritance of property and title. The early pharaohs are known to have inherited the right to the throne from their mother, not their father. As a result, the ruling male was required to marry either his mother or his sister in order to produce male children who would qualify legally to ascend the throne. FGC/M may have been a principle measure of insuring the legitimacy of all claims to kingship. Barstow (1999) gives another interpretation to FGC/M being practiced by the rich and powerful by suggesting FGC/M may relate to the male's historic preoccupation with his wife's fidelity. This concern with sexual faithfulness is illustrated by the introduction of metal "chastity belts" in Europe during the Crusades which may have led to a decline in the West of the practice of FGC/M.

The United States also has its own history of FGC/M. FGC/M was practiced in the U.S. from the late nineteenth century until around 1937 (Barker-Benfield, 1975). Post-Civil war attitudes toward women were influenced by male physicians who depicted women as being particularly vulnerable to insanity because of their body's sexuality. Doctors cited the origins and symptoms of women's mental disorders as sexual transgressions. Excision of the clitoris, which would be similar to Type I, and removal of the ovaries were common gynecological operations performed to treat psychological disorders in women (Barker-Benfield, 1975). The practice of FGC/M was to ensure that women stayed in their assigned gender roles and maintained behaviors like dependency and submissiveness. Most importantly, women were expected to be highly moral. While the practice of female genital surgeries slowly came to a halt, FGC/M was not completely abandoned, in fact it expanded. Ethnic groups who practice FGC/M immigrated to the U.S. for various reasons bringing their cultural beliefs and rituals with them (Hughes, 1995).

2.2 PHYSICAL AND SEXUAL HEALTH OF WOMEN AFTER FGC/M

2.2.1Physical

In 1999, Obermeyer and Reynolds published a literature review of the physical complications subsequent to FGC/M. They examined articles on the subject of FGC/M between the years of 1966 through 1996 and found 30 articles that discussed physical complications. After noticing varying degrees of quality of data and analyses, Obermeyer and Reynolds reduced the 30 sources to eight based on issues with methodology such as difficulty in establishing whether or not individuals had in fact undergone FGC/M, unclear definitions of complications associated with it, and a high percentage of non-responses to questionnaires. The eight studies identified specifically discussed the complications caused by FGC/M. Complications were grouped into five types: bleeding, infections, urinary problems, reproductive problems, and adhesions/obstructions. The frequencies of hemorrhage and severe bleeding problems ranged from 0.5 percent to 3 percent, less severe bleeding ranged from 7-18 percent, infections ranged from 1 to 5, percent and urinary problems ranged from 1-16 percent. Prolonged labor accounted for 14 percent of cases and post-partum hemorrhage accounted for 5 percent of cases. Scars, cysts and adhesions ranged from 0 to 4 percent. The authors found that serious physical complications were more frequent for more extensive types of FGC/M however, they noted there is insufficient evidence on the health complications and more systematic studies on the health consequences are needed.

In 2005, Obermeyer completed another systematic review of the literature between the years of 1997 and 2005. She found 35 articles providing enough information and quality methodological approaches to accurately analyze the physical outcomes of FGC/M. The same

physical groups were used from the 1999 review of the literature (i.e. bleeding, infections, urinary problems, reproductive problems, and adhesions/obstructions). Obermeyer reported 8-17 percent of respondents reported for hemorrhage and severe bleeding, 81 percent reported short-term bleeding, infections ranged from 8 to 37 percent, and urinary tract infections ranged from 2-38 percent. Infertility ranged from 4 to 9 percent, prolonged labor accounted for 40 percent and gynecologic complications ranged from 16-86 percent. Scars, cysts and adhesions ranged from 7-54 percent. Obermeyer spoke to the limited availability of studies examining the more extensive types of FGC/M. Further, Obermeyer suggests these results reflect the complications for women with the least extensive types of FGC/M. As observed from the previous review of the literature, she states that the available evidence indicates FGC/M is associated with some health conditions but that for many of those incidents investigated, no statistically significant associations are documented. This is partly due to methodological limitations like the difficulty of designing studies of women who have undergone the more extensive types of FGC/M. For these women, , although the serious complications of FGC/M are frequent from a public health point of view, those same complications are relatively rare making it mathematically difficult to obtain statistical significance. She concludes that more and better designed studies are needed as well as more attention to the use of definitions of FGC/M, better measurements, more careful data collection, more transparent reporting on the process and inclusion of groups that differ by the extent of exposure to FGC/M, are needed to ensure a clearer understanding of the extent to which these practices are associated with adverse effects.

Recently, multiple studies have documented the common effects of FGC/M such as genital ulcers, urinary tract infections, dysmenorrhea, dyspareunia, hemorrhage, keloid and cyst formations, lower abdominal pain and death (Elnashar & Abdelhady, 2007; Momoh, Ladhani,

Lochrie, Rymer, 2001; Elmusharaf, Elkhidir, Hoffmann, Almroth, 2006). Other countries have documented the cost of treating FGC/M health consequences. For example, in 2010, Adam et al., estimated that annual costs related to obstetric complications in six African countries combined, including Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan, amount to I$3.7 million (International dollars). However, the United States keeps no information on annual expenditures resulting from FGC/M related complications.

2.2.2 Sexual

The sexual experiences of women who have undergone FGC/M have been the focus of FGC/M researchers for multiple reasons. First, it is believed FGC/M controls women's sexuality by keeping them from being over-sexualized through removal of the clitoris, which is thought to be the main source of sexual satisfaction in female genitalia (Puppo,2010). The clitoris has been described as an organ that is exceptionally important in female sexual response and the most sensitive part of the female body in response to erotic stimulation (Hyde, 1979). This is also a secondary reason why researchers have investigated FGC/M, to determine how much it limits women's sexual experience and whether FGC/M does in fact control the sexuality of women. For those who have undergone FGC/M, many experience pain during sexual intercourse and report feeling little-to-no satisfaction from sexual intercourse. Women have reported feeling a lack of sexual desire, lack of sexual arousal, and lack of orgasm during sexual intercourse (Thabet & Thabet, 2003; Osinowo & Taiwo, 2003). Moreover, it is typical for women who have undergone FGC/M to engage in sexual intercourse with her husband in order to consummate their marriage on their wedding night (Baron & Denmark, 2006). Penetration can be painful and laborious and can take weeks or months for the vaginal entrance to expand for intercourse to be somewhat comfortable for the woman. In 2011, Berg and Denison published a systematic review

of the sexual consequences of FGC/M. They found 15 studies comparing the sexual experiences girls who had had FGC/M with those who had not. Berg and Denison concluded these studies support FGC/M having a detrimental effect on women's sexual experiences. Generally, women with FGC/M reported experiencing significantly less sexual desire and arousal, less satisfaction, and experienced orgasm less frequently. Further, women who have had their genital tissue partly removed are more likely to experience increased pain as well as a reduction in sexual satisfaction when compared with women who have not had genital tissue removed.

2.3 MENTAL AND EMOTIONAL HEALTH OF WOMEN AFTER FGC/M

Five empirically-based, peer reviewed journal articles have examined the mental health effects of FGC/M with mental health as the main outcome of the study. Many of the previously mentioned studies have recommended the mental health implication of FGC/M be explored through future research. Osinowo and Taiwo (2003) recommended that awareness programs be organized in order to educate the general community about the psychological harm of FGC/M and also recommended that professionals treating victims of FGC/M should consider their client's psychological status. The majority of the studies on mental health have found negative mental health outcomes for women as a result of having undergone FGC/M.

In 2005, Behrendt and Moritz examined mental health outcomes among 23 Senegalese women who had undergone FGC/M and compared them with 24 Senegalese women who had not undergone FGC/M. The study participants' ranged in age from 15 to 40 at the time of the study. Behrendt and Moritz found that over 80 percent of the 23 women who had undergone FGC/M

were still suffering from intrusive re-experiences of the procedure and 30.4 percent of the women met criteria for Posttraumatic Stress Disorder (PTSD).

In 2006, Elnashar and Abdelhady examined the impact of FGC/M on the health of newly married women in Egypt. Their objectives were to examine the long-term health issues so they assessed women's marital satisfaction, obstetric issues, sexual satisfaction as well as mental health. They randomly selected 264 married women and compared the 200 women who had undergone FGC/M with the 64 women who had not experienced FGC/M. All but eight participants among those who had undergone FGC/M were under age 29. The results suggest the group who had previously undergone FGC/M had significantly higher rates of anxiety, somatization, and phobia.

In 2008, Applebaum, Cohen, Matar, Rabia, and Kaplan sought to examine the prevalence of PTSD and other psychiatric issues among the Bedouin women of Southern Israel who had undergone FGC/M (N=19) when compared with those who had not undergone the procedure (N=18). The women ranged in age from 31 to 77 years old. The researchers found there were no statistically significant differences between the two groups with regard to mental distress or disorder. Neither group presented with PTSD or any other mental health symptoms.

In 2011, Kizilhan examined the impact of psychological disorders following FGC/M among Kurdish girls in Northern Iraq. The author hypothesized the presence of FGC/M would be connected with a high rate of PTSD. In this study, 79 girls who had undergone FGC/M were compared with 30 girls from the same area who had not undergone FGC/M as well as 31 girls from a different area of Iraq who had not undergone FGC/M (total of 61 in the comparison group). The girls in this study ranged in age from eight to 14 years old. The authors found those who had undergone FGC/M showed a significantly higher prevalence of PTSD (44.3%),

depression disorder (33.6%), anxiety disorder (45.6%), and somatic disturbance (36.7%) when compared with those who had not undergone FGC/M.

In 2012, Pereda, Arch and Perez-Gonzalez examined the psychological outcomes of FGC/M by using three case studies of women born in Mauritania who are now living in Spain. They were particularly interested in examining the mental health outcomes associated with being an immigrant woman with FGC/M and living in a country where FGC/M is not a norm. The authors found the three women whom they studied reported feeling satisfied and showed high levels of self-esteem; the psychological assessment did not reveal any significant problems.

These studies suggest mental illnesses are experienced more often among women who undergo FGC/M than those that do not. The Applebaum et al. (2008) study did not show any differences when comparing two groups. Possible explanations for this finding were discussed by the authors. One explanation was that the Bedouin women practice FGC/M to enhance reproductive ability and improve the quality of their cooking as opposed to performing the procedure to decrease sexuality. They also mentioned the women in the study had been at least 10 years removed from the procedure and had possibly adapted. It is also possible that the procedure of FGC/M was conducted in a manner that induced fewer traumas. Finally, the authors suggest women may have felt uneasy revealing symptoms for sociocultural reasons.

Possible explanations for the 2012 results from Pereda, Arch and Perez-Gonzalez were that they, too, were older in age and therefore further removed from the event. The three women in this study had been living in Spain, outside of their native country of Mauritania and were ages 35, 39, and 45. The authors concluded that another explanation for the findings was the three women in the study openly expressed their opposition to FGC/M and agreed to participate

in the study to defend their views. Because of this, they may have more resilient personality types and be less prone to develop psychological problems.

Of the five studies examining the psychological outcomes of FGC/M, only two indicated the type of FGC/M participants have experienced. Given that there are various types of FGC/M with varying levels of severity, it is possible that psychological health can differ with the type of FGC/M. Future studies should indicate this important component of FGC/M as well as consider the type of the procedure when making conclusions about psychological health.

Though sparse, this literature suggests the necessity to examine this aspect of FGC/M more extensively. Understanding more about each outcome of FGC/M helps articulate a more comprehensive knowledge base which can be used for policy implementation, interventions, research, and clinical encounters. Specifically, social workers who may encounter women who have undergone FGC/M will benefit from understanding fully how this practice impacts women mentally and emotionally. Social workers will also be more fully equipped to work with women who have undergone FGC/M if they are fully aware of the laws and policies in the U.S. that deal directly with this issue.

2.4 POLICY

Legally, FGC/M has been banned in the U.S. since 1996 based on the following legislation:

a. *Foreign Operations, Export Financing & Related Programs Appropriations Act*
b. *Omnibus Consolidated Recessions & Appropriations Act of 1996*
c. *Illegal Immigration Reform and Immigrant Responsibility Act of 1996*
d. *Transport for Female Genital Mutilation Act of 2013*

These articles of legislation do the following:

a. Prohibit the practice of FGC/M;

b. Promote public safety and health by establishing Federal criminal penalties for practicing FGC/M;

c. Provide information to immigrant people in the U.S. informing them of the physical and psychological implications of FGC/M and legal consequences of engaging in the act;

d. Prohibit and punish families from taking their daughters back to their country of origin to have FGC/M performed and then returned back to the U.S.

Since the federal government has criminalized the participation of FGC/M in the U.S., 22 states have followed suit by passing legislation of their own. However, Minnesota was the first state to pass legislation on FGC/M in 1994 before the federal government addressed the issue. States vary in the criminal penalties associated with how the practice is defined. While some states prohibit the practice against female children, other states prohibit the practice all together among both female children and women. The following table, Table 1, displays these variations and details regarding the state legislation.

Table 1: U.S. State Legislation on FGC/M

State	Legislation Title	Year Passed	Details
1. California	California Prohibition of Female Genital Mutilation Act	1996	"Any person who commits a felony violation of a provision prohibiting any person from endangering a child or permitting a child to suffer physical pain, mental suffering, or injury by an act constituting "female genital mutilation" shall be punished by an additional term of imprisonment in the state prison for one year."
2. Colorado	Criminal Code (amendment)	1999	FGM is classified as child abuse, defining "child" as a person under

			the age of 16. A person commits child abuse if he or she "excises or infibulates, in whole or in part, the labia majora, labia minora, vulva, or clitoris of a female child." Punishable by imprisonment of a minimum of four years
3. Delaware	Delaware Criminal Code (amendment)	1996	FGM is classified as a Class E felony, which is punishable by up to five years imprisonment. A person is guilty of FGM if he or she "knowingly circumcises, excises, or infibulates the whole or any part of the labia majora, labia minora, or clitoris of a female minor."
4. Florida	Florida State Ann. Female Genital Mutilation	2007	"A person who knowingly commits, or attempts to commit, female genital mutilation upon a female person younger than 18 years of age commits a felony of the first degree" punishable by imprisonment for up to 30 years and/or fine of up to $10,000.
5. Georgia	Georgia Code Ann. Female Genital Mutilation	2005	Any person who knowingly circumcises, excises, or infibulates, in whole or in part, the labia majora, labia minora, or clitoris of a female under 18 years of age shall be guilty of female genital mutilation…shall be punished by imprisonment for not less than five nor more than 20 years."
6. Illinois	Criminal Code of Illinois (amendment)	1998	The law states that "whoever knowingly circumcises, excises, or infibulates, in whole or in part, the labia majora, labia minora, or clitoris of another commits the offense of female genital mutilation." The offense is a Class X felony, punishable by not less than six years or more than 30 years imprisonment.
7. Kansas	Creating the crime of female genital mutilation and setting the penalty	2013	The crime of female genital mutilation is defined as "knowingly circumcising, excising, or

			infibulating the whole or any part of the labia majora, labia minora, or clitoris of a female under 18 years of age."
8. Louisiana	LA: RS: 14:34.4	2012	A person is guilty of FGM when a "person knowingly circumcises, excises, or infibulates the whole or any part of the labia majora, labia minora, or clitoris of a female minor" or "the parent, guardian or other person legally responsible or charged with the care or custody of a female minor allows the circumcision".
9. Maryland	Maryland Code Ann., Health-Gen.	1998	The law assigns criminal liability to any person who "knowingly circumcises excises, or infibulates the whole or any part of the labia majora or labia minora or clitoris" of a person under the age of 18. Those who violate are subject to imprisonment for up to five years and/or a fine of $5,000.
10. Minnesota	Minnesota Criminal Code (amendment)	1994	"whoever knowingly circumcises, excises, or infibulates, in whole or in part, the labia majora, labia minora, or clitoris of another is guilty of a felony." Punishable by imprisonment up to life and/or fine
11. Missouri	Missouri Rev.Stat. Genital mutilation of a female child	2000	A person is guilty of a Class B felony when he or she "excises or infibulates, in whole or in part, the labia majora, labia minora, vulva, or clitoris of a female child less than 17years of age…" Punishable by imprisonment of five to 15 years.
12. Nevada	Nevada Rev. Stat. Ann. Mutilation of genitalia of female child.	1997	A law was adopted making "mutilation of genitalia of a female child" a criminal offense. This is defined as "the removal or infibulation in whole or in part of the clitoris, vulva, labia major, or labia minor for nonmedical purposes." Violators are guilty of a Category B felony and shall be punished by imprisonment for two to 10 years and may also be subject of a fine of up to then thousand dollars.

13. New Jersey	P.L. 2013, c.200, Female Genital Mutilation Act	2014	Prohibits practice of FGM on females under age 18. Person is guilty of third degree crime if person "knowingly circumcises, excises, or infibulates, in whole or in part, the labia majora, labia minora, or clitoris of a female under 18 years of age
14. New York	New York State Prohibition of Female Genital Mutilation Act	1997	A person is guilty of FGM when he or she "knowingly circumcises, excises, or infibulates, the whole or any part of the labia majora, labia minora, or clitoris of another person who has not reached eighteen years of age." FGM is classified as a Class E felony, which is punishable by up to four years imprisonment.
15. North Dakota	North Dakota Criminal Code (amendment)	1995	This law states that "any person who knowingly separates or surgically alters normal, healthy, functioning genital tissue of a female minor is guilty of a Class C felony" which is punishable by up to give years imprisonment, a fine of five thousand dollars, or both.
16. Oklahoma	Oklahoma State Ann. Female Genital Mutilation	2009	Whoever knowingly circumcises, excises, or infibulates, in whole or in part, the labia majora, labia minora, or clitoris of another shall, upon conviction, be guilty of a felony punishable by incarceration for a term of not less than three years nor more than life and a fine of not more than $20,000."
17. Oregon	Oregon Rev. Stat. Female Genital Mutilation	1999	Any person who "circumcises, excises or infibulates the whole or any part of the labia majora, labia minora or clitoris of a child" commits a Class B felony, punishable by up to 10 years imprisonment and/or a fine of up to $200,000.
18. Rhode Island	Criminal Offenses Act of Rhode Island (amendment)	1996	Amended to include a description of FGM in the definition of "serious bodily injury." The felony assault statute says that where assault or battery, or both, result in "serious

			bodily injury," the person committing act "shall be punished by imprisonment for not more than 20 years."
19. Tennessee	Prohibition of Female Genital Mutilation Act of 1996	1996	Act states that "whoever knowingly circumcises, excises, or infibulates in whole or in part, the labia majora, labia minora, or clitoris of another commits a Class D felony, punishable by not less than two years nor more than 12 years imprisonment and a fine not to exceed five thousand dollars.
20. Texas	Health and Safety Code (amendment)	1999	A person commits an offense if he or she "knowingly circumcises, excises, or infibulates any part of the labia majora or labia minora or clitoris of another person who is younger than 18 years of age." Violation is punishable by imprisonment from 180 days to two years and possibly a fine of up to $10,000.
21. West Virginia	West Virginia Code Ann. Female genital mutilation	1999	"Any person who circumcises, excises or infibulates, in whole or in part, the labia majora, labia minora, or clitoris of a female under the age of 18." Violation includes imprisonment for "not less than two nor more than 10 years" and fine "not less than one thousand dollars not more than give thousand dollars."
22. Wisconsin	Wisconsin State Ann. Female Genital Mutilation Prohibited	1996	This act prohibits "circumcision, excision, or infibulation of the labia majora, labia minor, or clitoris of a female minor" punishable by a fine of up to ten thousand dollars or five years in prison, or both.

Arizona and South Dakota are also in the process of making the prohibition of FGC/M a public law and other states may follow in the coming years. The growing prevalence of FGC/M

in the U.S. is prompting states to pass legislation which is helping raise awareness of the issue. However, less than half of the states have done so and there are still states where FGC/M is practiced without laws addressing the issue.

Given that FGC/M is not as common a practice in the U.S. as it is in other parts of the world, many social work practitioners may not be aware of the practice or the legal implications of practicing FGC/M. If practitioners are unaware of the practice of FGC/M, they are unaware of the contention between viewing this practice as a positive transition for girls becoming women and viewing it as an issue of violence against women punishable by law. Approaching a therapeutic relationship without knowledge and understanding of the complexities of FGC/M could be damaging to the people social workers interact with professionally.

Having more knowledge about FGC/M will allow social workers to be in a better position to advocate for the women and girls whom they encounter who may have been forced to undergo the practice. With policy, and social work values and ethics, social workers can be influential forces in ensuring girls are not forced to undergo procedures they do not want to endure.

2.4.1 Global Implications of Immigration, Refugees, and Asylum Seekers

FGC/M is an important issue in the U.S. because of immigration. The practice exists in the U.S. Yet, we know very little about it and do not currently have direct estimates of exactly how many women and girls with FGC/M live in the U.S. There are multiple ways to immigrate to the U.S. and therefore multiple ways the practice of FGC/M comes to exist in the U.S. including by way of refugees and asylum seekers

The difference between women who leave their countries of origin through the process of immigration, or as a refugee, or to seek asylum may not impact the implications of FGC/M

but it does help us understand how the practice came to be in countries where FGC/M is not a norm. In the U.S., seeking refuge and seeking asylum are two different approaches to attempting to secure permanent residency in the U.S. People who wish to enter the U.S. and are currently living in a different country apply to be a refugee. Those who wish to enter the U.S. and have arrived at one of the U.S. ports on the borders or those who have already made their way into the U.S. on a visa and have been living in the U.S. for one year will apply for asylum. The difference between the two is where you physically are at the time when seeking permanent residency in the U.S.

2.4.2 Immigration

FGC/M has gained attention in the United States, in part, because of the rising number of immigrants from countries where FGC/M is prevalent, especially sub-Saharan Africa. Between 2000 and 2013, the foreign-born population from Africa living in the U.S. more than doubled, from 881,000 to 1.8 million (PRB, 2013). Although the prevalence of FGC/M is known both about women and girls who have undergone the practice worldwide and those at risk of undergoing the procedure, these numbers are based on the prevalence's of FGC/M mainly from countries within Africa. This means estimates of FGC/M prevalence among women living outside their native countries are based on estimates of occurrence within their country of origin (WHO, 2012). In 1998, WHO reported 12,000 African immigrants associated with African Resource Centre in Ottawa, Canada but did not indicate if these immigrants came from countries where FGC/M is practiced. Canada receives immigrants and refugees from all over Africa but the number of Eritreans, Ethiopians, and Somalis had increased significantly in a 10 year span from 1988-1998. The numbers have likely continued to rise. In the U.S., Research, Action and Information Network for Bodily Integrity of Women estimated that women constitute 40.7% of

the African-born population in the country. The 11 largest groups were from: Egypt, Ethiopia, Ghana, Kenya, Liberia, Nigeria, Sierra Leone, Somalia, Sudan, Uganda, and Tanzania.

2.4.3 Refugee

Given that one needs to be physically residing in a different country from the U.S. in order to apply to be a refugee, s/he is likely living in a refugee camp. Women and girls are also at risk of undergoing FGC/M in refugee camps (PBR,2013). The UN High Commissioner for Refugees (UNHCR) has publically discussed the difficulty in eradicating FGC/M in refugee camps because of the diverse backgrounds and cultures represented in the camps. For example, in 2003 UNHCR examined residents in a refugee camp in Kenya where the majority of refugees were from Somalia, Sudan, Ethiopia, Eritrea, Uganda, Burundi, and the Democratic Republic of Congo. This camp housed around 132,000 people. Each of these countries have communities where FGC/M is practiced making for a challenging atmosphere in which to attempt to eliminate it because of the multiple cultural reasons for maintaining the practice for the reasoning and type, based on country. The people in the refugee camps are expected to abide by the laws within the country where they are refugees. Hence, while FGC/M may not have been illegal in their home country, it may now be so in the country where they are living as a refugee However, UNHCR noted that relying too much on the law when communicating with refugees about the abandonment of FGC/M lead to different consequences. Refugees rebelled against this approach and held demonstrations stating their right to practice their religion and culture was being violated. Also, when refugees realized they were going to be residing in a country where FGC/M is illegal, they may perform the procedure in haste on young infants to avoid breaking the law in their new country. For a country like the U.S., this could pose a challenge to medical practitioners who may not be used to seeing this type of physical practice.

2.4.4 Asylum

The UN High Commissioner for Refugees (UNHCR) stated that a girl or woman seeking asylum because she has been compelled to undergo or is likely to be subjected to FGC/M can qualify her for refugee status under the 1951 Convention relating to the Status of Refugees'(UNHCR, 2009). UNHCR estimates that over 2,000 asylum claims specifically on the grounds of FGC/M were received in 2011. In 2013, over 25,000 women and girls sought asylum from FGC/M-practicing countries. The estimated number of female applicants potentially affected by FGC/M was 15,826. According to UNHCR, this number has steadily increased since 2008. These women and girls come mainly from Somalia, Eritrea, Nigeria, Iraq, Guinea, Egypt, Ethiopia, Mali, and Cote d'Ivoire. In 2013, these women and girls applied for asylum mainly in Germany, Sweden, the Netherlands, Italy, France, the UK, and Belgium. This indicates the number of women seeking asylum based on FGC/M in the European Union alone has increased drastically over the course of 2 years. While we do not have this specific data on the U.S., we do know that women seek asylum in the U.S. for fear of undergoing FGC/M in their countries of origin.

