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Helpdesk Research Report

Harmful traditional practices in diaspora communities

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Question

What is the evidence of the continuation or cessation of (or changes to) harmful traditional practices by diaspora communities contrary to trajectories of change in their countries of origin. Please include evidence on female genital mutilation/cutting and child, early and forced marriage.

Contents

1. Overview

This paper draws together evidence on the factors affecting change in carrying out harmful traditional practices (HTPs). It focuses only on female genital mutilation/cutting (FGM/C) and early, forced and child marriage. There are very few studies which specifically compare trajectories of change in home countries and diaspora communities. As such, this report collates evidence into categories which are known to affect change in diaspora communities, both towards and away from HTPs. In general, the trajectory of change among the diaspora communities discussed in the literature surveyed for this report is away from carrying out HTPs. There are fewer examples identified of communities wishing to uphold these practices in their new countries.

In this report, 'diaspora' is understood to refer to "emigrants and their descendants, who live outside their country of birth or ancestry, either on a temporary or permanent basis, yet still maintain affective and

material ties to their countries of origin… they identify with their country of origin or ancestry and are willing to maintain ties to it" (Agunias & Newland, 2012. IOM Diaspora Handbook). At minimum, 'diaspora' indicates an identity relating to a community of origin.

Mackie and LeJeune (2009) describe the process of change for abandonment of HTPs, based on a study of FGM/C and foot binding in China. Once a core group (the critical mass) has reached a different opinion, they spread that opinion through the community by organised diffusion. When a large enough proportion of the community is in agreement (tipping point), the community is ready to abandon the practice. There should then be a public statement of commitment to abandonment to ensure continuation.

Much of the literature surveyed emphasises that in the case of FGM/C, **parents always want what is best for their children** (e.g. Gele 2012b; Mackie & LeJeune 2009). If parents are in a community which values FGM/C or early marriage, they are likely to comply in order to achieve the best for their daughters. Once a community develops an alternative value, the same principle motivates parents to abandon a practice. For example, in Oslo, uncircumcised Somali girls are more attractive for marriage, and so parents have dropped the circumcision practice (Gele, 2012b).

The literature identifies several factors which impact on change in attitudes and practices:

- **Legality**: All host countries in this report have made HTPs illegal. Knowledge of the law, and in some cases, fear of repercussions, have an impact on communities' willingness to undertake HTPs.
- **Social pressures:** These are key influences on whether HTPs continue or cease. Diaspora respondents often cited that being away from their extended families and home communities freed them from the pressure to perform HTPs.
- **Cultural integration**: Assimilating new values and norms from the host society has a very strong impact on HTPs. Where the majority of people do not undertake a certain practice, this make the diaspora community less likely to do so.
- **Access to information**: Awareness raising and education campaigns directed at people who practice FGM/C often has a considerable impact on the practice, when they learn about the harmful medical effects, the lack of a religious requirement, or the human rights aspect. There is less evidence on this for early marriage.
- **Diasporic identity:** Members of the diaspora are influenced by home and host societies' influences, and often struggle between respect for traditions and new opportunities. Second-generation children can use traditional practices for their own purposes, such as early marriage to escape parents' control.

This report found some differing evidence among these factors. The diaspora communities discussed in the literature do not necessarily adopt the same views or behave uniformly in relation to HTPs, nor do all members of a particular community. There are various examples in the literature of people exercising individual agency against the mainstream. In addition, culture is not static and can change and adapt according to circumstances.

2. Legality

Alcaraz et al's (2012) rigorous literature review on factors that contribute to continuation and abandonment of FGM/C identifies the illegality and criminalisation of FGM/C in host countries as central to the eradication of the practice. Somali interviewees in Norway suggested that there may be a few in their community who still support FGM/C but have not undertaken it due to fear of prosecution (Gele et al 2012a). In London, women expressed this idea as the **law having changed behaviour, if not attitudes** (Norman, et al. 2009). People fear having their children taken away or losing their job (Norman, et al. 2009).

While criminalisation is an important factor in the change process, it may not be sufficient to completely eliminate traditional practices (World Vision, 2014). **Illegalisation can drive HTPs underground** (World Vision, 2014). A study on forced marriages in the UK shows that changing the legal requirements for marriage has had little impact on the number of marriages (Hester et al., 2007: 15). In 2003, the government raised the age at which a non-UK citizen could enter the UK for marriage from 16 to 18 years. Interviewees in South Asian communities in Manchester, Birmingham and London thought this legislation had had no impact. Respondents voiced the idea that those who want to do it, will do it regardless of legislation. The literature is very clear that both practices continue even where illegal, by parents taking their daughters back to home countries either to marry or be circumcised. Thus the law can be circumvented.

3. Social pressures

Alcaraz et al (2012) find in their rigorous literature review that tradition and social pressure are most influential in the continuation or abandonment of FGM/C.

