

RESEARCH ARTICLE

‘It’s always difficult for women’: an analysis of the life stories of sub-Saharan migrant women

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Abstract

The aim of this study was to understand the perspectives of female residents of Spain from West Africa in terms of the factors that condition their lives. Pierre Bourdieu’s theory and the model of intersectionality formed the framework we used to qualitatively analyse the life stories of these women, which was complemented with life lines. The results showed us that traditional practices such as female genital mutilation and forced marriage are part of the social habitus of this group and they relate to each other through the several types of violence that occurs throughout their lives. In addition, in reference to the African community, these women were no longer African, while in terms of the Spanish community, they did not seem Spanish. At a health, political, and social level, this knowledge can help us to understand this group and to create personalised targeted interventions for them.

Introduction

The world is constantly moving. In 2017, 3 out of 10 international migrants came to Europe and in 2020, 8.2% of the population of the European Union had been born outside its borders (European Commission, 2020; Global Migration Data Portal, 2020). The number of people currently living outside their country of birth is the highest to date, and women represent 48% of this population. Thus, we can state that the world seems to be in constant motion. In general, migratory movements occur because of unmet basic human needs, natural disasters, or the presence of elements that violate human rights (Migration Data Portal, 2020; United Nations, 2020). The combination of these factors is what drives young sub-Saharan Africans to leave their countries of origin with the aim of entering into the United States or Europe. This population is the main source of current and future migration, according to reports of those intending to initiate migration processes (López, 2018).

Concepts such as interculturality, multiculturalism, and transculturality acquire great relevance within our globalised society because people move with their baggage loaded with their cultural values, beliefs, and traditions as transportable and transmissible elements (Goulahsen, 2015). That is why there is a need to understand cultural diversity, migrant women’s interactions with their families and community, and how social norms affect all spheres as part of a commitment to ensure respectful and rights-based treatment (Goulahsen, 2015; O’Neill & Pallitto, 2021). From the health perspective, cultural elements can hinder access to healthcare or health–disease process monitoring (Lynam *et al.*, 2007) and so it is important for healthcare professionals to understand

these cultural processes (Sperry, 2011). In this sense, Evans *et al.* (2019) revealed the fact that health professionals are inadequately prepared to offer high-quality and culturally appropriate care to women who have been subjected to female genital mutilation (FGM).

Concepts such as cultural competence and cultural humility have emerged from the recognition of culture as an influential factor in the care process. This latter concept defines the effort professionals make to reflect upon and value the experiences of their patients, their social and cultural contexts, and their determination to establish balanced relationships of power. As in the case of cultural competence, this also involves a continuous process of improvement (Lekas *et al.*, 2020). A paradigm shift away from cultural competence and towards cultural humility is currently being imposed, among other reasons, because the former implies a commitment to intersectionality which generates inequalities (Lekas *et al.*, 2020).

Migrations, feminisms, and intersectionality

Even though the need to develop a culturally competent approach has been confirmed (O'Brien *et al.*, 2021) and future forecasts predict a greater flow of migrants from Africa (López, 2018), the problem of the invisibility of African women outside their continent remains, with the exception of studies related to their vulnerable character as victims or as embodying strange 'traditional' practices (Boateng, 2016). In contrast, Boateng (2016), supported by other black, feminist academics, vindicated the value of African women in the diaspora and rejected the ongoing construction of knowledge about them, stating that both their image and identities, and that of the continent from which these came, had been disfigured. For Burkhard (2018), it was important to continue contributing stories of the diaspora in the creation of counter-hegemonic narratives that aspire towards solidarity and equality. Moreover, creating space for the perspectives of black women with FGM in the diaspora on healthcare ensures inclusive and quality care (Jacobson *et al.*, 2021). Goulahsen (2015) stated that in the European Union we tend to focus on the economic performance of the migrant population rather than on increasing our knowledge and understanding of it, especially in terms of the experiences of female migrants.