2.5 FGC/M AND SOCIAL WORK

FGC/M is an issue relevant to the field of social work both domestically and internationally. This practice is viewed as an issue of child abuse, women's rights, and human rights and can be defined in these ways (Burson, 2007). As mentioned above, at an international level, the practice has been publicly denounced. The National Association of Social Workers (NASW) has several NASW chapters with international committees and international interest groups due to the growing understanding that the problems in the U.S. are becoming increasingly interconnected

with problems in other countries throughout the world. The NASW acknowledges the impact social workers may have on the global culture. The number of international skills social workers can provide include counseling and aiding refugees, developing, managing and staffing international service-delivery programs as well as researching international issues with a focus on improving people's quality of life and addressing social and human injustices (NASW, 2013).

Domestically, FGC/M defies the values and ethics of the social work profession. The value of social justice is most saliently challenged with the practice of FGC/M. Under this value, social workers seek to promote sensitivity to, as well as knowledge about, oppression and cultural and ethnic diversity. This applies to the practice of FGC/M in the United States through scholarly work and promotional campaigns about FGC/M with the goal of understanding and utilizing the best treatment for girls and women living in the U.S. who have undergone the practice. Utilizing knowledge about ethno-cultural approaches and being sensitive to this facilitates dissemination of information about FGC/M, ensuring professional social work values are upheld while addressing the issue of FGC/M. The NASW Code of Ethics Ethical Standards guide social workers in their professional activities and behavior. The sixth ethical standard discusses social workers ethical responsibilities to the broader society, specifically, social workers should act to expand choice and opportunity for all with special attention paid to vulnerable, disadvantaged, oppressed and exploited groups. Social workers have an obligation to protect children, who are a vulnerable population in the U.S. Based on the limited knowledge we have about FGC/M in the U.S., it is possible that social workers will have to interact with children who have either already undergone FGC/M or may be in the process of being forced to leave the U.S. to return to their native country to undergo the practice. Therefore, not only does it serve social workers well to consider laws and policies when engaging in social work practice,

social workers have an obligation to adhere to the ethical guidelines outlined in the NASW Code of Ethics.

Given the policies implemented in the U.S. and the values and ethics of the field of social work, this dissertation will make contributions to the field of social work. The results of this dissertation will provide a framework for practitioners to provide therapeutic services and will also offer a foundation for social work researchers to base future research.

2.6 THEORETICAL FRAMEWORKS

While understanding policy and literature surrounding FGC/M helps to explain how countries have dealt with the practice and its various outcomes and implications for certain populations, understanding more about the theories that explain the practice can provide a better context for why FGC/M exists and continues to persist and why there are potential negative outcomes. These theories will then provide the foundation for the methodological approach to conducting this dissertation research.

2.6.1 Feminist Theory Overview

In order to discuss the theory of feminism, one must first understand the terminologies of "feminist" and "feminism." Feminist views can be seen in the literature of ancient civilizations of Greece and China whereas the notion of feminism is a notion of the 20th century movement. Feminism itself is a set of ideas and concepts that stands for a distinctive and established sociopolitical ideology. Historically, feminism has challenged basic assumptions of

conventional political thought which have kept the role of women off the political agenda due to their sexual "disadvantage."

In the U.S., the theory of feminism emerged in the 1960s as a movement because activists and scholars felt that women were living life through the lens of a male dominated society. The theory of feminism is that men and women should be equal politically, economically, and socially. The ideology of Feminist theory is split into three different waves of feminism. The first wave of feminism evolved from the earliest feminist ideas and movements in the 18th and 19th centuries which encompass liberal feminism (Mohapatra, 2008). Liberal feminism advocated for the equality of human individuals regardless of their sex and other distinctive characteristics. It was based on the principle of liberalism which advocated for equality of human individuals regardless of their sex. Liberalism advocated for women's entitlement to all rights and privileges in society equal to men on the simple basis that they were both human. During the 1960s and 1970s, the second wave of feminism still included liberal feminism but also socialist and radical feminism. Socialist and radical feminism believed that political and legal changes were not going to be enough to emancipate women from their unequal status. Therefore, this wave advocates not only for equality legally, politically, and economically but also with personal and sexual equality as well as the decline of patriarchy. This wave believes only a social revolution could give women economic equality and economic freedom. Finally, the third wave is responsible for coining the subgroups like postmodern feminism, black feminism, lesbian feminism, and new feminism. It is also referred to as the "de-radicalization" phase because feminist theory is thought to have reached its radical peak during the second wave and that this current and third wave of feminism has gradually lost its radical fervor. While a case can be made for how FGC/M fits within each wave of feminism and within many feminist

theories, as it relates to this research, FGC/M will be analyzed from a first wave, feminist theory perspective as well as a second wave, radical feminist theoretical perspective.

2.6.2 Radical Feminist Theory

Radical Feminist Theory is a subcategory of Feminist Theory which states that male supremacy and patriarchy are salient forms of oppression in many societies (Solomon, 1992). The belief from radical feminist theory is that women's problems are political and exist because of sexist power imbalances. This theory states that from a patriarchal perspective, the female body exists only for male pleasure and female pleasure is irrelevant. This theory understands that women are particularly exploited within family relations and the approach needed to change the positions of women in society is to change social structures and norms (Porter, 2005). This theory identifies that there are perceived gender differences in society and discusses the need to change those perceptions because it is limiting to women. For a radical feminist, changing social structures and norms means changing the perception of women as pure and innocent objects in need of protection. These projected attributes establish women as a less than equal counterpart to men.

In terms of FGC/M, a radical feminist would argue that it exists because of a power difference and lack of equality exists between the males and females in the cultures and societies that practice it. In these societies, gender is seen as dichotomous. By giving men a strong magnitude of power, it automatically means women are less powerful, making them subservient to men. There appears to be more evidence of FGC/M persisting for sexual and social reasons, both of which place males and male benefits as the focal point. In some societies, women want and need to be desirable to men in order to get married and reap the social benefits that come along with marriage like income, protection and ownership as their lives depend on it. All of the sexual and social reasons cited for FGC/M (transition into womanhood for marriage, removing

the clitoris so men do not feel “out-sexed”, being perceived as a clean and wholesome woman, giving men comfort while they are gone for extended periods of time) are congruent with pleasing men. Due to the fact that women and men have been taught how to view females in this manner, measures continue to be taken to secure that vision and logic. Radical feminist theory helps to explain why the practice persists in societies and provides a platform for change.

2.6.3 Feminist Theory

While radical feminist theory provides a social justice approach to implementing future change by changing social norms, feminist theory takes less of an action-oriented approach and simply states that equality, (political, economic, social), is the core and basic necessity for a society. While the notion of core feminist theory seems it should be the foundation and be explained first in the order of theories in this dissertation, it is being explained last to set the stage for the methodological approach. This theory was utilized in the approach used to conduct this research. It was used when my translator and I approached women and explained the purpose of this study. I wanted women to know that my purpose in Tanzania was to do this research by asking them to talk to me about their experiences with FGC/M. By telling them that I was there to learn, I put them in the position as the experts that they are on this subject matter and relied on them to use their voices and express their feelings toward the practice. There were not opinions beyond the readiness to learn, regarding social changes and social revolutions that were brought to the interview.

2.6.4Trauma Theory

The DSM-5 includes trauma-and-stressor-related disorders which are characterized by exposure to a traumatic or stressful event. The exposure is a diagnostic criterion for multiple disorders

sharing a close relationship including reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder, acute dress disorder and adjustment disorders. Many individuals who have been exposed to a traumatic or stressful event exhibit clinical characteristics such as anhedonic and dysphoric symptoms, externalizing angry and aggressive symptoms or dissociative symptoms (American Psychiatric Association, 2013).

Trauma theory can be traced back to the work of Shoshana Felman, Dori Laub and Cathy Caruth whom have all written on trauma and its relation to psychoanalysis, deconstruction, and post structuralism (Radstone, 2007). Trauma theory states that there are biological, sociological, and psychological consequences for an individual when he or she experiences a serious threat to life or actual assault of some form (Bills, 2003). Symptoms related to the threat include intrusive re-experiencing, emotional numbing, nightmares, flashbacks and aggressive outbursts (Piers, 1998). Traumatic events can range from anything including child abuse, domestic violence, sexual assault, war, as well as FGC/M.

Explanations for why individuals re-experience the trauma have been explained by post-traumatic stress disorder (PTSD) and dissociation (Blizard and Bluhm, 1994). PTSD has been described in the DSM-5 (American Psychological Association, 2013) as the development of characteristic symptoms following exposure to one or more traumatic events. In some individuals, fear-based re-experiencing, emotional, and behavioral symptoms can predominate. In others, anhedonic or dysphoric mood states and negative cognitions can be most distressing. As a result, symptoms include avoidance of stimuli associated with the traumatic event and persistent symptoms of increased arousal. In response to the traumatic event, there may be intense psychological distress or physiological reactivity when exposed to reminders of the event (Bride, 2004). Dissociation is typically linked with the concept of repressed memory or traumatic

amnesia. Trauma theory is informed by clinical work with survivors of traumatic experiences. Some trauma theorists believe that trauma survivors have an innate capacity to heal themselves, paired with psychological intervention. Other theorists believe that specific psychological reactions to trauma are influenced by the cultural norms of how individuals are expected to respond to threat and injury. What this means for women who have undergone FGC/M is that women are either capable of healing themselves as long as there is a presence of therapeutic services or they are going to behave as their culture expects. A likely expectation from cultures who practice FGC/M is that girls need to be brave and take the pain of the procedure; the less they scream, the more they are perceived as strong and brave (Baron & Denmark, 2006). Girls and women are not expected to talk about the pain they feel physically or emotionally. However, when the girls and women were asked in a clinical setting about how they were feeling and what their experiences were like, both girls and women described and exhibited symptoms consistent with PTSD and anxiety (Behrendt & Moritz, 2005; Kizilhan, 2011).

FGC/M has been labeled as a trauma in literature because of the secrecy that often accompanies it, the severe pain that has been reported with it, and the description of it by survivors as a traumatic experience (Sanctuary for families, 2013). Many women report not knowing that the procedure was going to happen and not having knowledge about what it entailed. They discuss being told when it was time to undergo the procedure without warning by being awakened in the middle of the night or blindfolded as they were taken to the FGC/M site (Lax, 2000; Baron & Denmark, 2006). In the U.S., this type of event is deemed traumatic because it is performed on young children who do not have the mental and emotional maturity to comprehend an event like this, nor do they have a choice (Raya, 2010). Research has also shown that there are physical, sexual, psychological, and social consequences related to FGC/M which

based on the theory of trauma, delineate FGC/M as a traumatic experience. Based on the theory of trauma as it relates to FGC/M, more research is needed to understand the trauma aspect of FGC/M.

2.6.5 Analysis of Conceptual Frameworks

There are multiple theoretical ways of understanding FGC/M. A single theory does not explain it in its entirety. However, radical feminist theory helps to explain why FGC/M is still in existence, trauma theory helps to explain what the outcome of FGC/M can look like, and feminist theory provides a tone for the methodological approach and context to conduct this research allowing learning and understanding to take place.

Although trauma theory provides an explanation for how girls and women fare after undergoing FGC/M, there have been multiple critiques of diagnosing survivors of violence against women with PTSD. The aspect of the diagnosis that was specifically critiqued in the third edition Diagnostic and Statistical Manual was that the traumatic event be "outside the range of usual human experience (Burstow, 2003)." Feminist theorists have had a great deal of influence on the way clinicians perceive trauma and have included traumatized groups that were previously excluded (Burstow, 2003). Feminists argue that the terms "usual" and" normal" are subjective and are classified based on the lives of men of the dominant class at the time which included white, young, able-bodied, educated, middle class (Burstow, 2003). Burstow goes on to discuss normalcy and what it means while highlighting Judith Herman, who is a pioneer in trauma theory, and her view of seeing traumatized people as insufficiently trusting others as a result of trauma. A goal of therapy is for survivors to return to a more normal existence. Burstow states that a person who is badly traumatized loses the "shield" of invulnerability and does not have the privilege of blocking-out negativity like someone who has lived a life of

privilege and has never experienced any sort of trauma. The latter are a group of people able to live a "normal" life and essentially cannot be compared mentally to someone who has experienced trauma. If this is the case, feminist theorists feel that we should not make the privileged population the standard of which to achieve normalcy. This is particularly true when dealing with persons of another culture, specifically, women from societies that practice FGC/M. These women (either living in the U.S. by immigration or those who live in the African or Middle Eastern countries where FGC/M is practiced) should not be expected to attain a level of "normalcy" established by Western people.

Theories of feminism have been critiqued as being developed by Western women and therefore taking a perspective of Westerner's and trying to apply a Western framework on non-Western countries and people. Western feminists view the perpetuation of FGC/M as evidence of the existence of patriarchy in these communities while feminists of color view the existence of FGC/M in these cultures as tradition and as a cultural norm (Kalev, 2004). Feminism of color is a movement that emerged in the 1980s as a result of the rejection of traditional Western feminism by women who were ethnic minorities. Feminists of color perceive traditional feminism as ethnocentric. Feminists of color believe in giving a voice to women of other cultures who have been falsely perceived by Western feminists as passive and submissive because they adhere to cultural practices that appear oppressive to Western feminists. Feminists of color claim that Western feminists cannot begin to understand the issues affecting women of other cultures. For some Feminists of color, the adherence to FGC/M is supported as an acceptable cultural practice. Ponzanesi (2007) cites Patricia Hill Collins's work on feminist theory and multiculturalism and states that black women reject certain expressions of feminism but not because they disagree with the main idea of feminism (Ponzanesi, 2007). They reject feminist

principles as reflected through American relations of race and class. The point Feminists of color ultimately want to make is that cultural practices are a lot more complex than they appear to those outside of the culture and need to be evaluated within the context of the cultural framework where the cultural practices lie (Kalev, 2004).

Therefore, studying FGC/M within the context of the culture in which it is performed is the first step in the process of beginning to understand more about FGC/M as it exists in a specific culture as well as outside of that culture. The following section describes the methodological approach taken to achieve an understanding FGC/M within the context of the Maasai culture in Tanzania.

3.0 METHOD

Although existing research examines the physical, sexual, and psychological outcomes of FGC/M, little has focused on the psychological outcomes. Therefore, more research is needed to address this critical gap. Also, given the practice of FGC/M has migrated to countries where it is uncommon or illegal, such as in the U.S., it is important to understand these outcomes in order to supplant the limited knowledge about FGC/M in these countries.

3.1 STUDY DESIGN AND RESEARCH QUESTIONS

This exploratory study utilized a research design and method influenced by previous research in the area of FGC/M research. This qualitative research study utilized primary data collection and studied the mental health outcomes of FGC/M in a sample of women who have undergone FGC/M. This process was completed by collecting data in the East African country of Tanzania.

Utilizing a qualitative methodology to understand the mental health outcomes is most ideal given that this area is under-studied within the issue of FGC/M. In relatively new, unexplored, or poorly understood areas, qualitative methods have been understood to be an avenue to carry out initial and descriptive work, thereby laying the foundation for future quantitative work (Davidson et. al, 2008, Corbin & Strauss, 2008). Qualitative work utilizes a social constructivist lens in recognition that people construct their own worlds. Hearing people's unique voices enhances respect for the cultural context of this research focus. Utilizing this method not only establishes a descriptive base for future hypotheses generation, but it leads to evidence gathering less likely to be discovered through other means such as a quantitative method. A qualitative approach to understanding the mental health outcomes of FGC/M allows

researchers to take into account the impact of the individual within their environment and how that impacts individual mental health.

Open-ended questions were asked of 31 women of the Maasai tribe in an attempt to understand women's feelings about the practice, their desire or lack thereof to continue the tradition, whether or not they would have chosen this for themselves if they had their own decision and what their emotions were following the procedure. The research questions consistent with these open-ended questions are as follows:

Aim #1: Develop an understanding of women's psychological health following FGC/M.

Research Question #1:
How do women who have undergone FGC/M describe their emotional reactions at the time of the procedure and how has that description manifested over time to present day?

Research Question #2:
How do feelings toward the practice of FGC/M impact the psychological well-being of women and to what degree do these feelings toward the practice affect the quality and status of their psychological health?

Aim#2: Understand women's general opinions and attitudes toward the practice.

Research Question #1:
What are women's feelings toward the existence of the practice and in which direction do women feel this practice should proceed-both in the context of their own experience with FGC/M and in a general sense?

Research Question #2:
How do women's experiences with FGC/M impact their perception of traditions and the way in which they conceive of the practice?

Aim #3: Identify women's conceptualization of their personal journey and personal experience with FGC/M.

Research Question #1:

How has this practice positioned women with FGC/M within their communities and how has that position impacted their life experiences?

Research Question #2:
From the perspective of women who have undergone FGC/M, what does FGC/M symbolize beyond the physical cut for the status of women as a whole?

Research Question #3:
How will the life trajectory of women in these communities change, if at all, if FGC/M is eliminated from their culture?

These research questions were constructed and administered with the understanding that the area of mental health is under-examined in the country of Tanzania and is an underdeveloped field. As a result, questions were not directly asking women about their opinion of their current mental health status but rather questions that attempted to gain a general understanding of their emotional reaction to having undergone FGC/M and their current emotional health status. These questions attempted to utilize the western framework of mental health as we understand it in the U.S., within the context of Tanzanian culture.

3.2 POPULATION AND SAMPLE

3.2.1 Population

The women interviewed were members of the Maasai tribe. The Maasai tribe is an ethnic tribal community, located in East Africa, specifically in Southern Kenya and Northern Tanzania. Within the Maasai communities, the prevalence of FGC/M is high. From a western perspective, Maasai women have an oppressed status in the tribe given their lack of choice in what they do with their bodies from the practice of FGC/M to early marriage for girls and the general cultural expectations of women which will be discussed in detail below.

The Maasai live in the Maasai Steepe, a huge piece of land that spans two countries. This land is comprised of wild animals, mountains, desert, and flat land. Although the Maasai Steepe consists only of Maasai people, there are different Maasai villages within the Maasai Steepe. Within the different villages are bomas.

Figure 1: Inside a traditional Maasai boma

A boma is a small settlement of huts surrounded by a gate made of sticks to deter outside animals. They consist of small communities of family who live in the few huts within the boma. Also, within the boma, there are living quarters for the goats and donkeys. The Maasai people generally speak the same tribal language dialect of Maa and are traditionally known as pastoralists people, meaning, they move throughout the year with their cows in search of fertile land for their animals to graze and to grow crops. Droughts have plagued the lands of the Maasai tribe for as long as they have existed and are the primary reason for continuous migration. However, in recent years, Maasai have tended to stay-put and find other ways to manage little rainfall during the rainy seasons. The short rain season typically lasts from November through December. The long rains last from March through May. The months in between are considered the dry months. Today, instead of the family abandoning their home and taking their cattle to

search for fertile land to graze and grow on, men will leave with the cows and walk for days, weeks, and months in search of new grazing land. Privatization and globalism have both claimed portions of the Maasai land for safari tours and private hunting grounds which has also made it difficult for the animals to graze and for the people to grow crops. The lack of available grazing land inhibits animals from feeding and surviving which directly impacts not only the animals themselves but the people of the Maasai tribe. It means the people have less to consume and with the deterioration of the animals' health, less wealth.

The livestock of the Maasai people are considered one of the most important parts of their culture. Their livestock are a main source of livelihood as well as an important component in celebrations and for religious and cultural purposes. A man's wealth is often determined by how much livestock he possesses, specifically, how many cows he owns. When parents of Maasai girls determine which man will be the best marriage match for her, the number of cows the potential husband possesses is a strong factor in the process of finding their daughter a husband. They view men who have many cows as being wealthy and therefore good providers. The potential husband will give cows to the parents in exchange for their daughter. This process is called dowry or bride price. The number of cows to be given is determined during a meeting between the girl's parents and the potential husband.

The cow is also important because the Maasai drink blood from the cow; use the feces from the cow to put on wounds and use the urine and feces to aid in constructing their huts. When the cows are healthy enough, the milk from the cow is consumed by the Maasai. The cows are generally the responsibility of the boys to care for but occasionally women are told to look after the cows as well.

Women are the first to rise in the early hours of the morning before sunrise and are the last to go to sleep at night. Women start working in the boma and around the village from the moment they awaken. Women are responsible for cooking the food for the family to eat, letting the goats out to graze on the grass just outside of the boma, bringing the goats back in, and then getting the donkeys prepared to go fetch water. The women put water canteens on the donkeys so the donkeys carry the water weight. Taking the donkeys to go fetch water is also the time the donkeys have to graze. While the women are out with the donkeys, with the help of the donkeys carrying the water, the women are able to collect firewood along the way and pile it onto her back as she walks with the donkeys. She will use this firewood to bring back to the boma and cook later that day. Although there are water wells located in the village, a woman can walk up to 10 miles to reach a well only to find that it has dried up. Water is scarce and can be too heavy for the donkeys to walk back with so they have to ration how much they bring back to the boma. The women are usually only able to get as much as they need for that day. The women have many responsibilities and work in the village. Once they become wives, this daily workload becomes everyday life and the life of a typical Maasai woman living in the village. As a result, young girls, pre-FGC/M, are encouraged to "be free" and enjoy their lives as young and single girls. There is a general understanding among women that the introduction of FGC/M and then marriage into a young girl's life marks the end of a life of freedom.

Among this tribe, girls undergo FGC/M at different ages ranging from as young as seven days old to 20 years old. Generally, the age at which most girls undergo the procedure is somewhere between the ages of 11 and 15. As stated earlier, there are various reasons why communities practice FGC/M. The reasons for Maasai use of FGC/M are due to the belief that it is how you become a woman and is the marker of transitioning from a girl to a woman. Also,

Maasai people believe that you cannot have a baby until you become a woman, therefore, you cannot have a baby until you have been "circumcised." Finally, there is a belief that the clitoris will continue to grow to a large size, and that it will become uncomfortable, painful, and itchy. Therefore it needs to be removed. According to country reports, those who undergo FGC/M are placed at a higher value in terms of bride price. These girls attract a higher bride price and are married soon after having the procedure performed (28TooMany, 2013). Girls who have not undergone FGC/M oftentimes are not even considered for marriage in the village. Outside of the village, in the towns and cities, not having undergone FGC/M does not inhibit a Maasai girl from marriage and children because most people who leave the village have received education and learned that FGC/M is unnecessary. They have learned that men do not need women to have undergone FGC/M as a prerequisite for marriage. Other beliefs among Maasai community members are that undergoing FGC/M makes girls "complete" women and marriage material. FGC/M is accompanied with the right to marry and blessing to create a family from the elders. For those who do not undergo FGC/M, they are considered "useless", a disgrace and carrier of misfortune to their families. Also, they will not be allowed to be referred to as an adult Maasai woman. Therefore, they are not allowed to talk to or sit with other women in the tribe who have undergone FGC/M. Without FGC/M, no matter a woman's age, she is forever considered a child in the Maasai community. As a result, these women are discriminated against and excluded from the community. The Maasai women undergo both Type I and Type II FGC/M (28TooMany, 2013). All of the women in this dissertation sample underwent Type I.

3.2.2 Sample

The sample of women (N=31) interviewed for this dissertation were women of the Maasai tribe from various villages of Arusha including Namanga, Kisongo, and Monduli. The demographic

information collected from the women varied and included age, educational background, marital status, and whether or not they had borne children.

The ages of the participants ranged from as young as 20 to as old as 90-100 years. Determining ones age can be a challenge and proved to be difficult within this sample. Out of the 31 women, 16 of the women did not know their exact age because very few people in the villages keep records of birth. When asked her age, women often replied by saying they do not know the exact age but can give a range. Often, women are told they were born during a year of a bad storm or a bad drought or during a type of significant event and are generally able to guess their age based on these types of information.

When asked about their educational background, 20 of the 31 women reported they had no education. Of the 11 women with an educational background, four went to primary school only, two went to high school, three obtained a bachelor's degree, and two obtained an adult education.

When asked about their marital status, 25 reported being married, one was divorced, one was widowed, one was separated, and three were single. All of the women had children, except for one participant. Some women had as few as one child while others had as many as 10.