Somali interviewees in Norway indicated that they were removed from the social pressure to undertake FGM/C which exists in Somalia (Gele et al 2012a). They expressed that individuals in both communities may dislike FGM/C, but those in Somalia are more likely to undergo the practice as there is considerable pressure to do so. In Norway, it is a matter of pride and prestige to be uncircumcised, with no stigma. Without the surrounding stigma, potential teasing and majoritarian pressure, parents felt more able to leave their daughters uncut. Younger Somali men in Oslo all said they would prefer to marry uncircumcised Somali girls (Gele 2012a). This is a strong condition for change, as if uncut girls are seen as marriageable, parents are unlikely to want to circumcise them.

Similarly, much of the literature stresses that second-generation immigrant girls can be subjected to FGM/C when taken to home countries on holiday. First-generation Somali immigrant mothers in Norway reported feeling **fearful that their own mothers would pressure them** into circumcising their daughters (Gele, 2012a). Londoners from Sudan, Eritrea and Somalia agreed that parents in the UK felt less pressure to circumcise their daughters, especially being removed from extended family, particularly grandmothers (Norman, et al. 2009). Grandmothers' decisions are powerful in Somalia and they carry considerable importance (Gele, 2012a). Being further away from family can help diaspora members resist pressures to behave in a certain way (Johnsdotter et al, 2008).

4. Cultural integration

The literature is fairly consistent in the view that the more integrated immigrant communities are, the less likely they are to practice FGM/C (Lien & Schultz, 2013). The feeling of belonging to the new society plays an important role in adopting or adapting customs (Johnsdotter et al, 2008).

Alcaraz et al (2012)'s rigorous literature review finds that the strongest factor affecting abandonment is acculturation of women to the social context of a new host country. This includes factors such as the criminalisation of FGM/C; social aversion; women and girls' empowerment; and the media's role in educating and informing.

In London, UK, the Somalis with the most traditional views were older generations, new arrivals, and the least integrated (Johnsdotter et al, 2008). In Canada, African immigrants explained the distance from families and acculturation to Canada caused them to change views on FGM/C (Johnsdotter et al, 2008). Londoners from Sudan, Eritrea and Somalia felt that those who are more integrated into UK culture or who moved country at a young age were less likely to support HTPs (Norman, et al. 2009). Some of the younger generation may have very little knowledge of these practices at all.

Johnsdotter et al (2008)'s Eritrean and Ethiopian respondents living in Sweden were very clear that the FGM/C tradition was left behind on moving to another country. They identified strongly that their **children born in Sweden are seen as culturally Swedish** on these issues, and worried that older generations in home countries would try to circumcise Swedish daughters. These respondents firmly rejected FGM/C, for the reason that they associated no (positive) cultural meaning to the practice. 'Being Swedish' was an important part of the respondents' self-image and identity, which may contribute to the rejection of FGM/C. This is in contrast to Somali Swedes, who retained some positive cultural aspects of FGM/C.

Younger generations from migrant communities are more likely to be culturally integrated with the host society than first-generation immigrants. There is a clear thread across the literature that second-generation children, born in the host country, are more likely to exercise personal preferences over who they marry, and to be able to resist parental pressure. Samad and Eade (2002) find that the tradition of arranged marriages, which can sometimes equate to early and forced marriages, is dying out across South Asian communities in Britain, although it remains prevalent in South Asia. While parents in these immigrant communities may be reluctant to accept children's choices, this appears to be balanced in most cases against the family shame which might occur if a daughter was to run away in order to escape marriage (Samad & Eade, 2002). Among middle-aged and younger parents, children's choices are accepted in preference to forcing marriage, which is no longer seen as an option (Samad & Eade, 2002).

An older paper investigates the experiences of Hmong young people from Laos and Thailand living in America (Ngo, 2002). This study found that some Hmong parents encourage daughters to continue education rather than get married young, as they believe that to succeed in America requires an education. This study (Ngo, 2002) also found that early marriage was sometimes used by first-generation immigrant parents to **prevent children assimilating into the majority culture**. Rather than a simple expression of traditional cultural practices, it was actively used as a strategy to defend against integration.

5. Access to new information

Lien and Schultz (2013) conducted a three-year study on Gambian and Somali women in Norway to examine how the processes of internalisation[1] changed attitudes from positive towards FGM/C to negative. Women were exposed to information on FGM/C through leaflets, seminars, working groups and government campaigns. At first, the women did not believe the new information presented on the health consequences of FGM/C. A significant moment occurred when a female Gambian doctor gave a seminar to Gambian women, and showed pictures of health complications resulting from FGM/C and sang a song from a circumcision ceremony which revealed that she was an insider, and herself circumcised. Women's attitudes changed from pride to victimisation, and the process caused them to question the moral values of parents and grandparents. Activists gave four reasons for attitudinal change:

- Formal education and/or health training.
- Experience of working at a hospital; seeing infibulated women give birth; and discussing with Norwegian health personnel, who had never seen an infibulated woman.
- Seminars and conferences.
- Discussions with family and friends. The combination of several sources of information may have made a complementary, aggregated contribution.