Theoretical Framework

Although Bourdieu was not specifically committed to feminism when developing his theory (Anderson *et al.*, 2007; Kubissa, 2017), various researches have followed his concepts when addressing issues that are central to feminism such as patriarchy, culture, and violence against women. These include the study of honour crimes (Grzyb, 2016), female experiences in relation to social norms (Chantelois-Kashal *et al.*, 2019), the influence of culture on women's health (Lynam *et al.*, 2007), and the socially embedded practices (Hewer *et al.*, 2021). In addition, in terms of the connections and commonalities between the postcolonial feminist perspective and Bourdieu's work, it has been argued that they both intend to unmask oppressive structures and so, together they could perhaps generate an adequate analytical tool to address inequalities in groups that have historically been disadvantaged (Anderson *et al.*, 2007; Chantelois-Kashal *et al.*, 2019).

For Bourdieu, power and its differentiation through gender is a social construct that has been internalised from birth and learned through different situations of domination (Kubissa, 2017). It is this natural assimilation and cognitive structuring as a reflection of social structure which Bourdieu combines within the concept he termed the 'habitus' (Bourdieu, 2007). This has been interpreted as the way in which society permeates people and establishes structures that manifest themselves in the response to future situations (Wacquant, 2004).

For Bourdieu (2007), it is through habitus that the individual accepts and assumes their differences in social position in relation to their capital. The habitus also establishes that capital not only as an economic resource or material element but also as an intangible resource that

endows the individual with a social position and with it, the power assigned to said status (Bourdieu, 2007; Lynam *et al.*, 2007). Symbolic violence, as an immaterial tool that maintains status through domination, arises from the difference of capital and, therefore, of power; its incorporation into the habitus of the dominated ensures the natural maintenance of social position (Grzyb, 2016).

Nevertheless, intersectionality, as a theory and an analytical tool, was developed by the black feminist and jurist Kimberlé Crenshaw to understand and combat the inequalities that shape the lives of black women (Davis, 2019; Rice *et al.*, 2019). In this current study, we followed the metaphor proposed by Rodó-Zárate and Jorba (2020) because of its clarity when it comes to graphically explaining the concept of intersectionality, in addition to the fact that it solves the criticism of interpreting categories as objects and not as properties.

Despite the debate surrounding the tensions derived from the use of intersectionality by white feminists in contexts different from the original one (Calderaro & Lépinard, 2021; Davis, 2019; Davis & Zarkov, 2017; Evans & Bussey-Chamberlain, 2021; Salem, 2016), we still considered its use appropriate in our context and so we relied on this concept. We have also been urged to incorporate black feminist theories and methods that will result in the knowledge and creation of interventions adapted to this group (Wade *et al.*, 2021) and has already been used to analyse the experiences of healthcare among people of colour, especially women (Logan *et al.*, 2021). We agree with Kathy Davis (2019) when she stated that intersectionality requires a wide range of voices, perspectives, and debates that, when coming from a place of respect and empathic attitudes, enriches it. Likewise, we considered the maintenance of an intersectional approach necessary because it protects its 'legitimate beneficiaries' and helps academics become aware of what is being silenced and, therefore, what should be explored (Davis & Zarkov, 2017).

Objective

The general objective of this study was to describe the conditions of the lives of women from West Africa living in Spain, from their own perspectives. Specifically, we developed and applied the theory proposed by Bourdieu combined with the intersectionality model to help us understand the social conditions that influence the lives of West African women.

Method

Design

This was phenomenological research which aimed to collect the voices of sub-Saharan women living in the diaspora from the perspective of the interpretive paradigm (Bautista C., 2000). This research followed the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong *et al.*, 2007). Because of their ability to deeply illustrate and provide a detailed understanding of the different dimensions of phenomena and social processes (Bassi Follari, 2014; Caetano & Nico, 2018; Dhunpath, 2000; Moriña, 2016), the design of this work used life stories to provide visibility to underrepresented communities such as those from migrating populations (Lincoln & Lanford, 2018).

Data collection

To compose the life stories, a guide was designed and used to conduct the interviews. The guide was divided into thematic blocks as follows:

- Origin and experiences of childhood and adolescence.
- Marriage and sex life (FGM, pregnancies, and children).
- Migration process and situation at the time of the interview.