3.3 SAMPLING PROCESS

The literature on sampling techniques within qualitative research consists of various options. Pioneers in the field of qualitative research have offered different approaches to gathering a sample. While Barney G. Glaser (1978) and Corbin & Strauss (2008) are proponents of utilizing theoretical sampling, Michael Quinn Patton (1990) views all types of sampling in qualitative

research as encompassing purposeful sampling. Within Patton's fifteen sampling strategies are snowball sampling, criterion sampling, and purposeful random sampling. However, Janice M. Morse (1991) suggests there are four types of sampling used in qualitative research including purposeful sampling, nominated sampling, volunteer sampling, and the sample consisting of the total population and uses the terms "theoretical sampling" and "purposeful sampling" as being synonymous with one another. Meanwhile, Margarete Sandelowski (1995) also agrees that all types of sampling in qualitative research be encompassed under the broad term of purposeful sampling and suggests three types: maximum variation, phenomenal variation and theoretical variation. Allen Rubin and Earl Babbie (2007) discuss sampling in qualitative research within the context of social work. They identify three types of nonprobability sampling methods appropriate to field research which include quota sampling, snowball sampling and deviant cases. Within deviant cases, they discuss Patton's (1990) fifteen strategies identified above. Rubin and Babbie (2007) suggest that these sampling strategies exist under a broader, umbrella sampling method called purposive sampling. In purposive sampling, one selects a sample of observations that one believes will yield the most comprehensive understanding of the area of study and selects participants according to the aims of the research. Schatzman and Strauss (1973) suggest after several observation visits to sites of study, researchers will know who to sample for the purpose of the study. For the purposes of this dissertation, I selected participants based on their gender, age, and whether or not they have undergone FGC/M. Specifically, I selected women, over the age of 18 who had undergone and FGC/M.

As evidenced above, there are multiple approaches to sampling in qualitative research and there is no single correct way. I utilized purposeful sampling, specifically, snowball sampling.

3.3.1 Use of a Translator

Snowball sampling is a technique that begins a sample with a few relevant subjects and expands through referrals from those participants to others (Rubin and Babbie, 2007). In this study, I began the snowball sample and kept it going through the use of a translator. I utilized a translator so I could communicate with women in the village who only spoke the Maasai language, Maa, and for women in town who knew both Maa and Swahili but did not speak English. With the help of a translator, not only was I able to communicate with the women, but I was able to gain access to these Maasai communities that would otherwise be difficult to access. The language barrier coupled with the possible lack of understanding about my research would have made it very difficult to gain access and build rapport necessary for this level of communication. Also, as an outsider, there are aspects of this study that one would not initially realize but that would require further explanation when interacting with the Maasai women. There were times where I needed to explain what a recorder was and how it worked, explain that I was not affiliated with the Tanzanian government, explain that I was not going to use their words as quotes to put on papers and hang on my walls.

My translator, Susan, was a Maasai woman who was from the village but currently lived in the town of Arusha. She spoke Maa, Swahili, and English fluently. Susan and I met in the first few weeks of my arrival in Tanzania. I was connected to Susan after meeting a Maasai man, Julius, on a morning jog. He and I struck- up a conversation. I told Julius why I was in Tanzania and explained to him that at that point, I did not have a very solid research contact and was in need of a translator as well as help with gaining entry into the Maasai community. Julius offered to help in any way he could but knew there were limitations to how he could help with my research given that he was male and this was a topic Maasai women would never discuss in

front of men. Given that I was on a morning jog, I did not have a phone or any way of writing down his number to contact him later and had not yet memorized my Tanzanian phone number to give to him so we parted ways with the hopes of running into each other again. Julius had a friend who lived in my apartment building and he frequented the neighborhood so I figured there was a slight chance I would run into him again. And then it happened. Roughly eight hours after meeting him on the jog, I ran into him while I was with my neighbor, Jo, buying groceries for us to cook dinner that night. Julius was sitting outside of a bar with his friend, Joseph, watching soccer and having a drink. My neighbor, Jo, knew it would be good for me to talk more with Julius. Julius and Joseph wanted us to have a seat and watch the game with them. We did. The four of us sat, had a drink, watched soccer, and talked a bit about my research. After an hour or so, Julius recalled that Susan lived near. He suggested we invite her to join us so that I could meet and talk with her. Julius called Susan. She was available and decided to join us. Susan and I talked for quite a while about her interests in helping and working with Maasai women. She was very interested in my research and being a part of it. She was nice and smiled a lot and seemed very genuine in the way she interacted with me. I was incredibly excited and felt like I had caught a huge break. We exchanged contact information and decided we should meet-up again soon. The following day, Susan called and asked if I could come join her and her family for lunch. She picked me up and brought me to her home where she, her husband, and her two children were preparing for lunch. We ate a traditional Tanzanian lunch consisting of ugali (corn meal eaten with your hands and used to pick up other foods), mchicha (sautéed leafy green vegetables), skumawiki (collard greens) and samaki (fish). Susan had remembered I did not eat any other meat besides fish. I was surprised!

Figure 2: Traditional Tanzanian Meal: Fish, Rice, Skumawiki, Carrots, Beans, Pili Pili (hot sauce)

Once we were finished eating, I helped Susan in the kitchen, clearing plates and cleaning dishes. We then returned to the sitting room, shared a bottle of wine, and talked for the next five hours while her husband and children went about their day, napping and playing. Susan talked about growing up in the village as a Maasai woman. She talked about being "circumcised" and married-off to a man. "He wasn't much older, thankfully," she said. But, "he didn't treat me well," she followed. She didn't elaborate and I didn't pry. We continued to talk about her experiences in the village and how much work the women do in the village. We talked about the necessity for my research and she expressed that she would like to be a part of it and help me as a translator.

I considered this day and the previous day to be one of my most exciting and productive days in Tanzania. It all happened by chance and by allowing myself to participate in the elements of the Tanzanian culture such as impromptu meetings and embracement of strangers.

3.3.2 Compensation

While I waited for research clearance Susan and I met to talk about my research a few times before we started interviewing. We discussed logistics like which villages we would go to, and dealing with potential issues with village leaders including the possibility of needing permission from them to enter and conduct research in their village. We also discussed payment for her services and the fact that I did not wish to compensate the participants. Susan suggested we provide compensation because she explained that participants will be expecting it and may not participate upon learning they will not receive compensation. However, I decided it would be best to not provide direct compensation for participating in the study. I wanted to interview women who genuinely wanted to talk about their experiences and share information with me for the sake of research. However, once we started interviewing, I noticed that if we interviewed in someone's home or in a village setting, we were always offered tea and food so I decided to contribute resources like tea leaves, sugar, and rice that we would share as a way of showing my gratitude (a "compensation" of sorts).

Not only was the use of a translator crucial to the interviewing process but Susan was very helpful with figuring out logistics, how to approach women, where to conduct the interviews, and where to start. We decided we would start interviewing women in the town of Arusha and each woman interviewed would suggest other women we could contact about participating in the study.

3.4 DATA COLLECTION

The qualitative methods used to address the research objectives were face-to-face interviews in a location of the participants choosing. Interviews took place in participant homes, my apartment,

on the streets sitting against buildings, in hotels, and on open land in villages. Open-ended questions, based on the research objectives, provided the framework for semi-structured interviews. Interview questions were designed to elicit the unique experience of each woman and allowed for expansion and personalization. If participants consented, the interview was audiotaped to ensure all of the participants words were captured and allowed for better storage. All women except for two agreed to be audiotaped. All research materials were protected in a secure place. The interviews ranged in time from 15 minutes to two hours.

In the town of Arusha, participants were mostly women on the streets who were sitting against walls doing bead work. Susan and I were able to determine if the woman was from the Maasai tribe because of the her traditional way of dressing. Also, there are parts of Arusha town that are most frequented by Maasai men and women. In these instances, Maasai women were selected randomly. These women would then suggest potential participants in other locations thereby using a snowball sampling method. Participants were also Maasai women whom Susan knew and contacted to see if they were willing to participate in the study. These participants were not random in their selection however, they would suggest other women whom Susan did not know who might be interested in participating.

In the Maasai villages, Susan would contact a woman whom she knew in the village and would ask if she would like to be in the study, as well as if the participant knew of other women who could gather at the same time and place. Once the date was picked, Susan communicated this to me. Usually, we did not know how many women would be gathering until we arrived. We also found we needed to explain the purpose of the study which had often been lost in communication between our contact person of contact and the other women gathered.

After the study was explained to participants and their verbal consent was obtained, Susan would begin by communicating with respondents in the traditional Maasai way of greeting. This included asking the participant about how her family was doing, how their home was doing, how the cows were doing, and other questions related to the participants life. The participant would then ask Susan about me and I would either communicate directly with the participant in English or Swahili, otherwise, Susan would translate for me in Maasai language. If it was not already clear to me, Susan would then let me know when I should start asking questions.. Although some of the interviews were able to be conducted in English, Susan and the participant would use a combination of Swahili, Maasai, and English in this introductory part of the interviews so it was not always obvious to me when it was appropriate for me to start asking questions. Interview questions started broad and became more specific so that participants could expand and more information could be obtained.

3.5.1 Measurement Tools

Semi-structured interviews were utilized for this research. The interview questions were asked in a way that allowed the respondents to discuss in their own words and elaborate on the questions asked. All of the interviews (except for two) were audio recorded. Otherwise, pen and paper were used to capture the participants' words. The semi-structured interview questions were as follows:

Aim #1: Develop an understanding of women's psychological health following FGC/M.

Q1A: How did the experience make you feel emotionally?
Q1B: How does it make you feel now when you think about that day?
Q1C: How did it make you feel physically?

Aim#2: Understand women's general opinions and attitudes toward the practice.

Q2A: Will your daughter undergo FGC/M?
Q2B: What was your general experience with FGC/M?
Q2C: In your opinion, do you think this practice should continue as a tradition?

Aim #3: Identify women's conceptualization of their personal journey and personal experience with FGC/M.

Q3A: What do you feel like this practice has done for your place in society?
Q3B: Do you feel you would have had different experiences in life had you not undergone FGC/M?

These interview questions were designed to elicit the unique experience of each woman and allow for expansion and personalization. They were expanded on per sampling method but not deviated from their initial intent as stated as the goals in this aim.

3.5.2 Human Subjects Protection

IRB approval was obtained for the collection of this data. This study was approved at the exempt level. There was not a written consent form for participants to sign but verbal consent was obtained from participants after reading an introductory script.

3.5 METHODS IN ACTION

The purpose of this chapter is to describe the type of method used to collect the data and implement the research. While this information has been discussed, the actual implementation of this method was not experienced in a linear and controlled manner. In the field, I had to adapt what I knew about the implementation of methodology to .my circumstances. While I came to

Tanzania with an open mind and a suspicion that things may not go smoothly, I also did not know what I did not know. I do not recall ever feeling like I knew exactly what would come next based on the outcome of something that happened before. This kept me on my toes and constantly reminded me to expect the unexpected. I would like to share this journey and my experiences for others who will conduct this type of qualitative research in the future and can benefit from what I have learned.

3.5.1 Explanation of research with Participants

The aspect of the research I was most excited, yet unsure about, was how it would be to actually interact with Maasai women. I was unsure how I would be received and how the women would respond to me. I knew from having visited East Africa in the past that people would generally be warm and inviting. That was the case. Women were very hospitable and kind-willing to help me with my research. Oftentimes, their response to being read the introductory script was that they would be more than willing to help my education and help because they thought of me as their daughter. Hearing that would give me a sense of comfort and acceptance and I carried those feelings with me into the interviews. It made me feel less inhibited and more welcomed as I asked questions about their personal lives. I also realized I would not need the large stack of introductory scripts I had ready for each participant to review before the interviews started. Even though they were translated from English to Maasai, most of the women were not literate and therefore could not read the script. There I was, prepared to give them my contact information and details of the study for their future use and little did I know I would just get blank stares. My translator and I adapted as we went along but after the first few interviews, I realized I would need to read the script and have my translator translate as I read. Even this process of explaining the study was not something I anticipated in advance. Many women did not

understand why I was reading all of this information to them and wanted to just get on with the interviews. They would interrupt often and say things like, "I don't need to know all of this just start with the questions" or "I already said I would do it, why are you continuing to read these things?" I would then proceed with demographic questions often with women responding, "why don't you just start asking questions and these answers will come out along the way." I had to get used to the idea that they would not be able to read the introductory script, would not understand the purpose of an introductory script or the process of obtaining consent, and the process of collecting demographic information. I also needed to explain what research was and what I was going to do with the interview information obtained. I was asked about why I was collecting this information and if I were going to use their words as quotes to write out and hang on my walls like different excerpts from the bible. There were three women who did not want to be audiotaped and this was because they were unsure of what a recording device was and how it was used. We would explain that no identifying information would be used and that we were not taking pictures of them but some women still did not want to be recorded and of course, we did not push the issue and instead, resorted to paper and pencil. These are some of the unanticipated parts of the interviews that forced me to take a step-back and re-think the way I approached the process of collecting this data. I changed my approach each time I interacted with participants and eventually got to a point where I could anticipate concerns and would follow my translators lead more and make the interview process more fluid and transactional, like a conversation. The conversational flow of the interview meant opportunities for questions from the women, which I welcomed. I started to include that as part of the method as I continued the interviews. I had not initially planned to have time after the interview for women to ask me questions but early-on I saw women would have questions for me when I finished interviewing them and I thought it

was only fair if I were asking them questions about their bodies that they have an opportunity to ask me questions about mine. Sometimes the questions caught me off guard and I was not always sure how to go about answering them. This will be discussed more in Chapter four.

3.5.2 Obtaining Research Clearance

The challenges I endured trying to obtain research clearance are also fitting to discuss in this section. This, too, was not a linear process and also required creativity in how I approached it. Prior to leaving for Tanzania, I met with the University of Pittsburgh Institutional Review Board (IRB) about obtaining research clearance. After multiple meetings, I was clear on what I needed to do in Tanzania to put the pieces together and finish submitting my IRB study protocol. While I knew translation of documents into the spoken /written language of the participants and obtaining permission from village leaders were requirements, those proved to be more challenging than I had anticipated. Village leaders are also not often literate and do not normally have foreigners come to them with research ideas so it may have made things more complicated and confusing for them than I had intended. The alternative to getting permission from them was getting research clearance from Tanzania's government research review board, COSTECH. However, COSTECH would not allow me to get clearance from them until the IRB gave me research clearance first. Therefore, I was in a position where each research governing body wanted the other to act first. Thankfully, the IRB gave me a contingent research clearance for the purposes of obtaining my Tanzanian research clearance. This gave me the clearance to proceed with obtaining research clearance from COSTECH, but not to start conducting research. After receiving this, I could move forward with going through the steps for COSTECH and would not have to go through the village leaders.

Commission on Science and Technology (COSTECH) is a Tanzanian government organization located in Dar es Salaam, one of the biggest and most populated cities of Tanzania located on the coast of the country. From where I lived in Arusha, traveling to Dar es Salaam was between 400 and 500 miles depending on the amount of construction on the roads. I traveled by bus for each trip because it was far less expensive than flying. A bus ride, round-trip, was around 60,000 Tanzanian Shillings which is equivalent to $27 USD. It became difficult to communicate with COSTECH via phone because the line was not always good. E-mails were not often answered and the culture lended more to face-to-face communication. Therefore, I started taking bus trips from Arusha to Dar es Salaam to see the research clearance process through. On one of my trips, I was told by the director that there was a chance I would have to get both ethical clearance from COSTECH and a separate research clearance through the National Institute of Medical Research (NIMR). A t that point, I heard from other researchers that going through NIMR would mean much more wait time, possibly waiting for the entire duration of my time in Tanzania. The logic the director was using for why I may have had to be cleared through NIMR was because the title of my dissertation made it appear that I was doing medical research. I explained that my research was not medical and that it was social science research. He said he understood but the committee could still decide it is medical. I became worried and unsure about how I was going to get around having to go through NIMR while still getting my clearance to conduct the research. I did not want to have come all that way to not get the chance to conduct the research. So, before I made the final submission of my application materials, I made sure to follow the process of applying for clearance and made it clear in my proposal that I was conducting social science research not medical research. Upon my final

submission, I continued to take trips to COSTECH to show my face and check in on the process in person.

Because it took over three months to obtain clearance and subsequently obtain a residency permit, I was required to leave the country of Tanzania for a few days because I was on a tourist visa. I flew to Dubai, United Arab Emirates just before the Christmas holiday. While I was in Dubai, I had a friend, Julius, call COSTECH for me to check in on the process by the date the director suggested. The director relayed that the committee was going to meet on a certain date and that we should call back on that date to check on the outcome of the meeting. Julius called me in Dubai to tell me that the committee met and still decided I needed to go through NIMR. I panicked. Not only was I in a different part of the world at the moment making it difficult to get in touch with COSTECH, but I felt my research plans slipping through my fingers. Given that Julius was also living in Arusha at the time, he called a friend in Dar es Salaam to go to COSTECH and check on my application as well as get the personal phone number of the director. His contact was able to do these things and Julius was able to directly and personally contact the director. Julius explained how worried I was and again, that my research was not medical. Within a day, the director called Julius to say he would go against the recommendation of the committee and have the final say in the decision. He decided I should not have to go through NIMR and that I met the requirements for research clearance through them. Therefore the director granted me the clearance.

University of Pittsburgh IRB was more than willing to work with me and understood the cultural differences with which I was dealing. Getting in contact with IRB just before I left as well as meeting with them multiple times in the years leading up to this research helped by having already established a relationship with them. They were easily accessible via e-mail and

the constant communication made half of this process easy and straightforward. The other half of this process, going through COSTECH was not as straightforward. I never thought my research would be considered medical and therefore, never thought to make sure that my proposal sounded as "social science" as possible. I thought by just saying it was social science research that it would be taken that way. However, COSTECH had different guidelines they use to evaluate a research proposal. It was difficult to know this before going to Tanzania because although they had a website, this information was not on it. In fact, there was an online system to submit a research protocol for which I created an account before I left and even began the online submission process. However, during one of my first visits to COSTECH, they said they had discontinued their online system and any information already entered was gone. Their website was not reliable with information posted one day often gone the next. There were large, tall stacks of paper everywhere in their office so it was clear they did not use an online system to manage their files. I also needed to change the way I communicated from what I was used to in the U.S. The e-mail address listed on the COSTECH website was rarely checked and as stated earlier, it was difficult to communicate via telephone because sometimes the phone lines were not working. In general, the culture appreciates face-to-face contact and it seemed best to contact them in person, I knew I was in Tanzania for the purpose of doing research so no journey was too long to ensure that I had a chance to do it. Finally, the director decided to do what he wanted to do even though a protocol is in place to deliberate research applications. He knew I did not have much time left and I had given him my word on one of my visits that it was important to me to protect the citizens of Tanzania and behave in an ethical way when conducting my research. Overall, the process of going through COSTECH was very different

from that to which I was accustomed in the U.S. both in a cultural sense and in a procedural sense.

3.6 DATA ANALYSIS

Demographic data were collected including age, marital status, education level, and whether or not the woman had children.

Storing materials included typing notes as soon as possible after the interview took place, and transcribing the audiotapes. A journal including research experiences and general experiences in Tanzania was kept and detailed my impressions of participants, my personal struggles, fears and other useful and notable aspects of my time.

The data were analyzed using qualitative methods. The interviews were transcribed verbatim. Transcription started soon after the interview process started and continued throughout the duration of my time in Tanzania as well as during early months following my return from Tanzania.

The preliminary data analysis consisted of open coding. Data were examined using content analysis to illustrate emerging themes, patterns, and categories found in the participant's experiences. All data were coded by considering responses of all participants by developing categories that would cover the various responses. Codes and categories were compared, contrasted and sorted by hand until no new categories and codes emerged. Data comparison was performed to determine if findings fit with what other interviewees discussed (Strauss & Corbin, 1998). This confirmed or disconfirmed the codes and categories that had emerged from interviews while attributing value to the women being interviewed. Bias was examined in order to ensure reliability. Validity was ensured by clarifying questions and clearing up any confusion

that arose from being an outsider to the culture. Representativeness was ensured by gathering perspectives from women with individual and unique experiences.

4.0 RESULTS

This chapter describes the views and opinions of the participants in this research on topics related to FGC/M and its place in their lives. The results of their views and opinions are the words spoken by the women. These words have been coded and are presented and organized based on the aims of this study.

4.1 DEMOGRAPHICS

Thirty-one women were interviewed for this study. All women were from the Maasai tribe of Tanzania and all women had undergone FGC/M, type I. Currently, these women range in age from 25-100 years old. Of the 31 women interviewed, 15 (48%) were able to give exact ages. The other 16 women were able to give approximations or did not know at all. Participants had varying levels of education and 20 (64%) women had never received any type of education. The other 11 received a combination of primary school, high school, and college education. The majority of the women were married with 25 (80%) women reporting they were married while the other six women were either single, separated, divorced, or widowed. All participants but one (97%) had children. Some women reported having as few as one child while some had as many as 10. This demographic information is described in Table 2.

Table 2: Demographics *(N=31)*

Participant	Age	Marital Status	Have Children	Education
01_Natandito	45 (approx)	Widowed	Yes-2	None
02_Paulina	45	Married	Yes-10	None
03_Nana	50 (approx)	Married	Yes-4	None
04_Auntie	25(approx)	Married	Yes-2	None
05_Bibi	46	Married	Yes-10	None
06_Njema	Doesn't Know	Married	Yes-3	None
07_Red	Doesn't Know	Married	Yes	None
08_Blue	39	Married	Yes-8	None
09_Mama Sinyati	Doesn't Know	Married	Yes	None
10_Sinyati	29	Married	Yes-2	B.A. Public Relations
11_Rebecca	29	Single	Yes-2	High School Degree
12_Mama Joy	46	Married	Yes-4	Primary School
13_MamaBen	48-50	Married	Yes	Primary School
14_Mereso	29	Divorced	Yes-5	None
15_Nori	47	Married	Yes-8	None
16_Suzanne	30	Married	Yes-5	Adult Education
17_Mama Kubwa	60	Married	Yes-1	Adult Education
18_Maria	48	Single	Yes-6	None
19_Mama Mzee	late 70s (approx)	Married	Yes	None
20_MamaA	Over50	Married	Yes	None
21_Mama B	55-60	Married	Yes	None
22_Mama C	60 (approx)	Married	Yes	None
23_Mama D	70 (approx)	Married	Yes	None
24_Mama E	Doesn't Know	Married	Yes	None
25_Milan	29	Separated	Yes-1	High School Degree
26_Mary	26	Married	No	B.A.
27_Nimpres	27	Married	Yes-2	Primary School
28_Kenya	29	Single	Yes-2	B.A.
29_Mama 1	90-100 (approx)	Married	Yes	None
30_Mama 2	50-60 (approx)	Married	Yes	Primary School
31_Mama 3	50-60 (approx)	Married	Yes	None

4.2 LOGIC BEHIND FGC/M

Women reported multiple reasons for why they believed FGC/M was practiced. These reasons indicate both the importance of the practice to women now as well as the importance at the time it was performed. When discussing the logic and rationale behind the practice, women discussed both what they believed to be the truth as well as what the culture as a whole believed were the motivations for practicing FGC/M. The motivations for engaging in the practice revolved around womanhood, respect, tradition, and sexual beliefs. All rationales for FGC/M are described in Table 3.

Table 3: Logic Behind FGC/M *(N=31)*

Logic	*N*
To become a woman	13
Marriage	12
Respect	8
Tradition	6
To give birth	6
Clitoris will continue to grow	3
Control Sexual Behavior	2

4.2.1 Becoming a Woman

For women, one of the most important parts of the Maasai culture is the transition from girlhood to womanhood. There are many beliefs around what it means to be a woman and how one can become a woman. In the U.S. and many other western countries in the world, age determines adulthood. However, as mentioned in the demographic section above, many women do not

know their age because age, as a number, is not important and is not a factor in determining whether one is a girl or a woman. The non-western complexities surrounding what it takes to become a woman and the subsequent meaning and value of what it means to be a woman are important in trying to understand the adherence to a cultural tradition such as this.

> Circumcision is really good because it helps to identify ages, like this is a girl, this is an adult. It helps you to be an adult. So even if you become old like me and you aren't circumcised, you are still a child in front of the society. After you are circumcised, now you are considered an adult meaning you can do things on your own so you can be married off after circumcision.

Maasai people have a strong sense of what it means to be a community. In the village, not only do they live among one another but because of proximity they spend all of their time with other Maasai people. Women often group themselves and spend much of their time within the groups they form with each other. They do their daily chores together and they sit and do beadwork together in groups. Being a part of a group is important and oftentimes, women talked about FGC/M being the important route to becoming a woman because you get to sit with the other women.

> If you aren't circumcised then your friends in the village in your age groups, you will not be able to sit with them, talk with them, you cannot shower together, you cannot be in a group of men, those kinds of things. Even now at our age, you can meet 10 or 20 of them and they can shower together without shame but if you're not circumcised, you cannot get in that group, you cannot give any decisions, you cannot talk anything, nobody will listen to you, nobody will walk with you, you will not get a husband.

Sitting with women and talking to them is something young girls aspire to be able to do. Women who are in the same age group or generation have gone through the FGC/M process together. An age group can consist of girls who are similar chronological ages; alternately one may be lumped into an age group based on the size of her body. The FGC/M ceremonies consist of multiple girls in a group going through the procedure at once. This group is the closest indicator of age women will have. However, even with this, there are still many women who do not know

their true age. Within these groups, you can shower together, as the participants mention, as well as make decisions and have your opinions heard by other women. Women gain all of this from undergoing FGC/M.