The paper finally notes that the **authority of the information provider must be legitimate** and recognised by the target community – information can easily be ignored if the provider is not respected. Receiving information from a fellow Gambian woman who had undergone FGM/C had a more profound impact than information perceived as 'western propaganda'. This need for legitimate authority is also noted in a paper from UNICEF which explores the social dynamics of abandonment of FGM/C in Egypt, Ethiopia, Kenya, Senegal and the Sudan (UNICEF, 2010).

The opportunity to **communally and openly discuss** new information appears to be a useful strategy for both home and diaspora communities. Community meetings, religious services or groups and discussion with family all provide the opportunity to debate new ideas and come to a communal decision (Alcaraz et al, 2012; UNICEF, 2010). Johnsdotter et al (2008)'s Eritrean and Ethiopian respondents pointed to new information learned in Sweden as the main cause of change. Access to debates and reading material appears to have influenced opinions. In the African countries discussed in UNICEF (2010), a useful strategy was to frame the discussions in terms of human rights and doing what is best for your children.

In Norway, Somali immigrants learnt that **Islam has no requirement for FGM/C**, and this played a strong role in their abandonment of the practice (Gele 2012a). Previously, they had believed it was a requirement. In the quantitative part of the study (Gele 2012b), the religious aspect played by far the strongest role in attitudes towards FGM/C (stronger than age, length of time in Norway, or gender). Those who believed FGM/C was an Islamic requirement were significantly more likely to support the practice.

Another factor contributing to discontinuation of FGM/C is learning about **medical problems and complications** (Alcaraz et al, 2012; Gele et al 2012a). Among the Somali interviewees in Oslo, however, knowledge of medical problems made no difference to whether participants supported or did not support FGM/C (Gele 2012b).

[1] Internalisation refers to the process by which new propositions turn into strongly-held beliefs.

6. Diasporic identity influences

IOM asserts that there is often continuing support for FGM/C in migrants' destination countries; it suggests that the social factors which cause FGM/C are still prevalent in migrant communities (IOM, n.d.). It suggests that FGM/C can be used to delineate the community from the host society and to preserve a sense of identity and shared culture. In some instances, members of migrant communities **may apply cultural customs more strictly than they would at home** in order to achieve this sense of community. In Norway, a few respondents supported FGM/C as it was believed to be good for the girls' morality (Gele et al 2012a). The IOM adds that actions against FGM/C may be perceived as morally offensive, judgemental, or racist and may have negative repercussions.

Diaspora migrants who return home may challenge changes made in their absence. If home countries have reached a consensus on abandoning FGM/C, but migrants were not involved in this process, they may feel that this constitutes a loss of identity and may argue against it (IOM, n.d.). If migrants are contributing financially through remittances, their opinions may have a significant effect.

Gangoli et al (2008) argue that forced marriage, including marriage before the age of 16, is a direct product of the diasporic experience, not tradition. The authors argue that South Asian communities in Britain uphold forced marriage in the belief that they are preserving cultural tradition, while practice in home countries has in fact 'moved on'. Across South Asia the median age of marriage is rising, although with disparity across regions and particularly across rural and urban environments. However, early marriage is still fairly common in the immigrant respondent community. It is linked to pressures to maintain norms, particularly if the community feels itself threatened by western values of greater sexual freedom.

Some diaspora members may feel that there is value in upholding traditional practices to remain close to community values**.** A recent study in the UK, Netherlands and Portugal found that children at risk of FGM/C did not want to challenge their parents' opinion as they wanted to maintain respectful relations with their elders (World Vision, 2014). Some women from Sudan, Eritrea and Somalia felt that it was important for immigrants to hold on to traditional practices such as FGM/C, especially if there was some intent to visit or eventually return to countries of origin (Norman, et al. 2009).

Ngo (2002) looks at the experiences of Hmong young people from Laos and Thailand in America. This paper found that some girls **chose to marry young as an expression of self-identity** and escape from parents' control. The second-generation children expressed wanting to control their own bodies and choices, pushing against the limitations imposed by parents. For some, getting married was a route out from parents' control, a source of escape and independence.

Similarly, for some, early marriage was an escape from the structural inequalities experienced in the education system, where they felt racially discriminated against, and less able to achieve high standards. Early marriage provided an opportunity to feel valued, competent and belonging, and as a way to escape bad schooling experiences.

Marriage was considered by the participants as a choice acceptable to their parents and wider Hmong community – rather than dropping out of school or running away, marriage is culturally permissible as an alternative. Even so, this was exercised by young women as a personal choice, not motivated by traditional values or expectations. In this way, girls have appropriated the cultural practice to meet their needs, which also accommodates parents.

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Key websites

- FORWARD: http://www.forwarduk.org.uk/
- Hilary Burrage blog: http://hilaryburrage.com/tag/fgm
- Foundation Wassu, UAB: http://www.mgf.uab.es/eng/fgm_c.html

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