Table 1. Participant sociodemographic characteristics

ID	Age	Country of birth	Relationship status	Educational level	Employment status
W1	33	Mali	Married	Intermediate level of education	Work
W2	18	Côte d'Ivoire	Married	Basic education	Out of work
W3	36	Mali	Married	Basic education	Out of work
W4	35	Mali	Married	No education	Work
W5	18	Senegal	Single	Basic education	Out of work
W6	45	Senegal	Married	Basic education	Work
W7	30	Côte d'Ivoire	Married	Basic education	Work
W8	32	Sierra Leone	Married	No education	Out of work
W9	61	Gambia	Married	Basic education	Work
W10	40	Nigeria	Married	No education	Work
W11	25	Mali	Single	Higher education	Work

The main researcher agreed on the places the interviews took place in accordance with the preferences of the participants and their companions, given that some interviews were completed in the presence of friends or the participant's daughters. Informal talks were shared in the context of the interview. Due to the breadth of the topics covered and our interest in gathering the interviewee's perspectives without influencing their narratives, two to three open interviews were completed with each informant, each lasting approximately 1 to 2 hours. Some participants relied on lifelines to build life stories in the appropriate chronology and to improve their reflections because these helped them to maintain distance from their most emotionally painful experiences (Gutiérrez-García *et al.*, 2021).

Participants

To recruit participants, we conducted a convenience sampling through non-governmental organisations and by using the authors' personal networks. Sampling and data collection were carried out between 2019 and 2020.

This was followed by snowball sampling (Law, 2019), with all the interviews being arranged by telephone. The sample size was determined by the power of the information (Malterud *et al.*, 2016), and therefore, the eligibility criteria were established to closely relate the characteristics of the sample with the objective of the study. We established the following inclusion criteria: (1) having lived in sub-Saharan Africa for 10 years, (2) being aged over 18 years, (3) residence in Spain for at least 5 years, and (4) possession of a minimum level of sociolinguistic competence in Spanish – that is the ability to hold a conversation with relative ease even if there was an occasional need to negotiate the meaning of words or phrases using language, according to their culture (Squires, 2008).

Although a sample of 20 women were contacted, 9 declined the invitation to participate because they did not feel comfortable talking about their lives and were worried about the possible repercussions the interviews could have on their community. Finally, the sample consisted of 11 women. Table 1 shows the sociodemographic characteristics of the participants.

Data analysis

We use the Atlas.ti software for data extraction and classification. For data analysis, the inductive–deductive procedure proposed by Fereday y Muir-Cochrane (2006) was followed. This method begins with the reading and re-reading of the documents, followed by interpersonal comparison to ensure reliability. The third step is the identification of the issues; the discrimination and different types of violence stood out and were repeated, which led us to conduct a deeper analysis based on the concepts proposed by Bourdieu, which emphasises relationships and power differences (Bourdieu, 2007) and intersectionality, due to the implication of their consequences in the lives of the participants. The next step was to set up the analysis in relation to the theoretical concepts while maintaining the inductive analysis. Then, we paid attention to the relationships and connections between the categories in order to, finally, further group the themes and interpret them globally.

Methodological rigour

During the research we addressed several issues to increase methodological rigour: we highlight the combination of several data collection methods (Gutiérrez-García *et al.*, 2021), observation and annotations in the context of the interviews, as well as noting indications of points that could ‘add value’ during the data analysis process (Eakin & Gladstone, 2020), helped us to understand the perspective provided by the narrative. A triangulation process was used for the analysis process. Two researchers analysed the data separately and then pooled the coding and interpretation process. Subsequently, a process of return to participants and confirmation of the results was established.