One participant discussed more specifically what the cutting of genitals symbolizes as a transition to womanhood:

> Me: So why…is the importance then the shedding of the blood is that what's important about the circumcision?
> Mama Kubwa: Traditionally, shedding blood when you're circumcised it means all the childhood blood is shed and now you are big so at least to shed some small blood for this skin that you sit on-at least have a dot of blood.

When a girl is undergoing FGC/M, cow skin is put under her body so that is the skin she is referring to here. This quote is in response to a possible alternative to the physical cutting of genitalia to transition girls into womanhood. Mama Kubwa suggested having a ceremony without cutting genitals. However, she still believes one should be cut somewhere on the body so they shed some of their childhood blood. Becoming a woman is not only about the activities you get the chance to engage-in but it is about physically draining yourself and relieving yourself of childhood fluids.

Womanhood emerged as a code during the analysis of these interviews. It will be discussed in more detail later as it relates to the aims of this study.

4.2.2 Marriage

As participants have mentioned, in the village, you cannot marry a man without having undergone FGC/M. Having it performed and therefore becoming a woman make you eligible to enter into a marriage, either as a single wife to a man or as one of many wives in a polygamous marriage.

R: For sure, I don't know but what I know is that you need to be circumcised before you get married, before you have a child…that's what I know.
Me: Yeah
R: And before, I mean, the first time the Maasai men, they don't like women who are not circumcised.

Men show interest in marrying girls by paying the dowry, or bride price, in the form of giving cows to the girls' parents however before being married; undergoing FGC/M is a prerequisite. Marriage is an important part of a Maasai girl's life. In the village, women will not have access to wealth without being married to a man. Marriage to a man will allow her to start a family. Taking care of children and animals are the most important things that Maasai women do. Girls are given to men shortly after they undergo FGC/M and are therefore married-off as young girls to much older men. Marriage also emerged as a code during the analysis process and will be talked about in greater detail later as it relates to an aim of this study.

4.2.3 Respect

There were eight times throughout the interviews when women mentioned respect as being a motivation for practicing FGC/M. Women have a sense of pride they carry with them when they know they have undergone the practice. Being able to sit with and talk with other women who have also embarked on this rite of passage seems to make the women feel like they belong to a special group. In fact, during this data collection process, a Maasai woman declined to participate and speak with me because she knew I had not undergone FGC/M. This woman felt I was not a woman and she could not talk to me about the experiences of being a women. Women who have not undergone FGC/M are looked down upon and are assumed to not be real women and they are assumed to not be knowledgeable about life.

Me: What were you told was the reason for why you had to be circumcised?

> Bibi: No, I was not told anything. It was due to tradition. I didn't like but because of the law that was there, I had to undergo it.
> Me: What do you think about why girls are circumcised now?
> Bibi: the reasons why they get circumcised is one because of the tradition that is there, second is because to gain respect because if you are not circumcised, people will look down to you, you won't have friends, nobody respects you and they believe that you get circumcised to become knowledgeable.
> Me: Knowledge about what?
> Bibi: Knowledgeable like you have become an adult. When you become an adult you are asked certain things and you are knowledgeable

Women spoke about respect and how necessary it is. There was not much discussed about how one becomes knowledgeable and the steps involved. It seemed as though the literal act of undergoing FGC/M literally gifts you with wisdom and there is an immediate separation between yourself and "uncircumcised" girls.

> Mary: I was told that it is a must to be circumcised as a girl and it is a Maasai law so that's the reason I was told I was going to be circumcised.
> Me And you were told this before?
> Mary: Yes, before. People will not respect you if you are not circumcised. So if you are not circumcised, people will not want to be near you, you're just nothing in the village

Girls are told that the life of an "uncircumcised" girl in the Maasai village is very hard. They are told that living without the respect that FGC/M brings, they will not be able to prosper and will essentially be shunned and ignored by the community. Without FGC/M, as Mary stated, "you're just nothing in the village."

4.2.4 Tradition

When women discussed that tradition is the reason they know of for why FGC/M exists in their culture, normally there was not much elaboration from there.

> Me: Do you know why you were circumcised?
> Maria: I just know it was tradition.

Oftentimes, it seemed that if a woman did not know much about why her culture performs the practice, she said it was just simply a tradition.

> Me: Do you feel like if you had not been circumcised then, that you would have had a different life?
> Paulina: I don't feel like it would have had any difference because it's not heavy to have your clitoris, it doesn't have any difference, its only tradition.

Paulina is stating that removing the clitoris does not improve or decrease the quality of life or the course that life takes because the practice is just a tradition. She has reduced the practice to something that a woman just does whereas, as stated above, other participants have attached significant meaning to the tradition and feel that not undergoing FGC/M would have a negative impact on you and would be a detrimental way to live in the Maasai community.

4.2.5 Giving Birth

A common belief held by Maasai women is that a woman cannot give birth until she has undergone FGC/M. The fears surrounding this seem to be based more on superstition and less on biology. Sometimes, the logic is that if a woman tries to give birth when she has not undergone FGC/M, there will be a lot of tearing at the vaginal opening and she will need more stitches. For example, the following excerpts from interviews indicate fear of giving birth without having undergone FGC/M based on superstition.

> Me: What do you understand about why circumcision needs to happen?
> MB: The most thing why Maasai circumcise girls is because it was like a caste for a girl to be pregnant before she's circumcised and if it happens that a girl gets pregnant before she's circumcised, then all of the boys in that boma will die. So to avoid that, they will take this pregnant girl to the forest and a calf, both of them to the forest, tie them to a tree, the calf to one tree and the girl to another tree. They are tied there and left there in the forest, and then anything will happen, maybe a lion or any wild animals will come and it will chose which one to kill either the girl or the calf. If the calf is killed then the girl will come back home. If the girl is killed then the calf will come back home. So if the calf is killed the girl will come back home and she'll get circumcised and give birth and the boys will not die because the calf died for the girl being pregnant.

> Mama 3: I remember that day, the preparation was done and I was told and the main reason why we really value circumcision is because it's like a caste to be pregnant before you're circumcised. If you become pregnant before you're circumcised, it brings a caste to your brothers and any other man in the boma. Some families circumcise young girls to avoid getting pregnant before they are circumcised and this is why I cannot stop circumcision because when you get pregnant before you are circumcised, you are taken to the forest and tied there or sometimes they caste you until you die or sometimes they just throw you away and you are not allowed to come back to your home. Just go wherever you go. Go get another family but not your home.
> Me: Have you seen that happen before where a girl has gotten pregnant and the boys in the boma were all casted out?
> Mama 3: Yeah, it happened to me. All of the brothers died at that time and then myself, I became very weak, every time I gave birth the child will die and I became less healthy and less healthy and until you die also. So until you die the other brothers who will be born, they will grow and they will not die.
> Me: So the boys died because you gave birth without being circumcised?
> Mama 3: Yes. The boys die and the girl who got pregnant before circumcision will not also have her kids. Anytime she gives birth the child will die and your health will deteriorate until you die also. It becomes like a caste.

The fear related to a girl becoming pregnant before FGC/M is performed is based on the well-being of the men in the boma. As Mama 3 stated, she has seen this happen. She did not die as a result but the men in the boma did and she gave birth to still born babies. Although it is unclear, it seems as though being "circumcised" is what will make things better once the men in the boma start to die and the girl continues to have miscarriages and still born babies. Women who felt that FGC/M was important for more biological reasons discussed the ability of going through the birthing process as well as the negative consequences that arise from giving birth in the absence of FGC/M.

> Nana: You are supporting men if you think women shouldn't be circumcised but men should be. If women don't get circumcised, then they cannot give birth.

> Me: Is circumcision a good thing for women to do?
> Njema: It is important because when you give birth, you won't have problems if you have been circumcised. If you haven't been circumcised, the vagina breaks when you give birth and you will have to have stitches.

There is a fear that girls and women have and have been taught by older women in the tribe about this fear. These fears are passed on through generations. Even if a woman has never seen men in the boma die because an "uncircumcised" woman gave birth, the stories they are told are enough to make them feel real.

4.2.6 Maintenance of Genitalia

Three women responded to the importance of and motivation for practicing FGC/M being fear that the clitoris will continue to grow and become dirty. Nori stated that "when a woman is not circumcised, the clitoris gets so big. I took my daughter to the hospital…there was another woman beside her who was also giving birth and I saw her and the clitoris was big, like so big like a big ear…doesn't that keep dirty and keep bacteria?" The belief here is that the human body will allow a woman's clitoris to continue to grow beyond a normal size. This is seen as distasteful but also, uncomfortable. Women do not feel one would be able to walk with a clitoris so large.

> Nimpres: I asked my grandmother, "why do you circumcise women?" and she said that, "when the clitoris grows so big, you can die of it." So, I asked her, "then why do you but so much, why not just cut a small part so I don't die?" She said if you cut it small, it becomes even worse so we have to cut all of it.

Although Nimpres did not believe this to be the case today, she was told by her grandmother as a child and feared death because of it. During an interview with Mama 3 in the village, there were other women around each of whom stated that, "if you are not circumcised, it means the clitoris will grow so big and then it will cover everywhere so then your vagina will not be seen and it will keep a lot of dirt." These women depict a fear that a woman's clitoris will grow to an uncomfortable size that will debilitate her and grow bacteria and eventually, a woman will die from having a clitoris. In fact, a participant, knowing that I had never undergone FGM/C, asked

if I was uncomfortable when I walked and asked if my clitoris got in the way of walking. She looked squeamish as she asked if it was constantly itchy and painful. Sometimes when women would talk about their beliefs about the clitoris, they did not seem to question how I was able to function just fine with all of my genitalia intact. In general, the women did not seem to question what was told to them about why they had to undergo this practice. As a researcher, it was not my place to question their beliefs or dispel their thoughts about the practice so I did not question them about issues I did not believe to be the truth about how the body works.

4.2.7 Curbing temptation

Although the control of women's sexuality was less frequently discussed among the participants, it is cited often in the literature on FGM/C as a motivation for the practice. This was mentioned twice during the interviews by two different women. Natandito stated that "the clitoris makes the girls so much to want sex, like every other time so it's good to cut it out." She felt the presence of the clitoris will increase a woman's desire for sex and she has been taught that a woman wanting sex is not a good thing. In the village of Namanga, I interviewed a woman named Maria. At first it was a one on one interview but other women overheard us and decided to contribute to the discussion.

> Me: If you weren't circumcised, do you think that you could have still found a husband?
> Maria: It's good to have circumcision because it helps women abstain (from sex) because if you are not circumcised, you can't stay a single day without a man. You can go crazy if you don't get a man to sleep with
> Me: Is that how you felt before you were circumcised?
> Maria: (This becomes more of a group discussion)Even for the Maasai girls, before they are circumcised, they are really horny and that's why they go, even at this age (points to the 8 year old girl in the room), they go follow men anywhere, they don't mind about their home, the can just go anywhere, sleep around with men. But once you are circumcised, you become less horny so you won't go chasing after men, you just relax at home and wait to be married off.

A cultural practice the Maasai people engage in is attending "esoto's." What I have learned about what an esoto is and what I can compare it to in the U.S. is essentially a party. The Maasai young boys and the girls who have not yet been circumcised attend these gatherings. The boys who attend the esoto's are called *morans*. A moran is a Maasai boy who has been circumcised and is now a warrior. He dresses in the traditional Maasai warrior clothing and grows his hair to long lengths while applying red clay to it. This is to indicate his status within the tribe as the soldier and warrior.

During the esoto, the Maasai morans line up in a row and sing songs. The girls watch them sing and decide which one of the boys "they want to love for that night." They chose a boy and they go and spend time with that boy for the evening. It seems they engage in sexual behaviors with one another. Sometimes having intercourse or being intimate in other ways. These are times that women discuss as being their days when they were free. They were encouraged by their family to go to the esoto's. They were especially encouraged by their mothers because their mothers knew what life would be like once their daughter was married when choice and freedom become concepts of the past. Once a girl is "circumcised," she is no longer allowed to attend these because she has to prepare herself to be given to her husband as well as disassociate herself from the other girls at the esoto who have not yet undergone "circumcision." She has to prepare herself to become a Maasai woman. As a result, girls can be quite young when they attend the esoto, sometimes as young as eight years old. If a girl seems young and inexperienced, sometimes the Maasai boy will not try to be intimate with her. The boys seem to be attracted to girls who are bigger because they consider bigger girls to be older. However, young girls can appear to be older than they are so this approach does not always lead to the intended outcome. When women discuss the difference between sex before and after

undergoing FGM/C, the "before" time period refers to these experiences at the esoto's when they were young and free. During this time, it appears to be accepted in the community for girls to initiate sex and intimacy with the morans. This is why Maria and the other women in the village of Namanga say that women with an intact clitoris will chase men and follow them anywhere. They are referring to how they felt as young girls exploring their sexuality. Because there is a specific time frame during which they are allowed and encouraged to engage in that type of behavior, if that behavior continues into womanhood, it is seen as a flaw. Women can appear misguided and unable to stop themselves from having sex with men because their clitoris makes them feel a desire that is too strong to resist. Therefore, the clitoris needs to be removed so women will be tamed and behave as an adult. This will be explored more in this chapter as the sexual experiences of the women also emerged as a code through the data analysis process.

4.3 PSYCHOLOGICAL HEALTH OUTCOMES OF FGC/M

The first aim of this study was to understand the mental health outcomes of FGC/M. The codes that emerged during the data analysis process were used to construct an understanding about the mental health experience of women after undergoing FGC/M. These codes were as follows: Emotional Response Short-term, Emotional Response Long-term, Physical Response Short-term, Physical Response Long-term, Choice, and Preparations. I will provide a description of each code below as well as discuss parts or all of the interviews associated with that code.

4.3.1 Emotional Response Short-term

The meaning behind this code depicts how women felt immediately after undergoing FGC/M as well as what women discussed regarding the cultural expectations about the way emotions are

expected to be displayed at the time of undergoing FGC/M. Women were asked about how they felt emotionally at the time they underwent the procedure. Depending on the age of the participant, this required women to think back many years. When this question was difficult to answer, I would ask the participant to tell me about the day when it happened and tell me what she remembered. I would then ask her how it made her feel at that time to know she was about to be "circumcised" or how she felt immediately after it was done. There were four women who reported they felt nothing. Natandito, approximately 45, said, "I didn't feel anything. I was just fine." Maria, 48, stated, "It didn't do anything for me emotionally." Responses like these were usually the end of the questioning on that topic. Girls are told they need to be brave and show no fear when undergoing FGC/M so in order to make sure they show no outward appearance of pain or fear, they likely have to train their minds in that moment to behave as if nothing is happening. To appear as if you feel nothing or, some say, to even appear as though you are having fun, is highly praised among the women and will give a girl more respect as she ages. The amount of mental strength that it would take for a young girl to shut off her mind during an experience like this is likely equivalent to the strength she possesses to hold on and adhere to the cultural expectations. Therefore, it is possible that these women felt emotions like fear, worry, and stress but are holding on to the cultural beliefs about the strength a girl needs to have during this traditional practice and will therefore say she felt nothing.

There were seven times where women reported they felt very bad.

> Mary, 26: I remember the whole process. There's this woman who is doing the circumcision, there's another woman who stands behind me then there is a razor blade and then there is a rope to tie me just in case I would run away. And then there is fat, ghees from the milk and the cow dung and mixed together so after the circumcision, the mixture of the ghee and the cow dung is applied there, then the process is finished but for me it was very bad, very painful, very painful and due to needing to be brave and be strong, so you can't cry, you just have to bear with the pain and I had a lot of bleeding.

Mary's experience is characteristic of what many women reported the process of "circumcision" to be. Between the shock of not knowing this was going to happen to the women blocking doors while holding ropes to tie the girls arms, it creates a stressful and fearful environment of the pain the girls know they are about to endure.

> Me: So you tried to run away at first?
> Milan: Yes, I tried
> Me: With the others girls or by yourself?
> Milan: With the other girl, we are two and we are attempting but because the other girls were there, they will try and say…. because sometimes you are trained to be courageous, to make yourself strong to face the situation but sometimes it fails because when you hear someone crying you can just feel that it is a bad thing and you can feel that it would be so painful but so that's why we were trying to escape but no way out.
> Me: Right
> Milan: Yeah, other strong women were standing at the door to not make you go out.

Milan, 29, is discussing what others have also mentioned. Upon hearing screams from other girls who are being "circumcised" because they are experiencing pain, a response is triggered indicating a threat leading to the feeling that escaping is the best option. Of all of the women who discussed their emotional response, no one ever successfully escaped the practice of being "circumcised." Women used multiple words to express their short-term emotional response including feeling "worried," "stressed," and "nervous." Paulina, 45, discussed how she felt just before the cutting started and during the actual physical cutting. She says, "It was so bad, I cried a lot because I knew now I was going to be married off to someone I don't know so it was a bad feeling for me. Yeah. I cried a lot. Not because of the pain but because I knew that I'm going to be circumcised, I'll be married off and I'm going to leave my mother so I didn't like that feeling." Similar to this, Mama B, between 55 and 60 years old, stated:

> I remember the stress I got because we are not supposed to show that we feel pain so I knew that you can't show by even saying a word or moving your body or even blinking your eyes to show pain, you're supposed to be still like nothing is happening.

> When I was told that was how I was supposed to be, I got a lot of stress and then I remember how painful it was and how bad I felt when I knew that now I was going to be married off and I was going to leave my mother's house.

Other women shared Sinyati's pain and fear-not so much because of the procedure of undergoing FGC/M but the thought of knowing that all of the "good things" were going to end. Women are taught that following "circumcision" is marriage to a man she likely has not met which means she will leave home and her life will be forever changed.

Another word women used to describe how they felt was "helpless." Sinyati, 29, explained she was "circumcised" on a break from school. She explained that oftentimes, girls are "circumcised" when they come home for a holiday break. Not only in the Maasai community but in Tanzania in general, children go to boarding school so they do not live at home. Sinyati explained that when a girl is "circumcised at home on her break, if she is healed enough, she can return to school when classes resume. However, sometimes girls are still healing and they will miss days of school to recover. If a girl's father wants her married-off immediately then she will not return to school at all. Since girls are not told beforehand about the practice of "circumcision," they are not expecting to undergo this procedure when they come home for break. Sinyati explained, "Yeah, I was nervous because I was at school, I stay at school, so I come home for, I mean in June and I was feeling like sleeping. I didn't know what was going to happen. Very early in the morning, two old Maasai women, my grandmother and the other, came in and said, "we are going to give you a gift today. Can you just follow us?" Sinyati is explaining that she came home for break from school and just wanted to sleep. She had no idea what to expect and what the women were about to ask of her.

> S: It was like 12 in the morning so I said which gift are you going to give me this time. They said just follow us, we'll have a very good gift. Then, the other old woman, I know that she was always cutting the girls so I refused to follow them. I

said, “no I’m not going, I know what you are going to do to me so I’m not going.” And she went away, my grandmother told me, “no she’s not going to do anything to you. Just come. I want to show you something.” I followed her, and they took me to far from home, sort of forest. Because for Maasai you’re not allowed to make noise, you’re not allowed to cry while you are being cutting. You can’t (makes a face that indicates pain), while they are cutting you, you can’t (makes face indicating pain) you should be strong. So, they knew that I won’t be strong (laughter between Sinyati and Susan) so they took me somewhere else where we can make noise and no one will hear.
Me: How did they know that?
S: They knew because they know I’m from school and I won’t be happy with that.
Me: Ohh
S: Yeah. Because even our teachers, they were telling us, “don’t, don’t, don’t. Don’t allow them to cut you.”
Me: Yeah
S: So they know that I won’t
Me: I see. So they knew that you were educated to know that you don’t have to do that or that they shouldn’t do that?
S: Yeah
Me: Interesting.
Me: So then to know that, to know that your teachers have been telling you that…well what did they say about it, did they say it was bad? Or did they say…
S: Yeah they said that and sometimes they say that if you are circumcised, you might bleed until you die. So we are afraid just hearing that I might die just because cutting my something my body so we go home and say, “mama, mama, my grandmother don’t do this to me and they say ok we won’t do it, we won’t but when I grow up, 13 years old 14 years old, they say, “this one you should do very quick.”
Me: Wow. So how did you feel knowing that your teachers told you it was bad but you had it done anyways?
S: Very bad.
Me: yeah
S: But I was somewhere where I couldn’t help myself because they tied me just to make sure…

Sinyati’s experience depicts the secrecy around the practice and the element of surprise that is part of the tradition. Also, although girls are not told about the practice before it happens, a few are informed through school. The messages they receive at school are that FGC/M is bad and that they should say no to the practice. Below is an image of a poster at a traditional school in a Maasai village.

Figure 3: STOP FGM NOW! sign in school

Although Sinyati did not describe her experiences as traumatic, the theory of trauma would suggest that what she went through is consistent with a traumatic event and that there are psychological responses that often follow. Some women discussed the immediate fear they had of dying. I asked Mereso, 29, at one point it was that she decided she didn't like "circumcision." She explained, "I hated it right then, after I gained consciousness and noticed I was almost losing my baby, I was almost losing my life because of circumcision and then before I really healed, I was married off to a very old man, almost my grandfather's age. From then, I really didn't like it, up until today." Similarly, Mama A, over 50 years old, discussed, "Yes, I worried a lot because I almost died due to the bleeding, I bled a lot. But I didn't lose consciousness but it was really bad for me." The short-term physical responses will be discussed next and will go into more detail about feelings of fear but typically, women fear death because the village circumciser is not immediately able to stop the bleeding and as a result, girls often lose

consciousness. Either a girl experiences first-hand how it feels to lose consciousness or she sees a girl being "circumcised" in her group who loses consciousness. Either way, it is a shocking and scary experience for the girls to go through. The responsibility a girl feels to perform well and the brave face she feels she needs to keep during the cutting is burden enough however continuing to feel the need to maintain that performance while losing consciousness and fearing death is the heaviest of loads to carry.

Of course FGM/C did not feel emotionally challenging for all women. Some reported they were happy and excited at the time of their "circumcision." Mama 1, between 90 and 100 years old, stated, "yeah, I liked it, I was happy because I was bigger than the other girls who were being circumcised so I was happy I was becoming a woman." Likely, Mama 1, being physically bigger at the time compared to other girls in the community at that time and not having been "circumcised" yet, felt ashamed or embarrassed to not have become a woman yet. By the time she was "circumcised," she was probably feeling the societal pressure to become a woman and perhaps was not fitting into a group of women because of where her place in society was at that time: not yet a woman but physically bigger than the girls. Mama 2 stated,

> "It was fun. I was told that I was going to be circumcised so that I can be married off. So the preparations started and it was done the first celebration, the second celebration and the third celebration when I was circumcised now. After one month, they started preparing to marry me off. There was a celebration in my home and then I was taken to my husband's home and another celebration was done there. I became a woman."

Given there are celebrations that accompany the tradition, sometimes, women report having fun engaging in the celebratory ceremonies. This is a celebration of transitioning girls into womanhood so similar to any cultural or religions tradition of moving into the next stage of life, friends and family celebrate. Mama 2 goes on to explain, "I was happy because I was already a big girl and I was happy I was circumcised because I became of another level." The excitement

surrounding the ceremony can, for some women, give the practice more cultural meaning as all of the practices the Maasai are known for are engaged in during these ceremonies. This can lead the girls to feel they are being indoctrinated into a respected society and that every woman goes through what she has just gone through so FGM/C is just a part of life and a price to pay for belonging.

4.3.2 Physical Response Short-Term

The short-term physical response emerged as a code as women spoke about how they felt physically during and immediately following circumcision. I asked women to tell me how it felt physically, at the time of "circumcision." I did not have to do as much probing with this question as I did with asking them how they felt emotionally. The memory of the physical feelings seemed to be more readily available in their minds. Many women discussed how painful it felt. There were 22 times women stated the procedure was very painful. Mama B, between 55 and 60, when asked if she remembered when she was "circumcised" stated, "Yes, I remember. It's not something you can ever forget because of the pain." Nana said, "it was painful, forced and I didn't like it. I had to be held down by many women." The pain is so severe that women describe trying to run and escape. They described hearing screams and cries for help from the girls being "circumcised" before them that day and feared that what was happening to the girls was going to happen to them soon. Kenya said, "Yeah, that skin, it was oooooo, really painful. It was really painful." Rebecca said, "I remember [the feeling] often because it's so painful so I remember each time how painful it was." Mama Kubwa, 60, responded to me asking if she remembered how it felt. She said, "I remember because it's my body that was cut and I didn't have any wound so they cut me fresh and it was really painful…Yeah, I bled a lot and was unconscious for the whole day so they had to tie things my

arm." When she discusses that she was cut and did not have any wounds, she is saying that there was no reason to be cut. She was not cut to be healed of something else going on. She was healthy and felt fine and did not need a surgical intervention of any sort. There were a few women who shared this belief about how it felt. Some women describe it as "a pain for nothing."

With the pain comes the blood which is generally how women described their short-term physical response. Women said there was a lot of pain and blood everywhere. The combination of pain and loss of blood is what usually caused women to lose consciousness as stated above. Some women said they bled for three days straight and lost consciousness for as few as three hours to as many as seven days.

> M: Yes, it was very painful. For sure I had just got conscious after some time… they caught me because I was hearing other girls crying and others attempting to run, to escape that situation… I was just trying to go away but other people, strong people were around us so they caught us, they took us into one room so it's like two rooms, the action is taken in one room, so the other people were standing trying to block us not to run out [in the other room]. So when we are caught and we are at that room so [we cannot escape from the] enemies, so they were crying… you can hear someone crying…maybe two were unconscious. That situation make me… because a lot of blood was out and from there not any other medicine or any first aid that you can be given like medication, they just take cow dung and put you. Or they can just take milk and pour to your body and nothing else. And from there it can just feel a lot of pains and for the first two days you are not allowed to wash so you can just even feel a lot of pain, like wound, so it is very painful for sure. So, I have experienced this so I know how it is. Yes.

What she is describing here is that she tried to escape by running away because she heard girls screaming. She said they put her in a room where they perform the "circumcision" and had other women block-her-in by standing in a different room. She felt a lot of pain and there were no modern medications to help ease this. They used the traditional practices of applying cow feces and milk to the vagina to assist in the healing process. Another traditional practice used to

help with the blood is described by Mama 2. She said, "Yeah it was really painful. And I bled and traditionally when you bleed a lot, the man you loved before you were circumcised is asked to come and put a chain for you to help and that will help the blood to stop. So my boyfriend came and gave me a chain and then the bleeding stopped." Mama A discussed, "nothing was done due to me bleeding…those days, there was nothing you could do but somebody would come to bless you and give you a necklace and just put it on you and you stop bleeding and then when I heal I give it back to the owner." When women discussed traditional means of healing, often times they said it helped. However, Nimpress did not have that same experience.

> Circumcision was really bad and very painful. I bled a lot. Like a lot. I was unconscious. They tried the traditional means but it was not possible so a nurse was called from the hospital. She came and injected me with some injections then I became conscious and it continued to be pain then it became a very bad wound. After 1 week half of it healed. The other part was becoming black and black. Then I was admitted into the hospital and was given medication. Then after 1 month of medication, I became ok and I healed.

It did not seem common to have to call for help. It is possible that when girls die from this process, it is likely the result of trying to rely on traditional measures and not calling for help.

While this was less common, there were women who stated they did not feel pain nor see blood. Mama Sinyati, age unknown, said, "No, I didn't bleed and I have no bad impact about it." Natandito said, "No, it was not painful because I was ready for it so after the cut, I just made a look and saw the blood floating all over and it was done." When asked if she remembered being "circumcised," Mama C said, "I remember because it was something good. I remember it wasn't that painful." It is possible these women did not feel pain or see blood. It is also possible that they have tried to block out the way they felt when they underwent "circumcision." Believing that they underwent something good for themselves that brings a lot of pride to their lives may lead them to feel they cannot speak ill of the practice or to block it out altogether.

4.3.3 Preparation

This emerged as a code as women discussed what happened just before the "circumcision." The portions of the interviews coded as 'preparation,' are discussing the things that happened to indicate to the women that soon something was going to happen to them As stated above, girls normally are not told that they are about to be "circumcised" rather, it happens suddenly or preparations start being making them question what is about to happen. Sometimes the girls have heard of "circumcision" and when preparations start being made, they consider where they are in life, whether or not their parents behaviors have changed and other thoughts to lead them to wonder or know that these preparations that are being made are actually for them, the girls. The presence or absence of preparation can speak to the element of surprise and shock that the girls go through.

Generally, the girls are not told. Sinyati said, "Yeah, I was 14 years old, in primary school in standard two. They did it like a surprise." Nori said, "you are never told. But you can just see the preparations, what things are going around there and then you will know that now, I am about to [be circumcised]. So you are not happy and you'll never be happy because you don't want to stop the good things you are doing with your boyfriend." Mama A explained this in more detail:

> I was not told that I would be circumcised until that day when they were doing the first slaughtering of the sheep and then the second day they did the second slaughter and then the third day I was circumcised and the big ceremony was done and I bled a lot and it was really painful.

Sometimes, the girls were deceived by their family and were told to make sure they were home on a certain date or were asked to go inside of a home but they were not told why. This was done to keep the element of surprise. Nimpress stated, "when the preparation was done, I was

not told I would be circumcised and my father was a teacher in Mwanza so I was only told that we don't go to school because we have visitors coming. So I didn't go to school and I was just circumcised. I was not given any notification." While it may have been true there were visitors coming to celebrate her ceremony, she was not told it was because she was going to be "circumcised."

> Me: Can you describe the preparations for it and then having it done?
> Mama C: I remember [my] father started doing the first slaughtering and they did the first ceremony and then they did the brewing for beer so after that I just knew that something was going on but I didn't know what and when they are doing the slaughtering the sheep, they have to do it when you are inside the house so my mother will just ask me to go do something inside the house so when you're inside, they bring the sheep. When you see the sheep is brought then you just know its time. So once I saw the sheep, I started crying because I knew that now, I am going to be circumcised and I can't do anything to stop it. I was circumcised and then I was married off.

Mama C is explaining that she knew there were celebrations starting but she did not know why and therefore did not know they were for her. Also, there are many rituals involved in the process of performing the "circumcision" ceremony. As Mama C stated, they cannot slaughter the sheep in front of the girl who is to be "circumcised" so they had to wait until she was inside. Her mother was able to get her inside by telling her to go do something inside of the home. Mama Joy, 46, and Mama Ben, between 48 and 50, discussed other aspects of the ritual.

> Me: What does that mean, start preparing? How do you prepare for it?
> MJ: To prepare for the ceremony
> MB: The parents prepare for the ceremony and for us we are also told so that we don't go anywhere because we should be around home, waiting for that day.
> Me: Oh ok. Because some women mentioned that they had no idea they were going to be circumcised. But you knew?
> MJ: Yeah we are supposed to know 2 days in advanced so that we don't go sing to the boys anymore.

Mama Joy and Mama Ben say they were told in advance and that they needed to be because they had to stop doing certain behaviors to prepare themselves for "circumcision." When Mama Joy

says that they are supposed to be told so they do not go sing to the boys anymore, she is speaking about the esotos and needing to stop having sex with other men since the girls will soon be women and become wives.

As women have mentioned, there are two days of slaughtering and celebrating before the girl is actually cut. Some girls are celebrating with the crowd during those two days and have no idea why they are celebrating. On the third day the physical cutting takes place. Just before the girls are cut, women discussed being taken outside early around dawn and are told to stand outside. Nori explained, "I was taken out of the house, like dawn, and then I was left outside of the house alone behind the house. I stood there with only one shuka. I stayed there until 6. Then, at 6, I was brought into the house at the door where they circumcise. So, the woman who was circumcising me washed her hands with warm water and then washed the razor with warm water and then I was circumcised." The girls are taken outside because it is the coolest temperature of the day and it is thought to numb them. They are left to stand there with minimal clothing like a shuka, which is a cotton cloth women wrap around their bodies. If they have not been told, this is likely one moment when they start to realize that the celebrating was for them. Milan talked a lot about this part of the "circumcision" process. Milan was told to come home from school but she was not told why. I mentioned to her that I heard from other women that they are not told about the "circumcision" before it happens.

> Yes, like sometimes, maybe other close relatives they say "hey, there is something that is going to happen so you need to be strong." So we just heard. The other women, maybe our mothers, can sometimes tell you that the situation is going to happen so keep calm and make yourself strong so [you] don't escape but you just, uh, see the women coming without any consulting the family so you can just see them coming so you say "oh maybe it's that?" You can just feel it but they really, sometimes don't tell and sometimes for good maybe they can just tell you so you can be prepared so you can make yourself strong. Yes, It happens for both (reasons).

She is explaining that girls may be told so they can prepare themselves to be strong because as mentioned earlier, it is important for the girls to put on a brave face throughout the cutting and bring herself and her family pride. Therefore, giving the girl a warning can ensure that she will be brave because she will be prepared. Also, she is saying here that sometimes they just do not tell you. Milan was told but was not supposed to be.

> I go there and I found my mother and other women making beads like, uh, necklace, earrings and many things to wear. And I said, "hey, why are you busy making a lot of stuff" and they said "oh, you don't know" and I said, "no, I don't know." They said ok, and they [were] quiet so they wanted me to not know anything else. And one of my brothers, he called me aside and said, "you know what, they are making the things for you. They have already got a man and he offered for 10 cows." Which are many. (he continued) "So those were just an advance and so he offered for 10 cows so everyone is helping and the cows are going to come later so when you finished your school, you don't even stay like a week because they have already stated preparations." I said ok. I was very angry and I was just crying lot thinking what about my mother not telling me those things. So I just thought that because of many cows, my brother told her just keep quiet, don't tell her anything.

Milan goes on to state that her mother had to listen to her brother's suggestion not to tell her because her brothers are men. Even though they are her mother's children, her mother is still obligated to do as they say as Milan says, "because women in Maasai culture, they listen a lot to men." Milan stated she was upset with her mother. While Milan was upset about having to be "circumcised" and then married to a man she did not know, she felt betrayed by her mother. Finally, just before she was "circumcised," she said she heard girls "screaming, crying and begging for help. No, I won't help because they say it is a good thing for a woman and one you get circumcision you are now a real women and you're ready to be married so they think that, they feel that it is a good thing."

These experiences speak to a lack of preparation for the girls before they go into the "circumcision" process. This is intentionally done so the girls do not run away once they hear what is coming. Although there are variations of this procedure, with some women being told

two days in advance, it speaks to the short notice and short period of time girls have to prepare themselves to undergo the cutting of their genitals. The shocking nature of this coupled with the pain and fear indicates that it may be a traumatic experience for the girls.

4.3.4 Choice in FGM/C

The absence or presence of making decisions and choices was discussed often among the women for various aspects of their lives. The parts of the interviewed coded as "choice" are parts of the interviews where women discussed generally the lack of choices they have in making decisions and the lack of freedom they have as Maasai women. In the Maasai tribe, men make decisions for and about women. Multiple women talked about how men make decisions for their families, in particular, the men decide when and if their daughter will be "circumcised" as well as whom their daughters will marry and when she will get married. When talking with Mama Joy and Mama Ben, they were discussing what life was like prior to "circumcision." Mama Joy stated, "those days we were free, the girls were free. We could move around with men. Whoever we wanted. There were no diseases like there are now so there was no fear." Mama Ben agreed and stated, "Those days it was free. If you are not married you can move around with any man you want and without fear of diseases, it was traditional to go sing for the man, sleep anywhere, the man will take you from home, anywhere he wants." I asked them next how they felt about freedom after "circumcision" and asked if they still felt free. They replied together and said,

> "No, you don't have the freedom anymore. You are just supposed to stay with your husband. So it's the father who has the choice. Immediately after you are circumcised, you are given either to an old man or a young man. The choice is your fathers. You don't have a say in it so immediately after you are healed, you are given to your husband."

When the women discuss the behavior of "moving around with men," they are discussing spending time with men and having intimate relationships with men. Although they discuss

spending time with men when they were young as a time of having freedom and situations they chose to engage in as being their choice, the gender roles are still present in the way they talk by saying "the man will take you from home, anywhere he wants." They look back on those days as happy and exciting times and often encourage young girls to "go be free" while they can before they are married off. They say this not only because they know from experience that the girl will not be able to make decisions about her body again after marriage but also because she knows there is not much time to enjoy those freedom days because the girls get married so young.

One participant in particular talked about the role choice plays in her life in a brief but candid way. Her name was Nana. She was approximately 50 years old, married (she says to a very old man), had four children, and had never been to school before. I interviewed Nana in Arusha town. She was sitting against a wall in a section of the town where many Maasai women gathered to do bead work. She was the third interview we did. We decided to interview her specifically because we interviewed a woman prior to her and when Nana saw us; she asked us why we were interviewing women. Susan explained it to her in the Maasai language and she started laughing and joking and saying she has a lot she could say about it. She was laughing as she explained that she believes in it so much she went to jail for it. Susan and I thought she seemed talkative and would be a great person to interview. Once we finished the interview we were doing with the participant before her, we walked over to her and explained more about the study to see if she was interested in participating. She explained she would be willing to do the interview but she did not want me to record the interview because she was worried it would get her in trouble. I complied and told her it was not a problem and that I could just write down her responses. She was fine with me writing instead. We moved forward with the interview. I saw her demeanor start to change. She was not as lively as she had been earlier. I sat down on the

ground next to her and watched her bead for a bit. Susan and I sat in silence for a few minutes just watching her hands and the beads. Her energy was different and she became very serious. It was a quick change in emotion from just a few minutes earlier when she was laughing.

> Me: Can you talk about what that was like for you?
> Nana: it was painful, forced and I didn't like it. I had to be held down by many women.
> Me: Ok. Do you remember how old you were?
> Nana: No, I don't remember
> Me: Ok, you said it felt physically painful and forced, how did you feel emotionally about it? Did you want it to happen?
> Nana: I felt bad and had pain for a week and didn't like that I was now going to be married off. There is never a Maasai girl who wants circumcision, they are always forced.
> Me: I see.
>
> *Long pause. I continue to watch her bead.*

At this point, I noticed Nana was not making eye contact with me and was barely making eye contact with Susan. I knew she was focusing on her bead work but it also seemed like it was more than just focusing on her work. It was difficult to tell completely because sometimes I was unsure of how much the lack of language knowledge on my end and my lack of experience with the culture factored into the way I perceived our interaction. But following Susan's lead, I continued.

> Me: Do you have daughters?
> Nana: yes, I have two daughters. They are older now.
> Me: Are your daughters circumcised?
> Nana: Yes my daughters are circumcised
> Me: Why did you have your daughters circumcised?
> Nana: because I don't have a voice as a woman-it is the man who decides.
> Me: Ok, so your husband decided your daughters should be circumcised?
> Nana: Yes. I didn't want to circumcise my daughters because I didn't like it but I could do nothing about it.

We talked more and I continued to ask questions. Her responses continued to be brief. At this point in the interview, I did not have many more questions. Since she led with the issue of going to jail over FGC/M, I decided to ask her about it.

> Me: Can you talk more about how you ended up going to jail for circumcision?
> Nana: a neighbor of mine who worked for an anti-FGM organization reported me but while I was in jail, I found out that the neighbor had just circumcised her three daughters.
> Me: Wow. Did your husband have to go to jail also?
> Nana: No, I lied and said I didn't have a husband because I wanted to protect him.
> Me: Yeah, because if you both went to jail, there would be no one for the kids…
> Susan: Ok, she says its (interview) over.

This is where the interview stopped. Many of Nana's responses were short and I got the sense that she was not interested in talking with me. This was especially the case once we started to discuss jail. This is likely why the interview ended abruptly. She and Susan continued to talk in Maasai language. I thanked Nana for answering my questions. When Susan and I debriefed over lunch after the interview, Susan explained that Nana had a ceremony for her daughter and on the third day, when the physical cut happened, she was arrested. No one explained to her why she was being arrested and when they put her in jail, no one explained to her how long she would be jailed. When they asked if she had a husband, she told them she did not to ensure he would not have to face consequences. She found out later on that a Maasai woman who worked for an anti-FGM organization who lived next to her reported her to the organization for money, not for the cause. Nana knew this because the following week after Nana was arrested and jailed, this neighbor held a ceremony for her own daughter to be "circumcised." She ended-up spending nine months in jail however that is not the part of this situation that seemed to bother her most. What seemed to upset Nana the most was being betrayed by someone she knew and had trusted.

Nana is very forthright about the fact that as a woman, she "has no voice" and cannot make decisions about her body or her daughters' body. She also discusses that all Maasai girls are "forced" to undergo "circumcision" and never yearn for it. She did not want her daughters to be "circumcised" but since her husband wanted it, it happened. Yet, Nana went to jail for "circumcising" her daughter, not her husband. The lack of control many girls and women feel they have over their lives is directly impacted by the right men have been given and feel they have earned to make choices for them. Nana's experience and opinion helps in trying to understand more about the mental health effect this practice can have on girls and women.

4.3.5 Long-term Physical Response

The long-term physical response of FGC/M was a theme I came across based on information received from interviews as well as from Susan. I began to include a question about this as I proceeded with interviews. Susan suggested I ask women about their birth complications and whether they had any as a result of undergoing FGC/M. As shown in Table 4, out of the 13 responses to this question, five were reported as not having any long-term effects. Four people discussed birth complications.

Table 4: Long-Term Physical Effects of FGC/M *(N*=13*)*

Long-term Physical Effects	***N***
No long-term effects	5
Birth complications-excessive bleeding	4
Painful menstruation-blood clots & cysts	1
Clitoral hood grew back	1
Knew of a friend whose breast "fell off"	1
Knew of a friend who died	1

Rebecca discussed that she had excess bleeding due to giving birth. She said, "they had to increase the way so the baby could come out, some cutting…I think it's because when you are circumcised, it makes the opening narrow. It can't open wide for the baby to come out." I asked her if all this happens because the clitoris is removed and she replied that indeed that was the case. What she is explaining is that she needed to be cut to increase the vaginal opening so the baby could come out and she thinks when a clitoris is removed, this is the consequence. Bibi spoke similarly and stated, "I didn't want that (circumcision) to happen to my daughters because even when I gave birth, I was really tired and it really affected me until I can't push." I asked her then if it was the clitoris she was talking about that affected her. She stated,

> "Yeah, when I was taken to the hospital, the doctors looked at me and they say it really hurt me because the clitoris was cut so much. So I really couldn't push because I would push until I am drained and the baby was not coming out. So it seems like when they cut that much, the vagina doesn't open during giving birth."

Natandito stated that she did not have any problems when giving birth but she stated that in today's society, they circumcise girls as small children compared to when she was younger; they circumcised girls when they were bigger and at an older age. She explained that circumcising girls at such a young age is becoming a problem because they blood too much when giving birth. Bleeding-out and dying is something Rebecca discussed.

> Me: Have you heard of anything bad happening with girls when they are circumcised?
> R: (Shakes head yes)
> Me: Like what?
> R: Death.
> Me: Death?
> R: Too much deading.
> Me: What do you think people think is the reason why the girl died? Do they know it's because or circumcision?
> R: Yeah they know, if the girls bleed much it can cause death.

Rebecca is saying that she hears of girls dying because they bleed to death. Mereso discussed this also. She stated earlier in the interview that she did not have any more complications after her short-term complications. I asked her toward the end of her interview if she knew of other women having long-term physical issues from being circumcised. She stated, "There are so many. Most of the deaths in the village are due to young girls who are being circumcised. It's due to a lot of bleeding and wounds that don't heal. Sometimes some are circumcised and it doesn't heal, just keeps bleeding." Bleeding until death is common in the literature with this type of FGC/M, type I (WHO, 2012). Also common is cyst and keloid formation. Milan discussed her experiences with that type of physical complication.

> Me: Did you have any, once you were haled and went back to school; did you have any other problems after that from your circumcision, any more pain?
> M: I can say for myself when I was a girl, I stayed like 2 years and when sometimes I get to my menstruation period, I feel a lot of pain, below my stomach, and I just was feeling, I didn't know that maybe because of circumcision that…. I didn't know. I was just thinking it was a normal problem but when I think I was… when I came to Arusha, I got like swollen. Sometimes it was getting swollen and I just take some medication and I went to the hospital
> Me: you were swollen in your vagina?
> M: yeah and then the doctor checked me and said, hmmm, it seems like where they cut it, some maybe blood hiding inside so, clot, so now it became like a growth so he gave me some medication and after that, I didn't see it. So for myself, it really brought some problems and I felt because of it… I felt that it is because of the circumcision. If I were not circumcised, I didn't even get the problem. So I don't know for others, but for me, I have experienced… I got problems and now I have just seen that it is a bad thing from the beginning to the end.

Milan associates that physical complication with "circumcision" because she says it was directly related to the practice. The women seem to have emotional responses of fear and pain when they think about the physical effects they experienced from FGC/M and when they think about what they have heard from their friends' experiences. This information and these

participants' experiences aid in the quest to understand more about potential mental health outcomes of FGC/M.

4.3.6 Long-Term Emotional Response

In asking women how they feel today about having undergone FGC/M in the past, themes emerged that illuminated their emotional response to the practice while being many years removed. Women were not directly asked to respond to questions specifically about the emotional long-term impact FGC/M has had on them. Rather, they responded to questions that attempt to understand the concept. For example, I asked if they had their choice, whether or not they would have had FGC/M performed on them and whether or not they are happy they were "circumcised" when they look back at their lives. Also, I asked them if and how FGC/M has impacted them.

Table 5: Long-Term Emotional Effects of FGC/M (*N*=25)

Long-term Emotional Effects	*N*
No impact	7
Not happy/have regrets	5
Happy at the time to have it but not happy about it now	3
Prefer not to have had it	2
Bad memory	2
"It has done me well"	2
Other "Without it, I could have married someone I love" (2) "I don't feel like a complete woman" "I felt forced to become a woman when I still felt like a girl"	4

As shown in Table 5, of the 25 times issues related to long-term emotional response were discussed, there were seven times women discussed that the practice has done nothing for them and means nothing to them at this point. When I asked Rebecca why FGC/M was important for women, she replied that it was not important. Then I asked why it was still a tradition. She

explained, “I think it’s just the way to be a stage from a child to a woman for Maasai. It doesn’t mean anything.” Similarly, I asked Mary if she feels like she received more praise because she was “circumcised” and whether or not people treated her differently. She stated, “I don’t feel so, after some time, when I became knowledgeable about that, I just thought-it’s just like ignorant and being oppressed but it doesn’t help me gain any respect or anything.” Mary is explaining here that she does not feel the practice has helped her with anything and states that it is ignorant and oppressive. Red explained it as a torture for nothing. She explained, “Yeah, it was torture for me. You are healthy, not sick, you are ok and then you’re just given a cut, a wound that you didn’t have (before)…It doesn’t have any advantages, like why to be circumcised or not.” Here, Red is discussing a concept that Mama Kubwa discussed earlier which is that as a young girl who is healthy, fine and normal the way she already is, it seems you are being put through something physically and emotionally taxing and that there is no need for it. Therefore, in a simplified way, cultural beliefs and traditions aside, it makes them wonder why and what the point of all of it is when they reflect back.

More indicative of a true reflection of how the practice has impacted the women is the discussion around how women feel now compared with how they had felt before FGC/M. A discrepancy between their feelings, (past and present) can indicate there was a change in feeling over time. This change can be positive or negative but if she has developed negative feelings over time, it could speak to long-term, negative emotional response that can have an impact on one’s mental health in a negative way. If her feelings over time have become more positive, it can speak to a long-term, positive emotional response which can impact ones mental health in a positive way. No one reported that FGC/M was negative in the past and has become a positive

experience for the women over time. There were three times women discussed this dichotomy of then and now.

I asked Mama Ben and Mama Joy if they were happy they were circumcised, looking back. They stated, "It's not that we're happy, although for now it doesn't matter but then, we were happy." I asked Mama C the same question.

> "I was happy then because it was a good thing then but now, I feel like it is just a pain for nothing. Circumcision is just like education…because we didn't see the importance of education then and we didn't want it but we are seeing the importance of it(now) but we have nothing to do. It's not possible anymore. So circumcision, we really like it then and we thought it was a good thing but now we are learning that it doesn't have anything good, there's nothing important in it.

When Mama C states here that "we have nothing to do," she is saying they see how important it is to have an education in today's society but she feels an education is out of reach for herself at this point and they cannot do anything about it.

I asked Bibi how it made her feel now to think about her experience with "circumcision." She stated, "I don't feel anything now." I followed that question up with asking her if she is happy that she did it. She replied, "I'm happy because of the diseases that are all over, I am happy I was circumcised so I am sure I cannot get these diseases." Bibi went on and discussed an alternative approach to FGC/M that did not involve the type of cutting that she went through as a girl and instead, only cuts a small piece of skin on the clitoris that will eventually grow back so there will not be permanent damage to it. She told me that she did not have her daughter undergo FGC/M the way that she did and that she instead had her daughter undergo this alternative type. I asked her why she had her daughter undergo the less permanent type of FGC/M and not the type that was done to her. She stated, "I didn't want my kids to go through what I went through because it was very much hurting, it was painful, I went through a lot so I didn't want my kids to go through that." It seems Bibi is glad she did it to herself but does not

see enough benefit to make her daughters go through the same type of "circumcision" she went through. So for her, it was good to have it done in the past but it seems that she does not value it enough today to perpetuate the cycle. Also, there are beliefs in Tanzania and especially within the Maasai tribe that FGC/M can cure diseases, specifically, a disease called lawalawa. This will be discussed in more detail later.