Reflectivity

This study did not intend to portray this group of women in a separate and/or inferior way (Bourdieu, 2007, p. 77) but rather, to make them visible within society, with the purpose of better understanding their perspectives, needs, and peculiarities so that culturally appropriate care can be offered both in terms of healthcare and in other areas. In accordance with our theoretical framework, we tried to reflect upon the forms of power present at each moment of our research, bearing in mind the considerations of Tanja Burkhard (2018), Davis (2019), and Rice *et al.* (2019). The principal investigator conducted the interviews; her age and sex were similar to that of the participants, although her language and social conditions differed. It is also important to note that the intimate nature of the subject can be understood as a hindrance.

Ethical considerations

The Ethics Committee (File UA-2020-10-15) approved this study. To properly understand the informed consent document, participants were read aloud, encouraged to ask questions about it, and the confidentiality and anonymity of the data were stressed before their signatures were obtained.

Results

Participant sociodemographic characteristics

The 11 participants in this work were aged a mean 34 years, and they had lived in Spain for 10–30 years (an average of 16 years). They all practiced Islam, and the majority had come to Spain for family reunification, although one had come for educational reasons, one for work, and another as a refugee.

Positioning the results

The analysis categories responded to the key working concepts developed by Bourdieu and expressed through quotes, which collected the deep meaning of the category, literally using the voice of the participating women (table 2). The feeling of orphanhood and marginalisation the participants had experienced in relation to Spanish society and the lack of initiatives interested in recognising or trying to understand their group was revealed in the interviews. The data analysis indicated that the concepts of 'being' and 'appearing to be' from Africa are dynamic and substantial, both in these women's countries of origin and in the diaspora. Likewise, certain discriminations and inequalities that sub-Saharan women face throughout their lives were derived from these concepts and their relationship with identity and gender: '*... the girls who've grown up here are not from Spain because they are black, and some people think that way. But they're not African either, because Africans do not see them as they [see themselves]; in the end it's always difficult for women. (Mali, 33 years old)*'

Generation of the habitus: '*... as a child you don't know anything, they tell you, 'Come here and eat sweets ...'*

This titular quote synthesises the way in which both cultural and gender identity are constructed in an innocent way, assimilating the situations and needs of the family and following its mandates, especially those issued by mothers. It is made clear that women must form a family and transmit the values of their society. Mothers must embody the values and behaviours – such as a capacity for suffering, sacrifice, and subordination to figures of power – that their daughters should reproduce. Survival is sustained by the family and collaboration between its members, and so this structure and its interrelationships are fundamental:

'... We all have a good relationship (sisters and stepsisters) – not the two mothers, they are always fighting – but the daughters do, we had a wonderful time because we didn't find out what the mums were doing, they fought with dad ... That was their business, and the children weren't involved in that. My mother taught me that way, 'we fight, we argue, but you don't,' because if we're not there tomorrow, they'll work together because they're family. (Mali, 35 years old)

'... for us, the family is very important and, especially when a mother says something to you, what the mother says, goes. (Mali, 25 years old)

Silence is the norm on issues considered as shameful, and this silence is maintained by women in the diaspora. Some of these taboo subjects, such as FGM, are related to the woman's identity and her sense of belonging to her ethnic group. In their societies, it is interpreted as an expression of the values required for these women to be considered acceptable and faithful to their husbands by diminishing their libidos:

'Before, I saw it as something normal, as something that's part of our tradition, but I had never thought that it was something bad or that it caused harm. Before, I took it differently, it was something that wasn't spoken about either. (Mali, 36 years old)

'... In my country, women who are not cut, nobody wants to marry [them]. If you have [cuts] – your husband can marry four women, okay – if you're not cut, you always want [sex], that's what the wives say ... (Nigeria, 40 years old)

Table 2. Categories and subcategories generated after data analysis based on the theory developed by Pierre Bourdieu and the theory of intersectionality Kimberlé Crenshaw