Bibi continued to talk about her feelings about becoming unconscious. She explained that she lost consciousness after bleeding for 11 hours. She explained, "I only became conscious just like that, maybe gods help. Then when I was conscious, I was brought some blood from the cow to drink but I could not drink, even now, I do not want to see blood. I really feel like it haunted me, the blood I saw, I over bled and then they gave me blood to drink, so it really brings a bad feeling now." Based on what Bibi is saying, she feels that FGC/M has had a long-term and lasting impact on her. I asked Milan if she felt like FGC/M had done anything to help her in life. She stated, "No, no, no, no, no. I get problems sometimes. Feeling like you're not a complete woman." She went on to also discuss the dichotomy of then and now by saying during the times when she was "circumcised," she felt like she was more of a woman and that she was ready to be married but that after attending school and interacting with people outside of the Maasai tribe, she felt she is still a young girl. When I asked Paulina if she felt like her life would have been different had she not undergone FGC/M, she replied that, "maybe the only thing is it would have avoided me getting married at a young age, and maybe I would have married the person I love. That's the only difference I feel it would have brought me." What Paulina is discussing here is one of the long-term goals of FGC/M which is marriage. Since she would have liked to pick her husband and marry someone she loved, this can be understood as a long-term emotional response to the practice of FGC/M.

These responses highlight the issue that women who feel like they went through pain and torture derive no real benefit. Some of them feel they prefer to not have had it done to them and have regrets about having to undergo it. They discuss not being happy about it and having a bad memory about it while there are others who say it has done them well and they were able to benefit from it. There were three responses women who feel FGC/M has done them well in life. When asked if she felt a difference in mental and emotional feeling between when it happened and today, Maria stated that she did not feel any difference but she saw that people were interacting with her differently yet within her, she felt the same as before. I asked her if she liked the way people were treating her and she stated, "Yeah, I liked that I had gone to a higher level of life." When I asked Auntie if she was happy she was "circumcised," she replied, "Yes, because the clitoris brings disease so I am happy. And I decided for myself that I wanted to be circumcised." I then asked her what she felt that "circumcision" has done for her place in society and she responded, "I became more knowledgeable after being circumcised." There are women who are products of the initial intent to practice FGC/M who feel esteemed in society because of the social benefits they received. Whether good or bad, women were able to look back and report having current feelings toward the practice that may have changed over time.

4.4 WOMEN'S GENERAL OPINIONS AND ATTITUDES

The second aim of this study is to understand women's general opinions and attitudes toward the practice. The codes that emerged during the data analysis process were used to construct an understanding about their attitudes and opinions toward FGC/M. The codes that resulted from

this aim were Next Generation and Future of FGC/M. I will provide a description of each code below as well as discuss parts or all of the interviews associated with that code.

4.4.1 Next Generation

This code emerged as women discussed whether or not they wanted to practice FGC/M on their daughters and granddaughters. Although the women do not have the final say in whether or not their daughter is "circumcised," they can try to influence the men's decisions about it. Sometimes, they are listened to. Understanding whether or not a woman wants this performed on her child speaks volumes to her adherence to the cultural tradition and how she feels toward the practice.

There were 21 times women discussed their children and granddaughters and whether or not they will undergo FGC/M. There were 10 responses from women in support of having FGC/M performed on their daughters or granddaughters. Natandito stated, "Despite the fact that I don't have a girl, I have two boys, but if I had a girl, I would have circumcised her because my belief is the clitoris makes the girl." Although Natandito does not have a daughter, the fact that she would want to continue the tradition with a daughter of hers elucidates the fact that she would be in support of having FGCM performed on her daughter. Nana stated that her daughters have already been "circumcised" and explained that it was her husband who wanted it. I confirmed that it was her husband who decided her daughters should be "circumcised" and she replied, "yes, I didn't want to circumcise my daughters because I didn't like it but I could do nothing. " Her daughters are circumcised but she was reluctant to do it which is important in trying to understand women's attitudes and opinions about this practice.

There were six responses from women discussing that they will not be "circumcising" their daughters. I asked Mereso if she had daughters and she replied that she had four daughters. I asked if she wanted them to be "circumcised," and she shook her head no and stated, "No.

They will not be circumcised, they will not be removed these teeth because I love them." What she is saying here is that she does not want to follow all of the traditions of the Maasai people that she believes are harmful out of the love she has for her children. Maasai women and men remove 1 to 2 teeth in the bottom row of their teeth in the very center as part of a cultural practice. Other women who do not support "circumcising" their daughters discuss regret for having done it and therefore not wanting their daughters to have regrets, and others just simply said "No." However, one participant, Blue, stated that her daughters had not yet been "circumcised" because they were too young at that point and says that if it were up to her, she would have them circumcised but since the government does not want them to continue the practice, she does not want to break the law so she said she will not "circumcise" her daughter.

Two responses discussed having the celebration but not having their daughters undergo the physical cut. Nori explained that she has four daughters and that she has not "circumcised" her daughters physically but she has done the celebration. I asked her why she did not have them "circumcised" and she replied, "because of school. They have gone to school so they didn't want to be circumcised. They have only done the celebration." Red said something similar to Nori. She stated that two of her four daughters are "circumcised" but that two are not because they are in school. She explained that they had a party for these other two daughters but they had not had a physical cut performed on them. One response discussed another variation of deciding which aspects of the practice to celebrate and incorporate in girls and women's lives. Mentioned earlier but expanded on more here, Bibi said she had two daughters and that they are circumcised but not like her. She explained, "you see, for me, they used to circumcise, they cut until some part of the bone shows but for my girls, they only cut the top part so it can grow back."

Finally, two responses discussed that the participant would like for the choice to be her daughters. I asked Suzanne if she will "circumcise" her daughters. She says, "I'm not sure because education is taking over everything. But, if the girls want to do it, I will circumcise them." Auntie was also asked if her daughter was "circumcised" and she replied, "not yet, I won't force her. If she decides to do it on her own, she can if she wants but I won't force her." Although these women have opinions about what they want for their daughters and granddaughters, it will be up to the men and if there is a difference between what the father of the girl wants and what the mother wants, the father will always have the final say. Despite this, women still have the ability and desire to opine, and what is what I have tried to capture here.

4.4.2 Future of FGC/M

Within the code of Future of FGC/M, women talk here about whether or not they would like to see FGC/M stay as a practice or if they would prefer that it end. Unlike the Next Generation code, this gets at the women's opinions about the legitimacy of the practice in their culture and in which direction they would like to see this practice go. As shown in Table 6, there were 20 responses discussing this concept. There were six women who discussed wanting the practice to continue and 14 feeling FGC/M should not continue.

Table 6: Future of FGC/M (*N*=20)

Future of FGC/M	*N*
FGC/M should not continue	14
FGC/M should continue	6

For those who wanted it to continue, women had multiple reasons and opinions for why it should continue. When asked if it should continue, Nana stated, "yes, why stop for girls when

boys are being circumcised?" Nana took an equality approach here and given that she feels FGC/M is something good, it would not be fair to take away a good thing from one group and not for the other. Together, Red and Blue stated, "We don't want it to stop. No. We want it to continue because it is our tradition and we don't want to stop our tradition. Other responses were similar from Nori, "I don't want it to stop" and Natandito, "If it's me, I would have continued."

For those who did not want the practice to continue, women had multiple reasons and opinions for why it should not continue. I asked Mary if she felt that the practice should continue. She stated, "If it was for me, it's better they stop because of all of the problems that come with it, there's no importance of circumcision" She goes on to discuss a suggestion for how to go about ending FGC/M.

> "I think if they do seminars or capacity building ten um, really restricting these circumcisers that maybe it will help, with frequent follow ups, they will help. Because, it's not everybody that can circumcise so if the ones that know how to circumcise, if they are restricted then it becomes easy to stop it."

Mary is stating that if the actual circumcisers are restricted, then there will be no one to perform the procedure so the focus should be there. Not many women had suggestions for how to go about eliminating FGC/M but they had concerns. For example, I asked Mama 1 if she was aware that people were trying to end FGC/M. She stated, "I have heard about it and I like it. I really embrace it because I would like to stop circumcision and if I had other daughters, I would not circumcise them because I heard that HIV comes with circumcision so that's the big reason why I don't want circumcision to continue." Mama Kubwa stated:

> "I don't support it anymore. I supported it those days because they look down to you if you aren't circumcised but for now, the world is changing. Technology is coming so if it were for me, I would not continue it. Also, because I have gone so many places and I've never seen any difference if you are circumcised or not, you do the same things, you give birth so why should it continue if there is no difference?

Other women had similar responses. Paulina stated, “If it was for me, I would say to stop because I don’t see any difference whether you get circumcised or not.” Mama B stated, “I don’t support it. It’s better to stop because it doesn’t add anything.” Mama C stated, “I don’t want it to continue because that’s the technology that’s coming now but still there is nothing important about whether you are circumcised or not so I don’t support it.” Milan stated, “ I think because it is bringing a lot of problems to their health and the Maasai culture have a lot of good things, I think they should follow the good things and leave those bad things…circumcision is really bad, they should stop it. Women had various reasons for why they felt FGC/M should end including modernization, health issues and the general practicality of the practice.

4.5 WOMEN’S PERSONAL JOURNEY AND PERSONAL EXPERIENCE WITH FGC/M

The third aim of this study is to identify women’s conceptualization of their personal journey and personal experience with FGC/M. The codes that emerged illuminating women’s personal journeys through FGC/M were Marriage, Sexual Experiences, Womanhood, and Education. I will provide a description of each code below as well as discuss parts or all of the interviews associated with that code.

4.5.1 Marriage

Women talked a lot about marriage during the interviews. Marriage is such an important part of their culture and is evidenced by its discussion multiple times throughout this chapter. Getting married is an important tradition in the Maasai community both for men and women but especially for women. Entering into a marriage gives women wealth through the amount of

animals the man has which brings her status in the community. Bibi talked about this notion. She said, "being circumcised is some kind of pride. I was circumcised so that I get married, then I gained pride and I have been married off so it's also a pride to my family." Not only does marriage bring pride to women as individuals but the process of being "circumcised" and then being given to a man brings pride to the entire family. Marriage also gives women the opportunity to have children which is how some value the worth of a woman-by her ability to give birth. Oftentimes women who are not able to have children due to issues assumed to be because of infertility, are also unable to get married and stay married. Women had various aspects of marriage to discuss. A common tradition for women is to become engaged to be married during infancy. Female babies can be claimed by older men in the village. These men will wait until the girl has grown up and gone through the process of becoming a woman by "circumcision" before he marries her. Also, parents of a baby boy can claim the baby girl of friends. The parents of the baby boy can decide that when their son gets to the age of marriage, he will marry the baby girl when she also becomes of age. There were four responses where women discussed being engaged as babies. I asked Blue if "circumcision" helped her get married. She stated, "It didn't help me get a husband because even before I was circumcised, I was already bought. So, I was just circumcised so that I can become an adult and get married but I already had a husband." Mary stated, "I had a fiancé before I was circumcised, so when I was circumcised, I was supposed to be married off to this fiancé because he had already paid the dowry, he was just waiting for me to be circumcised." This dowry that Mary is discussing is what Blue meant by already being "bought." Men pay dowry to the girl's family in order to marry their daughter. It solidifies the deal between the fathers of the two families that their son and daughter will marry each other. This exchange of cows for the girl is what is meant by the

dowry. I asked Red if she felt like "circumcision" impacted her getting married. She stated, "Yes, it helped me get a husband because although I had my husband before circumcision, after I was circumcised, I went to my husband so circumcision helped me." I followed up her response and clarified that she had her husband when she was young, as a child. She replied and said, "yes, but I could not go with him until I was circumcised."

Although women talked earlier in this chapter about freedom and how it is lost after circumcision when discussing the code "Choice," women also talk about freedom and choice within their marriages. There were ten times where women discussed freedom and choice as it relates to marriage. I asked Maria about whether or not she was happy to be married off and if it was what she wanted to do after "circumcision." She stated, "I was just given off. I was not happy. I didn't like the man but I had no choice because my parents wanted it." I asked next if she felt like she had the same amount of freedom before "circumcision" and after. She stated, "You don't have freedom anymore." Paulina discussed a similar experience.

> In the old days, you don't want to be circumcised, you don't decide on yourself to be circumcised because in the first place before you are circumcised, you get all the benefits of being a girl like you go to the traditional discos singing with the morans around, you control yourself where to go what to do and then when you are circumcised, it's the last thing before you are married off and you are not going to be married off to someone that you know, someone that you love, you are just circumcised and when you hear you are just taken somewhere and told this is your husband whether you like it or not.

Paulina's description of how women feel towards "circumcision" and the various aspects of life for women is an accurate representation of how most women talked about what the practice meant to them and how "circumcision" impacted marriage. The lack of choice the women have not only in whether or not they are "circumcised" but in who they marry, impacts women's lives because it dictates how their lives will fare as well as the quality of their lives. Nori discussed

being given off to a man who was her age which is rare in the village. I asked her how she felt about being given to her husband. She stated, "I was not given to an old man, I was given to my level of men so I liked that. Although that man was the level of man who would marry me, he was not my choice. He was the choice of my parents." I followed up this statement by asking her if she would have liked for it to have been her choice.

> I would have preferred to marry my choice because by then, I had made friends whom I would have liked to marry and due to this, that you have to marry your parent's choice…it's boring because you can be beaten. You can get a lot of problems but your parents will just want you to continue staying there because it was their choice. So, I would have liked for it to have been my own choice although it was not possible.

Based on Nori's experience, even though she was married to a man that was around her age, she still dealt with the negative aspects of marriage, such as abuse. Abuse seems to be a common part of marriage in the Massai tribe. Multiple women discussed being physically abused by their husbands. After Nori discussed being beaten, I continued with the interview and asked a question that I was unsure of how to go about asking. I prefaced the question by saying that I did not know if it was appropriate to ask the question but that I wondered if she felt like her relationship with her husband was good and whether or not she felt that he treated her well. She did not seem to mind answering the question.

> Yes, I came to like him and we are living together very happily. I liked him because I came alone and after some time, I got children, I got a good home. And if it is beating, I am just beaten like the normal Maasai men beat their wives, like when the cows went missing and you don't have any idea where the cow is, then you are beaten because you are supposed to take care of that stuff. So yeah, if I know I am beaten for my own wrong, then it's fine. You just ask for forgiveness and continue with life.

Nori is discussing what she calls "normal" abuse in the Maasai tribe such as when a cow goes missing on the woman's watch. She also says she is happy and is happily living with her

husband indicating that the abuse is a very normalized phenomenon. Mama D discussed the fear of abuse during marriage.

> Me: So you were saying before it wasn't that you didn't like circumcision it was that you didn't like being married off. If you didn't have to be married off after, would you like circumcision then?
> MD: Yes, we would like it because if you're circumcised you are given nice food and if you can continue staying with your mom then it feels good. The only problem is knowing that you are going to be married off because you'll be leaving your mothers place and you know you are going to be beaten by your husband.
> Me: I see. You know that abuse exists in marriage?
> MD: I know because I see that everyone else who is married is being beaten so we believe it is part of marriage.
> Me: Did you ever see or hear good things about marriage besides having babies?
> MD: The good thing is children and anything else like cows and to have your own home-that's the good part of it.
> Me: Is being in love something you look forward to?
> MD: Yes, eventually you will love him because you can't live with someone you don't love. As long as you continue living with him, getting children, sharing everything, then you grow to love him

Some women felt marriage was more of a challenge than undergoing "circumcision." Women expressed sadness at the thought of leaving their parent's home and being forced to live with a man and possibly his wives. Having children seems to be the best part of marriage for the women. Abuse appears to be something the women know they will just have to deal with in marriage as Mama D discuses they see abuse in marriage as children and therefore associate physical beatings with marriage. Mereso is another participant who discussed in detail her experience with physical abuse and children.

Mereso is 29 years old, with no education and is divorced. She has five children. Mereso is a participant whom Susan was looking forward to me meeting and interviewing because she is a Maasai woman working for an anti-FGM organization. Susan wanted me to hear from a woman who grew up and went through the traditional steps a Maasai woman goes through yet currently, has strong feelings against the practice and volunteers to advocate for the rights of

Maasai girls and women. She had a unique experience with "circumcision" because she became pregnant before she was actually "circumcised" which is extremely taboo. It was important that they "circumcised" her before she gave birth because they believe a woman cannot give birth until she has undergone the process of becoming a woman. Once she was "circumcised," she experienced a lot of bleeding and she stated that due to the bleeding, she gave birth at six months so the baby was born premature. She stated, "the baby came out and I was unconscious for two weeks. The baby was thrown away because it was [premature] so they thought that maybe the baby is dead but once they noticed the baby wasn't dead, they took the baby then they slaughtered a sheep and took the sheep skin and covered the baby like an incubator so after every week, they would slaughter a sheep, take the skin and cover the baby and so the baby didn't die luckily. But I was unconscious for two weeks, almost dead." Mereso went on to state that she really dislikes the practice because of her near death experience and the near death experience for her baby. She stated, "If it was not for the circumcision, I wouldn't have lost so much blood and my baby wouldn't have been born immature." I asked her when she decided that she did not like "circumcision" and she replied, "I hated it right then, after I gained consciousness and noticed I was almost losing my baby. I was almost losing my life because of circumcision and then before I really healed, I was married off to a very old man, almost my grandfather's age. From then, I really didn't like it, up until today." This "old man" she spoke of is the man she is divorced from. I asked her if she had four more children with her husband after the first baby since she stated earlier that she had five children.

> I gave birth to two kids with the old man, it's not actually with him but it is him because I gave birth to them when I was with him in the same family and until now because he could not make love because he was very old… his sons were beating me wanting(she raises her sleeve and shows us scars on her arm) to have sex with me so that's when I decided to run away because I wasn't getting my sexual rights and I was

> being beaten up by this man's sons so that's when I decided to move and live alone and then I gained these others two kids.

At this point of the interview, I needed to get clarification from Susan about what exactly Mereso was discussing. Susan explained that Mereso was married to a man much older than her and because he was too old to perform the act of sex, she had two babies with someone else but since she was married to and living with the older man, they are considered his. This is a traditional aspect of the culture where women are allowed to sleep with other men while they are married and even get pregnant with other men. The husband will know that he did not impregnate his wife and he is alright with the baby not being his as long as the man who did impregnate her is not brought around the husband. As long as they stay separate, this behavior is allowed among women. Some women stated this is also allowed because they are forced to marry older men whom they do not love so that it is only fair for them to pick who they have babies with. However, the biological father is not allowed to have any rights to the baby. All of this is understood by everyone in the Maasai culture. In Meresos case, the sons of her husband were aware that Mereso was not having sex with their father and decided since they are closer in age to Mereso than their father was, that they should be allowed to have sex with her. They abused her and they attempted to rape her. At this point, she decided she needed to run away from that family. She left her three children there, in the boma and started a new life for herself away from that community. She went to live in her mothers' home. There, she gave birth to two more children. I asked her if she ever gets the opportunity to see her children.

> I don't go to see them, they are in the boma. I go sometimes when I know this man is not home because if he will know that I am going there, I can be beaten or killed so I go secretly. The first born is completing class 7 this year.

Based on Mereso's experience, not only are women at risk for being abused by their husbands, but also by the men in her husband's life. Also by men in the community who are aware that she has left her husband. The men in the boma would have had a problem with a woman behaving in that way. Since Mereso left the village, she became active with an organization called the Young Christian Tanzanian Association. She stated, "I am a chair lady for my village and I am fighting against FGM. If a girl is circumcised, I will fight for her and make her go back to school. It becomes so tough, I even take parents to jail." I asked her if she became involved with this organization because of her experiences with "circumcision." She explained, " I just like doing it because I feel like what I went through was too much and I don't like any other Maasai girl going through that. I am not getting a salary from the organization, I am volunteering because I just want this to stop because I want to save lives."

Mama Joy and Mama Ben discuss more about abuse related to marriage as well as the notion of women having children with men other than their husbands.

> MB and MJ: After circumcision, we are not free anymore because we are given out to the husband (Susan asked what happens if you get pregnant when you are moving around with men before circumcision) its (pregnancy) very bad in the community but your mom should be watching you every time to know that if you get pregnant, then you'll be circumcised quickly before the society knows that you are pregnant and then you are given to your husband. And it doesn't matter who gave you the pregnancy, you are only give out to the man that your parents want. So even for the married women, if you get pregnant with another man, it's no problem. Your husband isn't supposed to talk anything,
> Me: Even if he knows?
> MB and MJ: Even if he knows he's not supposed to talk. It's a caste because once you are given that this is our wife, you are supposed to embrace everything and everything that comes along with her, it is yours.
> MB: all of my kids are not from my husband. My husband knows but he cannot talk about that. He is supposed to embrace all of the kids.
> Me: How do you feel about your freedom?
> MB and MJ: We didn't like it. We cried a lot but we are just given off to the man and if you refuse, you are tied around a tree and then you are beaten, like everyone in the society will beat you and then you are married off.

At this point, the interview ends because the women state they have somewhere to go. They continue speaking however, so I continue to record as well as engage in conversation.

> MB: When we are married, because we were forced to marry this man so we are allowed to get a boyfriend of our choice.
> Me: Oh because your husband was older?
> MB: Even now, it doesn't matter. I was forced to marry him so once I was married, I was allowed to get a boyfriend even if my husband knows, its fine. I can do things freely with this boyfriend, I can shower with the boyfriend but I cannot shower with the husband. I am not free with my husband.
> Susan asks why
> MB: Because I was forced, I didn't love him but this boyfriend was my choice, even if this boyfriend has a family, its ok

They elaborate here on the differences between their boyfriends and their husbands in the way they understand it. They also continue to discuss abuse they endured because they did not want to marry the men they were being forced to marry and they did not want to stop going to school.

> MB: I was in school and because I was in class 5, my father asked me not to go to school anymore so I was brought a husband and was told I was supposed to be married to this man. I refused. Then my father told my brothers to tie me to a tree and I was beaten. Hard. I was beaten, beaten and beaten and I still have the marks on my body. Then I was told to go to the husband but I refused so then I was beaten every day, tied to a tree and beaten and then one day I was taken to my husband, stayed for 2 days, came back home and was beaten again and then my father asked my husband to take me, tie me to a tree and beat me hard and to not allow me to come back home. I did that for one year until I just agreed to do it because they were going to caste me.
>
> MJ: I was put in a sack, in a big sack and there is one type of grass which if you touch it, it's really sore on your skin so if you are put in the sack with that kind of grass and you stay there, the grass touches every part of your body so when you are released, you can't do anything because you are sore everywhere, swollen everywhere then now I was told to go back to my husband.

Mama Ben and Mama Joy's experiences show that any man can abuse any woman. Being male allows them this privilege. Mama Ben endured beatings for one year because she wanted her body to continue to stay her own. This is an example of the fear young girls feel toward

marriage. When women discussed their experiences with marriage and the process of becoming married, they use the term "happy" in various ways. Women discussed being unhappy about having to leave their mothers home when they became married. Mama B stated that she felt bad at the thought of having to leave. When I asked Mama A if she was happy to be married off to someone after "circumcision," she stated, "the first time I was not happy at all because I was young, I was almost 12 and the man was very old so I wasn't happy until I got children and I realized that the man isn't so bad so I came to like it." With regard to her happiness to be married off, Mama B stated, "I didn't like it because in the first place, I was married off to a very old man, I didn't like it, I cried a lot but I ended up being all right because I must respect my parents who gave me to that man so I really didn't like it until I got children then I liked the marriage because of the children." Mama D discussed a similar experience. She discussed the process of undergoing "circumcision" and the healing process she endured. She discussed what happened next after she was healed from the "circumcision."

> I got sick from malaria for almost two years. Even before I healed from malaria, I was married off. I couldn't even walk when I was married off. So I came, I didn't like it, he was a much older man, he could not even talk well because of how old he was so I came to the marital home, stayed there until I healed from malaria. I stayed there until I got children so after getting children, then it was fine. I liked it because of my children.

Similarly, when I asked Mama E if she remembered her experience with "circumcision," she stated, "I remember. What makes me remember is the way I was married off to a very old man, older than my dad and didn't have relatives his age. I only went because of the respect I had for my dad but I really didn't like it." Mama 3 also discusses the concept of happiness. I asked her if she remembers how the practice of "circumcision" made her feel emotionally. She stated, "It's fine. I don't feel anything at that time. The feelings will change after I am married off. That's

when I will start missing my former life and then I'll get stressed because I am being controlled every time, doing things I was not used to but after sometime, I got used to it and I went on with it." It appears here that Mama 3 is saying she was not unhappy to become "circumcised" but that the feelings of unhappiness and stress started once she was married and was being controlled by her husband.

Nimpres discussed a different response from others about being married off. Although rare, she was able to pick her husband. Her parents picked someone for her to marry in the traditional way. However, she had a boyfriend she met prior to being circumcised whom she really liked. Soon after she was circumcised, she became pregnant with her boyfriends' baby. She stated, "he was ready to marry me and since the other one had already given the dowry, this one had to give his dowry and the [other] dowry was given back to the other guy so it was not a big deal." Nimpres's parents seemed to be fine with her marrying the man she loved and the man she chose given that he was able to provide the dowry. I asked her if she felt different from other women in the village because she was able to pick her husband.

> Yes, I feel there is a very big difference because in the first place, they are married to older people and I have a husband of my age. For them, they can't discuss anything with their husband's, they can't arrange anything or do any development together. For me, I do everything with my husband. They also don't know family planning so they just give birth to 100 kids plus but for me because I discuss with my husband I know how to plan everything. Even health wise, when I go to the village, I look healthier than them because they don't have anything, most of the time they even stay without food so I really feel different.

Nimpres's experience is different from the other women's experiences and she feels that she has a better life because she was able to pick her husband. She sees the connection with life outcomes and marriage and sees the significance in marrying a man who values communication. There were various other aspects of marriage that women discussed during the interview process.

The Maasai practice polygamy. Many of the men of the tribe have more than one wife. When Milan was discussing her frustration with being taken out of school to be married to an older man whom she did not know, she talked about crying to her mother because her mother kept the marriage plans secret from Milan which hurt Milan's feelings. Her mother was trying to convince her that her marriage to the man was going to be a good thing. In Milan's words, her mother told her, "I'm sorry but we just keep calm, no way out. So, the cows are going to come and he's a rich man. You are going to stay better. He has five wives and you are going to be the sixth wife and you'll be the younger wife so you're going to be loved so much." Milan's mother also gives a justification for why the Maasai participate in arranging marriages and having parents pick their daughters husband. Milan ended up successfully escaping this village marriage she was being arranged for and therefore did not end up in the polygamous marriage. She ended up marrying a man she picked on her own from town. However, that marriage ended because he left Milan and married another woman. Milan's' mother, upon hearing this news, told Milan, "You went on your own, looking again for your own, so now you see?" Her mother is saying that when women look for husbands on their own, they end up not working out and therefore, it is best to leave the picking of the husband to the parents. Mary was in a similar situation. She also escaped and married a man she chose. I asked her if she felt her life is different from women who are still in the village.

> Yeah, if I were married to that man, I would not be who I am today and I would have never come to town. I would be in the village because I would not have completed my school and I would not have any goals, I think I would have never come to town.

Marriage is an essential part of life for women in the Maasai tribe. It is directly linked to "circumcision" because it is a large part of why women are "circumcised" and is a large part of how a girl becomes a woman. Women's feelings toward "circumcision" are impacted by the

thought of marriage and being married off to men who are much older than them. Most of the women interviewed did not like marriage because of that component however came and grew to like marriage because they were able to have babies. Women seem to be reluctant to accept the sanctity of marriage because of the associations they make with it. Women's discussions about marriage help to explain more about their personal journey's and experiences with FGM/C.

4.5.2 Sexual Experience

The personal journeys and experiences women had with FGC/M are further explained by their sexual experiences. This code, Sexual Experience, emerged as women discussed their sexual experiences before "circumcision" and after and the differences they noticed. They also discussed what sex means to them as a culture and as individuals. Discussing sex was not appropriate to do with women who were my elders. However, sometimes an elder woman would bring it up and therefore, we would discuss her experiences and opinions. Regardless of age, some women were not forthcoming about this topic. Those that were had various responses to questions and comments about their sexuality. There were 17 responses associated with this code.

The most common discussion around sex was the difference between the way sex feels physically before "circumcision" and after. There were seven times women stated they were more sexually excited before "circumcision" and felt less interest in sex after "circumcision." I asked Mama Joy how sex differs before and after. She stated, "The difference is, before circumcision, you're really horny every time, you cannot abstain but once you are circumcised, then you really are not interested with men." Mereso spoke similarly and stated, "…because even sexually, before I was circumcised, I was enjoying it but I don't enjoy it anymore." During my interview with Nimpres, she spoke openly and about sex without needing prompting. I asked

her how she felt “circumcision” has impacted her life. Her response was ,”there’s a little difference mostly in my knowledge because I don’t feel like doing sex all of the time so I start to wonder what is wrong with me or maybe I haven’t eaten the right foods or what is wrong so I feel a little bit of difference.” Nimpres is stating here that she feared perhaps her nutrition intake was impacting her level of sexual excitement. She talked later on about staying home at her parents’ home for one year after she was “circumcised” and that she became pregnant during that year. She stated, “…but it was different, not like I was used to sexually but I went to the women and asked and was told it was normal. That’s how it’s supposed to be. So, after I became pregnant, I was married and then after giving birth to my first son, my emotions changed and I felt like it was normal.” So she is saying here again that sex felt different and not the way she used to feel prior to “circumcision.” She sought advice from older women who confirmed that sex is going to feel different after “circumcision.” Bibi also discussed this concept. I asked her if she felt that “circumcision” had any impact on her education. However, she elaborated on this response. She stated, “No it has nothing to do with circumcision. It doesn’t have an impact on education but it has an impact on having sex. I don’t have that desire. And sometimes, I really hate men and even sometimes don’t want to see them.”

Although less likely, there were two participants who stated they did not have sex prior to “circumcision” and instead, had sex after they were married. Therefore, they were not able to discuss the before and after effect. It is less likely to have waited for their first sexual encounter because of the esoto’s. Given that girls are encouraged to attend, many go and have sex with the Maasai boys. I discussed this more with Kenya and Susan. Susan discussed that girls attend these esoto’s as young as seven years old. Kenya stated that when she went as a young girl, none of the boys ever approached her so she was not sure what that experience was like. Susan and

Kenya explained, “what they look at it’s the body, not the age. You can be young but have a bigger body. So they just check and say ok, she looks old, she looks tall, she looks fat so I can make love to her. You can be older but have a small body so nobody will touch.” Kenya discussed her experience with “circumcision” in more detail.

Kenya is 29 years old single mother of two children. Kenya is educated and has a bachelor’s degree. Kenya and Susan are good friends and the interview with Kenya was for Susan and Kenya to “catch up” and for me to talk with Kenya about her experience with FGC/M. Kenya speaks English so I did not need to use Susan as a translator. This made for a more conversational discussion. Kenya had a lot to say about her experience and her opinion about the practice. She feels the practice needs to end. She stated that when she was “circumcised,” only the thin, small piece of the skin was removed. Not the entire clitoris.

> For me, that hard thing is not even touched, it’s just the skin. So that’s why I was telling you they call me a girl and that’s how they started like, we are not on the same age, the same class, everything is just turned around and they became against me like, “why didn’t you get cut traditionally? Your family your dad is not following this!” And for me, it disturbed me because I also felt a bit of guilt. And then , in the village, everybody talks about like, “she’s still a girl, they never did it.” It disturbs. But then right now, they are moving from cutting the organ to just cutting the tip. To me, it’s an advantage cutting people how it is, I thank god they never removed everything. Yeah at least I know how it feels to be with a man.

She is stating here that since only a small part of her clitoris was removed, the community had problems with she and her family. She elaborated and talked more about her ability to become sexually aroused.

> It’s like not really, they kiss, some touches all over and they are just there. You respond if you want to but it’s not because you are feeling it. For me I have an advantage because at least I respond to a man that I’m feeling, not because I like him but because of what he is doing it is making me to react. I have that advantage.

She is stating that women who have had their entire clitoris removed can have someone touch them and they do not respond to the touch because they do not have a clitoris. She is saying they respond because they feel that they should-not because they are actually feeling sexually aroused. She thanks god that she is able to have her genitals completely intact and that she is able to feel all of the pleasures associated with sex.

Some women felt that because they are "circumcised" they have an advantage of being able to abstain from sex. In relation to "circumcision," Maria discusses, "It's good to have circumcision because it helps women abstain (from sex) because if you are not circumcised, you can't stay a single day without a man. You can go crazy if you don't get a man to sleep with." Natandito discussed that her life would have been different without "circumcision."

> Yes it will have cost me my life because in the first place I will not have got my husband in the Maasai community so maybe I would be so far away from my people and now…I'm a widow but I can stand it without a man because I am circumcised unlike others who are my age…they cannot go long without having a man in her life so it helps me. Even when I come to town, I just go to a guest house, pay for it and sleep. But I see (women) her age, coming to town and such looking for men because they can't withstand it without men because they are not circumcised.

Natandito and Maria feel they have been esteemed with the ability to decline sex because they do not physically feel the need to engage in it due to not having a clitoris. When Maria was interviewed, it was in a room with other women. The other women heard us talking and decided to have a group conversation.

> Even for the Maasai girls, before they are circumcised, they are really horny and that's why they go, even at this age (points to the 8 year old), they go follow men anywhere, they don't mind about their home, the can just go anywhere, sleep around with men. But once you are circumcised, you become less horny so you won't go chasing after men, you just relax at home and wait to be married off.

It seems many of them feel that girls and women are able to become aimless and wander into situations with men because they are so sexually charged that they need to be with a man the

moment their sexual arousal hits them. They seem to think of this as a bad thing and seem to elevate themselves above women who have intact genitalia and therefore, go searching for men to have sex with.

Women's experiences with sex are directly related to FGC/M because women report sex feeling different after "circumcision." It seems most women accept that it is just going to be a different feeling and that it is normal. Some women have never known what it was like to have a sexual encounter with a clitoris and all of their genitalia intact and will only know how it feels to be physically intimate with a man without having a clitoris. The sexual experience after FGC/M is just one component of understanding women's conceptualizations of their journeys and experiences with FGC/M.

4.5.3 Womanhood

Being a woman is one of the main reasons Maasai women believe they practice FGC/M. The belief is that in the absence of the practice, girls cannot transition into womanhood. This code depicts the sharp differences between girls and woman and the importance of that. When women conceptualize the significance of womanhood, they tell stories about how they transitioned and what life is like as women. Their journey into womanhood helps shed light on their personal journeys and experiences with FGC/M.

As stated earlier, once girls are "circumcised," they become women and are married off to men. Maria discusses the in between stage of just becoming a woman but not being married yet. She discusses the lack of freedom after "circumcision."

> Because you are not at the same level of the girls anymore so you can't sit with them so you sit with the women who are circumcised and if you are found around with men, your mother will be beaten because it means she is not teaching you these things so your mother will make sure that you're just at home so you will not have any

> freedom and if you want to go anywhere, your mother must go and she must allow you to.

Maria is discussing the separation of girls and women here and stating that since a girl has been "circumcised," she is now a woman so she cannot sit with the girls and friends she used to sit with. Being post-"circumcision" means she has to sit with the other "circumcised" women. However, she is not yet married so it seems to be an awkward place for a young girl to be in the Maasai tribe. She has to get to know a new group of friends to sit and bead with and her actions need to be closely monitored by her mother. As Maria states, her actions can get herself and her mother beaten if they are not appropriate. Her freedom and free will to make choices are gone after "circumcision." For her mother, being a woman means making sure her daughter is behaving as a woman and there are consequences for not performing that womanly duty.

Women discussed multiple aspects of womanhood. I asked Mama Kubwa if she felt different after "circumcision." She stated, "yes, because after you're circumcised, you're considered an adult. You are taught adult life, like what you're supposed to do as a woman and then you don't go playing around with men anymore and you can sit with a group of women and they can talk anything when you are there and they don't care because they consider you an adult. And due to the foods you get, you get a lot of nutrition so you grow big. So, yes, I felt changes."

While Njema discussed that "it's good to continue the tradition because it brings respect for women," Mereso stated, "In my thinking, it's not circumcision that can make me be a woman, it's the ability to give birth. So, I gave birth to my kids and then I became a woman." Nori discussed being intimate with a boyfriend while she was young, before marriage. She stated that he did not have sexual intercourse with her because she had never had sex before. This boyfriend did not want to have sex with her because she was not "circumcised" and was

therefore still a child. She stated, "I had a man but the man just knew that if you are not circumcised, it means you are still a kid. But if you go meet men and you still have your virginity, you are still a kid even if you are 20 years old and you have your virginity with you, you're still a kid." These women discussed what it meant to them to become a woman. There are varying beliefs about how one gets to that status but the important aspect for them is that they eventually get there.

An issue for women can arise when they leave the village. Although, for example, they can become respected women at age nine if they have undergone "circumcision," when they leave the village that respect may not necessarily follow them. Milan discusses feeling like she became a woman when she was "circumcised" because she was ready to be married off but she stated that was her thinking before she attended school. She stated, "When I interacted with people, I felt I am still young and I'm still a girl but when I was in the village, I could just sit and say oh I'm a woman….but when you come to town, yes I'm still a girl." The combination of education and experience outside of the village appears to have made Milan question her status as a woman. This is the case among other women who gained access to education.

Kenya discusses issues of womanhood among the Maasai. She talked about men and women, sexuality and responsibilities.

> Because for men, as long as you can think about it and do it, I mean sex, you can do it…Men control everything. So a woman does what a man wants. Whether you are young or old, you have to do it… For example, I have a daughter and let's say she's 5 and my husband says, my kid is going to be circumcised. I have no say. I am just ok. Even though I know that if she gets circumcised, she will be categorized as a woman…I think that mind is changing but that's still there… that circumcising and then call that baby a woman…because you cannot expect a 9 year old to perform a 20 year old job. You get married, you have to milk the cows, you take them to get water, and then you will come home and your husband is there waiting for you to cook. And that man has been there waiting for you, and then go to bed with you and you are just 9… or at the age of 12 , or whatever you are, now everything is starting. You carry a

> baby. A baby carries a baby and they call her a woman. At the age of 15 you'll find a woman with 2 kids you'll think she's 50. It's really hard.

She went on to discuss the pain associated with FGC/M. She talked about the Somali people who practice a more extensive type of FGC/M and talked about a time when she talked with Somali women about their experiences with FGC/M. At the end of the interview, she brought up the Somali women again and began talking about the Somali women and the Maasai women. She ended the interview by saying:

> Yeah, men don't care because they never experience that, but women have to stand for themselves sometimes. You know they say all over the world, "women empowerment, women empowerment, women this and that". We have also to know what women. For me, I think women empowerment is not just empowering women to have a good job or to have a good career, but also this simple but complicated issue with families: a woman has to have a voice. A woman has to have a voice. It's really hard. Especially when you have always to listen and listen to someone who doesn't get you. They don't get it…Because they don't go through it.

Kenya's testament about FGC/M is a bit more developed than other women's conceptualizations about the practice. Kenya has received an education and has been taught about different types of FGC/M as well as engaged in conversations with women from different tribes and countries about their experiences with FGC/M. Kenya's level of education separates her from the village women who have never left in the sense that, not only has she experienced undergoing FGC/M, she has taken a bird's eye view of the practice and has analyzed it from different angles. Kenya also refers to the practice as "female genital mutilation." While for some women becoming a woman means being "circumcised" or giving birth, Kenya feels that being a woman is about more than those experiences and that her value is more than what the Maasai traditions say her value should be. She feels that she is a woman because she has naturally aged into one, not because she was "circumcised." Education has given her the tools to articulate her feelings and opinions about the FGC/M.

4.5.4 Education

Education emerged as a theme because women talked about the direct and indirect impact education has had on FGC/M. Generally, when girls come home from a break from school, they are "circumcised" and depending on the presence and/or severity of the complications related to the procedure, oftentimes girls stay home and do not return to school. They also stay home if a husband has already been selected for them to marry so that once they are healed, they will be married and move-in with their husband. For the most part, women felt that education was a good thing for women to have and if they had the choice as children to either be "circumcised" or get an education, they would have chosen to get an education. Some women went to school as children and some women did not. Many factors go into whether or not a young girl is educated before "circumcision" but one salient factor is whether or not a girl's father likes her or not. When children are un-liked or unwanted, their parents, mainly their father, send them away to school. The girls that stay home are the girls who are liked and wanted by their fathers, their fathers desire to have them around. Women's discussion about regrets related to education and "circumcision" assist in understanding women's conceptualizations of their experiences with FGC/M and their unique journey.

When I asked Mama D if she thinks "circumcision" is something that should continue, she stated, "I don't support it because I don't want to continue to regret further, like I am regretting now about education. Because now… I circumcised all my girls, [for] myself, if it is anything good that was coming to anybody who was not circumcised, then I missed it. If it's about education, then I missed it." I asked Bibi about whether or not she received an education when I was gathering her demographic information. She stated that she had never been to school but if she had been given the opportunity for an education and taken it, she would be somewhere

else in life and not be where she was in life at that time. When I asked Red how she feels life would have changed without "circumcision" she replied, "I don't feel like it would be different because what would make me to be different is if I could have gone to school. But because of circumcision, it could not happen." Suzanne talked about how much she liked education. I asked if she had to choose between "circumcision" and education which one she would chose. She stated, "I would choose school." Some women feel "circumcision" hindered their opportunity to get an education.

Women and girls learn through the church and through school about the negative effects of FGC/M. The churches and schools seemed to be safe havens for the girls in the Maasai village. When Sinyati discussed the way she was taken away from the boma to undergo FGC/M and was taken far away from anyone in the boma because they knew she would scream in protest, she explained that they knew this because they knew she was educated and that she would not willingly be "circumcised" knowing what she knew and learned in school about FGC/M. Sinyati said, "Yeah, because even our teachers, they were telling us, "Don't, don't, don't. Don't allow them to cut you." I asked her what her teachers specifically told her about FGC/M.

> Yeah, they said that and sometimes they say that if you are circumcised, you might bleed until you die. So we are afraid just hearing that I might die just because cutting my something…my body. So we go home and say, "mama, mama, grandmother don't do this to me!" and they say, "ok, we won't do it, we won't." But when I grow up, 13 years old, 14 years old, they say, "this one you should do very quick."

I continued to ask Sinyati about her experience. I asked her if she felt like there was a difference between women who are not educated and women who are when it comes to the practice of "circumcision." She stated, "Yeah, there is a difference. Because for those who are normal from villages who are not educated, they are still implementing this thing of circumcision

but for me, I'm a Maasai but I'm educated and I know that circumcision is not a good thing for our children but for them, they might do it because they still see that this is a good culture, that we should be proud of it…" Sinyati is saying because she is educated, she knows what is good for the young girls but people in the village are holding on to their cultural traditions because they are not educated. Milan had a similar account of the differences between those in the village and those who leave and get an education.

> What I can say from there is that because you are already in the environment, you just accept it. But what came to change us and know that it is a bad thing…is when you come to school. But when you are still there [in the village], you just think that everything is ok. Even the other women, who are in the village and have attempted school, they will know that it is a bad thing but because they didn't [finish] school, they will just feel that it is ok for them.

Milan and Sinyati have both at least graduated from high school and feel that those living in the village have less understanding about FGC/M because of their lack of education. Both of these participants have negative opinions about the practice. They both learn in school that the practice is harmful and are told by their teachers to decline it but in reality, they do not have a choice. Milan stated that her teachers saved her from being taken out of school and back to the village after circumcision to be married off. She explained to me that her family followed her to school trying to bring her back to the village. The teachers intervened and in Milan's words, they said, "No, if you are going to take her back, and she already told me you are taking her to that man, I will go to the police." Milan continued, "So, that's when I was saved and I started secondary school." Milan's family continued to bother her. She ended up going to church and a pastor told her about a school in another town that takes in Maasai girls who are running away from "circumcision" and early marriage. Mary had a similar experience.

> I had fiancé before I was circumcised, so when I was circumcised I was supposed to be married off to this fiancé because he had already paid the dowry. He was just waiting for me to be circumcised but the teachers at the school, the headmaster at the

> school I was studying in came to my father and asked not to marry me off. So, they tried to fight for me, the teachers, until I finished primary school. Then I went to secondary and when I was in form 2 they (her family) came again but they were asked to wait until I finished and then after I finished form 4 they came again but I ran away and I went to stay with the teachers. I stayed with the teachers so my dad had no other options but to pay back the dowry he received from this man so then I was free after my father paid back the dowry, the cows he received.

Mary discussed the practice earlier as being "ignorant" and "oppressive." I followed-up using that terminology and asked her if she felt that way because she had an education. She stated, "Yes, it's education that helped me because I read the books. I heard in school and I knew [about] the way they share the razor for more than two people, I read in the books the problems you can get with giving birth and even sexually, although I never practiced it before I was circumcised but I can hear from other people." Mary is college educated and her opinions and responses reflect that as they are similar to Sinyati and Milan's. Mary, Milan and Sinyati are all in their late 20s.

From the perspective of an older and less educated Maasai woman, Mama Kubwa also had thoughts on the relationship between "circumcision" and education. Although Mama Kubwa did not go to school as a child, she was able to obtain an adult education. In Tanzania there are school programs for adults who are no longer traditional school aged. Mama Kubwa discussed the impact that both education and culture can have on girls.

> Education is the best. It will help to stop. Because if the girls will go to school, they will be educated, they will learn things that are going on in the world, so they won't want circumcision. So, if they are educated, circumcision will stop because they will refuse themselves. If they are not educated, they will want circumcision, even if their parents don't want it because otherwise, they'll just be around the village and they will be looked down upon because they are not circumcised.

She has a different perspective, which is that there are some girls who want FGC/M performed on them and are not necessarily forced to undergo it. Either way, whomever does the forcing,

Mama Kubwa believes education is the answer because she sees the cycle continuing as long as there is no education. She feels young girls will want it for themselves and then want it for their daughters. Milan also discussed the relationship between culture and education. I asked her if she felt it was safe to assume that the girls who do go to school learn about "circumcision" and are therefore more likely to not believe in it.

> You know it depends because the culture is so strong. Even though they go to school and go back [home] and are forced to do that…you can just say, I go and see my parents and stay maybe for holiday and they may greet you and do anything they want because the culture is still strong. And for the girls who are still in secondary school they are still not able to stand on their own and say "I don't want this" because their minds are not confident, they are not confident to talk with their parents so sometimes they will agree to be circumcised. So, the culture is still strong and maybe when they to universities, now they know that, "this is bad and I'm going to tell them that its bad." But for now, when they are in secondary school, ooooo, it's hard for them.

Milan is stating here that when the girls are young, they are more likely to agree to follow tradition and do what their parents want. She is saying that the girls come home during a break from school and they just agree to do it because they cannot stand up for themselves and because the culture is so strong. Although education seems to be the answer for many women, there is also the reality that culture is powerful. Kenya stated, "I tell you, this education, we thank god for it. At least now we know what is good and what is right…although, we struggled for it."

4.6 INTERVIEW WITH A TRADITIONAL VILLAGE CIRCUMCISER

Throughout this chapter, I have discussed opinions, perspectives, and quotes from various women who participated in this study by describing their experiences with FGC/M. I have not discussed the perspective of the practice of FGC/M from the viewpoint of the women who actually perform the procedures on the young girls. While I did not intend on interviewing a

village circumciser, I was grateful for the opportunity to sit-down with a woman of her status. Initially, I interviewed her as a participant in the study who would be able to talk about her experience undergoing FGC/M. However, based on her replies to questions and the eventual revelation of what she does for a living, I changed the questions and my approach and continued to interview her as a participant who performs FGC/M. This interview helps to illuminate the other side of the practice which is under discussed and which is far less understood. Hearing perspectives from all involved in the process of FGC/M helps achieve the purpose of this study which is to understand the psychological health outcomes of FGC/M.

Susan and I approached Mama Mzee as she was sitting against a wall in Arusha town beading with other Maasai women. At this point, we had been back to this area multiple times so we were starting to see the same Maasai women. However, Mama Mzee was a face we had not seen before. Prior to the interview starting, there were a few women who were beading and speaking in Maasai with one another. Susan interpreted and explained to me that they were telling Mama Mzee not to talk with us. I could tell from the energy the women were giving off that they were not happy to have us back in their space. The women told Mama Mzee not to give us information. Perhaps some of them did not like what Susan and I were doing. In situations like these, I followed Susan's lead. Susan said it would be fine to continue and just speak with Mama Mzee. So we proceeded. I tried to collect demographic information from Mama Mzee as I did with all of the participants. However, she instructed me to just start asking questions; the demographic information will come with the stories. Story telling is a part of the Maasai culture so I agreed to just let her talk and tell stories. I came to learn she did not know her exact age but she thought maybe she was in her late 70s. She was married with children and had never attended school.

Mama Mzee starts the interview by asking me if I am "circumcised." She learned that I was not but we continued with the interview. I asked her if she felt "circumcision" was an important tradition in the Maasai community.

> I don't see anything wrong with circumcision because I was circumcised, my age group was circumcised, I circumcised all of my children and I have never seen anything bad happen, I've never seen anyone die. I've never seen anyone get any problems so I don't think there's anything bad with circumcision. Circumcision should continue because I never saw anything bad with it.

I felt stuck after this first question because I had not yet talked with anyone who had been so frank about feeling positive about FGC/M. Susan asked her if she would "circumcise" her children if they were being raised in this era. From there, I was able to formulate questions and ask about being a woman. Mama Mzee stated that she would "circumcise" her daughters if they were young and in this era. She discussed how "circumcised" women cannot socialize with "non-circumcised" women but that in today's era, the ability to give birth also determines whether or not one can become a woman. However, when it comes to womanhood, "circumcision" is the best indication of that transition. I asked her why that was and what about "circumcision" makes it better for girls becoming women; why she thinks "circumcision" was chosen as the tradition for this life milestone.

> Circumcision is good beyond words. I do it myself. So if you want it I can do it right here right now for you. Its good beyond words. Unless you go through it, that's how you know how good it is. It is good for any woman to do, to be circumcised. It's beyond words for why. You can't know until you go through it-that circumcision is good more than giving birth because For example, it levels everybody. Those who can give birth-those who can't give birth provided you have gone through circumcision you are a woman even if you don't have the ability to give birth. I love it, more than I can tell.

It was at this point that I realized what she did for a living. I started to ask her about her experiences as a circumciser.

Me: Do people come to you when they want to have their daughters circumcised?
MZ: Yes, I do it, every time, any time, I am ready to do it.

(She asks Susan to convince me to get circumcised today)

Me: How much do you make per circumcision?
MZ: Its 40,000 TZS per head but in town, because of the disease that's similar to circumcision. We cut to remove the disease lawalawa so people come to me to remove that in town when their kids have lawalawa so it's 50,000 TZS in town.
Me: So people come to you for circumcision and lawalawa? So people that have lawalawa don't necessarily want to be circumcised but it's how to treat lawalawa?
MZ: Yes. Even in Maasai land when you get lawalawa, when she's treated it means she's circumcised already so she will not be circumcised again.

40,000 to 50,000 Tanzanian Shillings is equivalent to roughly between $18 and $25. Lawalawa is a disease that various tribes in Tanzania believe can only be cured by FGC/M. It is a vaginal bacterial infection or an ailment akin to a urinary tract infection (28TooMany, 2013). Experts believe this can be treated with an antibiotic. However, in the villages among the tribes, many believe FGC/M is the only cure. I continued to ask her about lawalawa and her medical training.

MZ: Lawalawa is a disease like malaria, like typhoid, like any other disease. You feel itchy on your vagina. It gets itchy and then you lose a lot of weight and it gets people even who are circumcised. If you are circumcised, there's a way you can see where to cut, you have to cut (the clitoris) a little bit and press to remove the worms. There's medicine for it even in the hospitals
Me: Why are you cutting if there's medicine for it?
MZ: Because that's how we used to do it before
Me: Can't antibiotics clear that up?
Susan: Kind of
MZ: Around the clitoris, there becomes black patches when it becomes itchy, the more you scratch it becomes black, you get some black spots, so we cut around those black spots and then squeeze it to remove the virus.
Me: Have you ever had it before?
MZ: I've never had it but my daughter had it. It doesn't take long to heal once you are cut. I don't know how you get the disease.
Me: Are you trained? Who taught you how to perform circumcision and to look for lawalawa? How did you learn to do circumcision?
MZ: I was not trained, I just knew it, just like that. I liked it when the women used to do it so I would accompany them so just by looking, I knew how to do it.

I asked these questions because I wanted to learn about the type of training village circumcisers undergo before they practice FGC/M. Mama Mzee continued to talk with us about the importance of FGC/M in her mind.

> I think circumcision makes giving birth easier because it's now once or twice I've gone to the hospital and I give birth quickly and easily more so than the other women who aren't. Most people who aren't circumcised are going through operation to give birth so I think circumcision makes giving birth easier. I've never had operation nor have I had problems giving birth. About sex, I don't think it's true that when you're circumcised you lose the taste for sex, because most of the women who are circumcised, they still have sex and they give birth so I don't think there's any difference in sex because you are or aren't circumcised. Sex is sex.

Mama Mzee is explaining that she has given birth vaginally each time she has had a child and has not needed to have a cesarean section. She believes women who require cesarean section are doing so because they have had some complications and that these complications are related to the presence of a clitoris. She started to talk to a woman who was beading next to her. This was a woman who did not want her to talk to us initially. Mama Mzee then turned back to us and continued talking.

> We know the truth and however much they try, the educated people or government, try to lie to us about circumcision, we still know the truth and we are not going to school but we know the truth and we will stand by it.

We continued to talk about her experiences. I asked her about her role in the celebration and what aspects of the ceremony she participates in when she does the cutting. She stated that she celebrates with them sometimes after the cutting and that, traditionally, when a cow is slaughtered for the ceremony, she is given the back of the cow to take home to eat. I then asked her what she does if a girl starts to bleed out.

> Me: What do you do when a girl is bleeding a lot? How do you handle that?
> MZ: It's not my part but I can help if I'm there
> Me: Oh so there is someone else there to help if there is lots of bleeding?

> MZ: Yes because sometimes I do up to 10 a day so I'll just come, do the cutting then go to the next boma and do the cutting.
> Me: Do you change blades between the people?
> MZ: Yes
> Me: Why?
> MZ: In my times, I used one blade. But now, everybody uses her own blade because now a days they say there are a lot of disease so everyone wants their own bade.
> Me: Do you believe there a lot of disease?
> MZ: I don't believe it but because people are going by that so we just have to believe it. And sometimes when they are circumcised, one will cut using the girls blade but then we don't' throw it, we carry it and go to another boma for circumcising another but you open up another blade and see that it's bland so you have no other choice, you just have to use the other one from before which is sharp.

Based on this information, it is difficult to say how the excessive bleeding is handled but based on other women's descriptions, someone is called from outside of the village to tend to the bleeding girl. Although she has heard that diseases can be spread from using the same blade on multiple girls, she appears to make decisions for them if a girl presents with her own blade for her "circumcision" and it is dull. I continued and asked her about how she may perceive of the girls emotional state during the procedure. I attempted to understand that by asking her if she had ever encountered a girl who did not want to have it done and was trying to resist it. I asked her how she handled situations like those.

> MZ: It's not that they don't want, it's only that they fear. So if they fear, other women will help me hold her.
> Me: Do you explain to them what this is going to do for them?
> MZ: I don't tell them because they are not supposed to be told because those days, women didn't want to be circumcised because they didn't want to lose their freedom and they didn't want to be married off. I don't tell them because I know they will not agree with me since they don't want to be circumcised for these reasons.

Her description about handling girls who are resisting is consistent with what other participants have described when they tried to resist – being held down by multiple women or being tied. Mama Mzee seems to feel that girls who resist are just afraid of the pain they may endure. In an attempt to get her to explore deeper and more abstractly, I ask her about education. I ask her if

there is a link between “circumcision” and education and whether or not she feels girls should go to school.

> MZ: There is no connection because circumcision doesn’t stop you from going to school and going to school doesn’t stop you from being circumcised. It’s only a belief that is there because they used to believe that once you go to school, it becomes hard for you to come back home and follow the tradition because you got an education so you will not want to be controlled or be told what to do, so your parents will not have the right over you because you have gone to school and that’s why they never took girls to school
> Me: What about the boys, do they go to school?
> MZ: Yeah
> Me: Do you believe in education? Do you believe that girls should have an education?
> MZ: We believe in it and we like it and we want girls to go to school so they should go to school but they should also be circumcised. They should not take that opportunity because they have gone to school to stop circumcision….I just want to add that my worry is those Maasai girls who go to school and disrespect their parents. Not knowing that if it were not for their parents they would not have gone to school because if not for the brothers and sisters and other relatives, nobody would bother to take them to school because they know that one day you will get married and you will support your marital home more than your relatives. You should encourage the Maasai girls to respect and not forget their parents.

Mama Mzee is stating that the traditional belief about girls and education is that education informs the girls of their rights to their bodies and the harmful effects of FGC/M which then lead to them coming home for a break from school and resisting, even refusing FGC/M. She feels girls can get an education but they need to continue to know their place in society and should resume their roles as traditional Maasai women. Mama Mzee believes in the traditional practice of FGC/M and believes it is an important aspect of the culture that should continue. However, she has no formal medical training and does not always adhere to the social norm emerging in the Maasai community acknowledging that sharing blades can lead to diseases.

5.0 CONCLUSION

This study was conducted among the Maasai women of Tanzania and aimed to understand women's psychological health following FGC/M, their general opinions and attitudes toward the practice, and to identify women's conceptualization of their personal journey and personal experience with FGC/M. Women generally felt that what the practice symbolized was important including the transition from girlhood to womanhood and the ability to get married and give birth. However, the physical experience of undergoing FGC/M was described in a negative way and depicted as a traumatizing event. For many of the Maasai women, undergoing FGC/M meant significant changes in a young girl's life including the end of education and the end of freedom and the ability to do what she pleases with her body. This knowledge and understanding has implications for the women and girls of the Maasai tribe as well as for other communities where FGC/M is practiced. It also has implications for social work research, social work practice, and public policy.

5.1 SUMMARY OF FINDINGS

Maasai women shared and discussed their feelings about the practice of FGC/M in relation to the aims of this study. Each aim is summarized here as well as a summary of the rationale and logic behind the practice from the perspective of the Maasai women.

Maasai women discussed multiple reasons why they believe FGC/M is practiced and why they believe the practice exists. Most commonly discussed was that girls needed to undergo

FGC/M in order to become a woman. Following that and directly related was the belief FGC/M needed to happen in order to be married to a man. Women also discussed that it brought respect to those who underwent it as well as to their families. Other reasons mentioned were to adhere to tradition, in order to give birth, to control the sexual behavior of women, and fear the clitoris will continue to grow. While women believe in many reasons for this practice, transitioning to womanhood seems to be the most important reason listed as a response as it seems to be the foundation and catalyst for the other reasons. However, from my perspective as a researcher, although it was not explicitly stated, general social adherence seems to be the most important part of living within this culture and there is strong fear attached to going against cultural beliefs and traditions.

In an attempt to address the first aim of the study proposing to understand more about the emotional and psychological health outcomes of FGC/M, codes emerged within this aim that answered questions around the psychological health outcomes. These codes were as follows: Emotional Response Short-term, Emotional Response Long-term, Physical Response Short-term, Physical Response Long-term, Choice, and Preparations. At the time of undergoing the physical cut, women recalled they had generally felt badly, fearful, and worried about their performance. They also discussed sadness at knowing that the presence of FGC/M meant leaving their childhood homes to be married as well as the indication of the end of freedom. Women also recalled the physical cut, experiencing severe pain and excessive bleeding which also lead to feelings of fear. They recalled not knowing the FGC/M procedure was going to happen to them, therefore, indicating the experience was a shock. They also discussed not having a voice or opinion about whether or not to undergo the practice and oftentimes said it was forced. Finally, when they thought about the practice and how it made them feel today many women felt that

there was no real benefit to FGC/M and that they went through pain for no real tangible benefit; they voiced feelings of regret.

During the analysis, codes emerged that touched on understanding the second aim of the study intending to understand women's general opinions and attitudes toward the practice of FGC/M. The codes were Next Generation and Future of FGC/M.

Next Generation encompassed voices from women discussing whether or not their daughters and granddaughters have undergone FGC/M and women's responses to the questions of whether or not they will continue the practice in their own family. This speaks to a woman's true feelings toward the practice and willingness to put their words and truth into action. If women stated they did not want FGC/M to continue but planned to continue the tradition anyway with their daughters and granddaughters, it creates a contention between what they really want and what they feel obligated to do. Despite this contention, having FGC/M performed can be understood through multiple concepts such as the strength of their adherence and loyalty to their culture, the strength of their belief that the practice of FGC/M is positive and important, the strength of their belief that the practice is what is best for the outlook of Maasai women and the salient reality that this decision typically is not their own but the choice of the men in their lives. Generally, women had daughters and granddaughters who had already undergone FGC/M or intended to have the practice performed on them. This showcases the reality that this practice is continuing.

The Future of FGC/M code is comprised of women discussing more generally what they would like to see happen with the practice and where they would like for the practice to go. This code encompasses more of the women's opinions about the legitimacy of FGC/M in their culture

and in which direction they would like to see it go. Generally, most women felt the practice should not continue.

The contradiction and contention between these two codes depicts the true ambivalence facing these women; ambivalence of not wanting this practice to continue however, wanting to have their daughters and granddaughters undergo the practice. This indicates that the women personally do not want to see this practice continue though they may feel strong cultural, traditional, and social forces to do so.

This third aim, to identify women's conceptualization of their personal experiences and personal journey with FGC/M, was captured by women discussing their experiences with Marriage, Womanhood, Sexuality and Education. Subsequently these concepts emerged as themes.

Marriage was viewed as an initially fearful and sad experience though eventually accepted by women as a necessary part of their lives. They said they grow to love their husbands but this is because they have no other options. They learn as young girls that marriage may entail abuse from one's husband, hard work to keep the boma functioning, and having children. They express happiness that marriage eventually comes with children and that children are the best part of being married.

Women discussed their sexual experiences, specifically how it felt before and after undergoing FGC/M. Their words suggest sex felt better before FGC/M. Women stated, not only were they generally more free to be intimate with men of their choosing, on their own time, but that the physical experience of sex was more pleasurable prior to FGC/M.

Although women had mixed feelings about FGC/M, they valued the opportunity it afforded them to become a woman. Women valued the notion of 'womanhood' and the

importance of undergoing that transition. They respect the different aspects of womanhood like being able to get married, have babies, and the permission to communicate with and share ideas with others who have also become women. There is a stark differentiation between girls and women in the sense that the two groups generally do not coalesce. This is important to the women and is a part of their culture they are proud of.

Finally, in asking women about their education levels and the connection between education and FGC/M, it is clear that once FGC/M is performed on girls, their education has to stop; they stay at their parent's home until they are married. After this, there are no opportunities to return to school. Once they become married women, their time is spent caring for the boma, the animals, and raising children. Those who were educated had to fight for their education which meant running away and getting the church and school involved in trying to keep her in school and away from her boma. Therefore, the presence of FGC/M indicates the end of an education. When asked, women stated they would have chosen an education over FGC/M if it were up to them. Many women regret not having one.

In conclusion, women feel a strong sense of belonging to their tribe. Therefore, they feel a sense of loyalty to the traditions of their tribe such as FGC/M. Women endure short-term psychological and emotional traumas including pain, shock, and fear which turn into long-term feelings of numbness, and regret. For these women, undergoing FGC/M was one of their first memories indicating to them the lack of choice they had in what they did with their bodies. It was just the beginning of a series of life events they would experience where they had no decision making power (such as being forced to sacrifice an education for the sake of being a child bride). Generally, these women do not look back on their experience with FGC/M with joy and happiness but with feelings similar to a premonition of the beginning of the end of freedom.

5.2 METHODOLOGICAL LIMITATIONS

While this study may contribute to our knowledge about women's psychological experiences with FGC/M, it is not without important limitations. The primary limitation of this study is that the use of a translator was needed for a majority of the interviews. Although her presence was for more than translating as she was instrumental in helping me navigate the Maasai tribe, it does indicate a limitation when communicating with the participants. Given that the women were from a culture and country very different from my own, fluency in the language as well as in the culture would allow me to pick up better on non-verbal cues and allow for a more fluid exchange between myself and the participants.

Another limitation of this study was that two of the women did not agree to be audiotaped which meant I needed to hand write their responses. In order to keep the interview going at a comfortable pace, I needed to forego writing every single word and therefore, information was missed in the process.

This study is cross-sectional in design and although consequences overtime can be inferred from interviews, this design does not allow for new information from women at multiple time points. This method of inferring is subject to recall bias, specifically as it relates to trauma. When women say they "feel nothing" when looking back on the practice of FGC/M as a child, it is possible that they are experiencing a cognitive dissonance between the trauma and not wanting to endure the emotional arduousness of going back to the experience in their mind suggesting a more severe psychological reaction than was captured during my interviews.

Finally, the sample size is small. This is due to multiple factors such as a lack of time, availability of my translator, coping with illnesses and participants needing to reschedule or

cancel interviews all together. Therefore, although this information may be generalized to the Maasai tribe as a whole, it may not be generalizable to the entire population of women who have undergone FGC/M in this world.

5.3 IMPLICATIONS FOR POLICY

This study has implications for policy both in the country of Tanzania as well as for the U.S. For the purposes of this dissertation, I will focus on the implications for the U.S. It is unknown how many Tanzanian women, specifically Maasai women, immigrate to the U.S. However, it is known that estimates suggest increasing numbers of women and girls immigrating to the U.S. from countries where FGC/M is practiced. Therefore, federal and state laws have been implemented to ensure that this practice does not happen on U.S. territory and to keep women and girls safe by prohibiting the transport of girls to foreign countries for the purposes of undergoing FGC/M. While it is important to have these policies and laws in place, it is also important to understand the magnitude of the cultural belief in this practice that immigrants may feel and will bring with them to the U.S.

While current federal legislation addresses important issues related to FGC/M, more specific policy should be implemented to mandate training that includes physical health outcomes of FGC/M when training physicians, and mental health outcomes of FGC/M when training mental health providers as well as an integrated treatment between the physical and mental health systems as it relates, in this case, to FGC/M. In the U.S., young girls who have not yet reached the age in their culture to undergo FGC/M are extremely vulnerable because they are entirely subject to their parents' wishes and decisions. If their parents chose to take them back

to their country of origin to have FGC/M performed, they have no way of advocating for themselves. While the Transport for Female Genital Mutilation Act is a step in the right direction, it is a largely symbolic piece of legislation. Women need to engage with physicians and mental health practitioners who are aware of the practice, and need to be able to go get help and not to feel judged (Khaja, 2004). Services specific to this practice should also have mandated availability for these women and girls.

Currently, in the U.S., FGC/M is not included in the mandatory reporting laws of child maltreatment. The U.S. Department of Health and Human Services' Administration on Children Youth and Families lists the mandatory reporters of child abuse and neglect for each state, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands (Child Welfare Information Gateway, 2014). Each of these states and territories has statutes identifying who must report suspected child maltreatment as well as the standards for making a report. While the circumstances under which a mandatory reporter must make a report vary from state-to-state, typically, a report must be made when "the reporter suspects or has reason to believe that a child has been abused or neglected." Another common standard for making a report is a situation in which "the reporter has knowledge of, or observes a child being subjected to, conditions that would reasonably result in harm to the child." Less commonly, some states take it a step further and require a report when, "commercial film and photographic print processors have knowledge of or observe any film, photograph, videotape, negative, or slide depicting a child under age 16engaged in an act of sexual conduct" (Child Welfare Information Gateway, 2014). FGC/M isn't explicitly stated as a standard for which to make a child maltreatment report.

Although FGC/M is not covered in any state statutes on child abuse and maltreatment, as mentioned in chapter one, there are 22 states that have specific legislation banning the practice and some that have amended their criminal codes to include FGC/M as child abuse. However, states have not amended their child abuse statues to include FGC/M. Therefore, mandated reporters would need to be aware of state legislation outside child abuse reporting which would require them to take the initiative on their own to access other legal channels to ensure they are aware of all of the ways in which a child can be harmed. Many states indicate in these criminal code amendments for FGC/M that a defense citing custom, ritual, or standard practice will be ruled out. However, a mandated reporter would have to use his or her judgment and knowledge about FGC/M regarding whether or not to report FGC/M as abuse. This leads to gaps in reporting as some reporters are not aware of FGC/M nor possess knowledge about the practice. Though they may be aware of the link between FGC/M and culture they may feel there are no legal grounds for which to report FGC/M.. States should adopt policy specifically in their child abuse statutes that give FGC/M a legal ground with which to make a child abuse report.

Health and mental health professional organizations should develop policy around education and continuing education courses to include information about FGC/M especially in states where FGC/M has a high prevalence. This should be the standard for social work education and continuing education programs to ensure that students learn about international practices that become national issues by way of globalization as well as so professionals in the field are informed about issues that affect their clients. Curriculum in social work education should be developed around cultural competence when dealing with issues of FGC/M as a form of child abuse. This study as well as the practice of FGC/M has implications across many specialties in social work including child welfare, mental health, physical health, family

violence, and gender equality. Cultural competence and awareness should always be included when discussing all aspects of social work in social work education curriculum.

5.4 IMPLICATIONS FOR SOCIAL WORK PRACTICE

This study has implications for the practice of social work in the U.S. Social work is in a unique position to provide clinical assistance to girls, women, and families affected by FGC/M in a culturally sensitive way while keeping their practices within the context of the policies and laws of the U.S. While the law recognizes the practice of FGC/M is illegal and attaches punitive measures to any adult who engages in the practice, immigrants need to feel free and safe to seek judgment-free help if needed. This can be difficult to do if one fears he or she will face legal consequences. Therefore, social workers need to be informed about multiple issues: 1) the policies and laws that exist in the U.S. 2) culturally accurate awareness of how different immigrant groups conceive of the practice and 3) knowledge of culturally sensitive ways to discuss the practice of FGC/M.

5.4.1 Knowledge of the law

Not only do social workers need to know the law but in providing assistance to those seeking help around this issue, social workers may need to provide assistance in helping understand the law and how it impacts their cultural beliefs.

5.4.2 Differences in perception

In talking with the Maasai women about their experience, this research has advanced our knowledge about the rationale behind the practice of FGC/M. Some of the reasons women listed were different from NGO discourse about why this practice is engaged in. It is clear that this varies by culture. Although there may be some general ways to conceptualize the logic behind the practice of FGC/M by using rationales like "tradition" and "adherence to cultural beliefs," when one goes beyond those reasons to find out more specifically why, it varies. For example, the Maasai women discussed a fear around the clitoris continuing to grow and therefore needing to be removed. This may not be the rhetoric used by other communities of people who may immigrate to the U.S. Therefore, it is important that social workers seek to understand and treat each person as the individual that he or she is.

5.4.3 Cultural sensitivity

Social workers can best help immigrant communities in which FGC/M is practiced by actively fostering a safe and respectful place through building rapport with individuals and families. When talking about an issue that is deemed sensitive to Americans but perhaps not sensitive to immigrant communities where this is a cultural norm, it is important to speak in a way that is not oppressive or demeaning. Therefore using terminology like "mutilation" can be perceived as an offensive and detrimental way to refer to the practice of female genital cutting. Although the law uses that terminology, social workers need to be aware of more sensitive ways to refer to this. Women may or may not feel as if they have been "mutilated." Some women, like the Maasai women, feel they have been "circumcised" which implies a less harsh way of thinking about what they went through. It is important that social workers use the terminology that the women herself uses to describe their bodies.

Finally, while most of the women discussed having negative feelings at the time of undergoing the practice and would like the practice to end, there are women who stated they were excited to undergo FGC/M and did not want the practice to end. Social workers need to be aware of some of the negative psychological effects FGC/M can have on girls and women but also be aware there are women who have a lot of pride in what they have experienced, and it has positive meaning to them. Social workers need to find a way to acknowledge the significance of the practice of FGC/M and the means by which this practice provides for girls to transition into womanhood while also understanding the social norms of the U.S. and dominant discourse in the U.S. on this topic. The misalignment between individual perception and social perspective can have devastating effects on young girls and women trying to mitigate the differences between U.S. culture and their home cultures in an attempt to find a way to bridge both their worlds.

5.5 IMPLICATIONS FOR RESEARCH AND FUTURE RESEARCH

While this study helps form a better understanding of how FGC/M impacts women psychologically and emotionally, more research continues to be called for. In order to understand more about women in the U.S. who have undergone this practice, it would be useful to replicate this study among women from countries where FGC/M is practiced who have the highest prevalence of immigration to the U.S. such as Somalia, Egypt and Ethiopia. Research of this type is in order to understand their perspectives and the significance of the practice to them. In terms of understanding more about the outcomes, future research should be focus on women who have undergone Types II and III in order to understand how these may have differential psychological impacts. Further, we would benefit from a qualitative study interviewing women

about their experiences living in the U.S. having undergone FGC/M in the past in their country of origin. This information would give us a client-centered approach to creating and implementing programs and interventions to provide, for women and girls in the U.S., treatment and assistance in a way that is respectful to themselves and to their culture so they can interact with culturally-informed clinicians.

Future research should include longitudinal studies both for women who live in their native countries and women who have moved to countries where FGC/M is not commonly practiced given that perceptions and feelings may change the longer women live in countries outside of their country of origin.

5.6 REVISITING THEORETICAL FRAMEWORKS

In my early learnings of the practice of FGC/M, my initial reaction to the practice came from the perspective of radical feminist theory. I thought the societies and cultures where this practice was maintained needed to be radically altered. I immediately assumed the women in these cultures were oppressed and unhappy and the men were dominant and aggressive in their patriarchal beliefs. While I still believe Maasai women are situated within a larger patriarchal social system, I have learned that their experiences and beliefs about themselves and their culture are far more complex than the dichotomous and simple way of viewing the practice of their culture and FGC/M as good or bad. Throughout these interviews, I heard from women who possess incredible levels of strength and insight. It was important that I hear about their experiences from their perspectives and make that the center of my study. Using my research as an avenue to provide opportunity for them to discuss their perspectives, carry those perspectives back to

another part of the world and use their words to answer research queries utilizes more of the equality approach of feminist theory as opposed to the action oriented and social justice components of radical feminist theory. Over time, it has become more important to me to hear from women's perspectives rather than take action for change.

In considering the theory of trauma, while some women described what they went through as trauma, others did not. While most women did not use the word "trauma" some described what would be perceived as trauma and some women described FGC/M in a less traumatic way. Not all of the women felt traumatized. In a way, FGC/M has been culturally normalized as a rite of passage and for some of the women, this normalization process has acted as a buffer for feeling the pain of undergoing FGC/M, both physically and mentally. While I think it is important to understand the role culture plays and to see the positive within the culture, it is also important not to lose sight of the understanding that FGC/M exists within a larger patriarchal society.

Bringing all of the theories together, understanding FGC/M requires attention to unique cultural experiences in trying to understand how FGC/M mentally impacts women. The first step in this process is allowing women to speak for themselves about how the practice has impacted them while situated in within their culture. This study did just that and has provided information and insight into the unique experiences of Maasai women. More research needs to be done to understand the mental health experiences of women who undergo FGC/M outside of western societies.

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