Categories based on concepts of the theory developed by Bourdieu and inspired by the theory of intersectionality.	Subcategories	Important quotations
<p>Habitus: markedly patriarchal structuring elements that interrelate with each other</p>	<p>Importance of the family</p>	<p><i>‘... for us, the family is very important and, especially when a mother says something to you, what the mother says, goes’.</i></p>
	<p>FMG like a taboo</p>	<p><i>‘Before, I saw it as something normal, as something that’s part of our tradition, but I had never thought that it was something bad or that it caused harm. Before, I took it differently, it was something that wasn’t spoken about either’.</i></p>
	<p>Religion understood from the supremacist and with great importance of traditions.</p>	<p><i>‘... They gather together girls of the same age, everyone is warned. They check which day is best. We also look at [the day], for example, [if a particular] month or day is very good, we [decide] to do it. They warn everyone, maybe they’ll warn people for a month or two so that they’re prepared. I don’t know why one day, or another is better. The imam is asked (...). One died because the blood didn’t stop, a lot of blood came out. That’s why they look for a day that’s good and then there’s a party’.</i></p>
<p>Violence: different forms that arise from inequality are related to each other and are maintained over time.</p>	<p>Differences in power: derived from being (woman)</p>	<p><i>‘Men don’t want to change anything, they want everything the same as before, women are worth nothing, women are like dirt, are less than dirt. If, for example, a wife only has a young daughter, that woman isn’t worth anything, she’s worth even less. If she has a small son, for example, [to] a man who has two wives, she’s worth more, if one only has daughters, that wife is worth less. Women, they say it’s worth nothing, nothing, as a floor’.</i></p>
	<p>Cultural differences: derived from appearance (migrant)</p>	<p><i>‘... When I brought [her daughter], when she was two years old, I went to the doctor for vaccinations, and then the doctor almost called the police [upon detecting FGM]’.</i></p>
<p>Acquisition of capital: they acquire autonomy, understand inequality and fight it but provoke tensions with their culture and community.</p>	<p>Acculturation</p>	<p><i>‘... Where does it say in the Koran that [FGM] has to be done? Where is it? If it’s in the Koran, why don’t Arabs [not Sub-Saharan] do it? So, you don’t fool anyone, it’s a lie. Then my father says hey, be careful what you say, people here are very bad. If you keep talking like that, maybe one day someone will hurt you. Yes, my father’s told me... But it’s the same to me because every day people die. If you hurt me, I’ll die and that’s it. People die every day; I understand it that way’.</i></p>

(Continued)

Table 2. (Continued)

Categories based on concepts of the theory developed by Bourdieu and inspired by the theory of intersectionality.	Subcategories	Important quotations
	Loss of previous identity	<i>‘Something happens with the Africans; their parents don’t let them marry our daughters, with African women from Spain. They only want Africans from there because the ones from here have absorbed ideas from here. That’s why they don’t want to, they say they’re going to take their children away. That’s because they’ve grown up here, my husband is here, I’m here, [my children] go to school [here], they like to go out and spend money . . . and you can’t beat them, but they don’t want that’.</i>

In this way, they assume that FGM affects sexual relations and they express it that way:

‘I am cut off, I don’t know, I don’t feel much, I don’t know, I don’t know what it’s like to enjoy, I don’t know. I do not cut my daughter, rather, now it is not thought, not in my head’. (Nigeria, 40 years old)

‘For sex better not cut’. (Mali, 36 years old)

In a social context in which the community strongly affects its member’s lives and decisions and where traditions, superstition, and religion are structures present in everyday life, practices such as FGM are explained and assimilated by an interrelated combination of these elements:

‘. . . They gather together girls of the same age, everyone is warned. They check which day is best. We also look at [the day], for example, [if a particular] month or day is very good, we [decide] to do it. They warn everyone, maybe they’ll warn people for a month or two so that they’re prepared. I don’t know why one day, or another is better. The imam is asked (. . .). One died because the blood didn’t stop, a lot of blood came out. That’s why they look for a day that’s good and then there’s a party.’ (Mali, 35 years old)

Arranged marriages are based on religion and the force of tradition. They are generally related to economic interests and/or social position, offering a paradigmatic example of how the lives of these women are linked to hierarchical family decisions that determine their future. They represent a break with their previous lives of studying (if allowed) and personal aspirations, for one of being at home and obligations:

‘. . . All my sisters and I, at 14–15 years old, were already married, so we don’t know anything about life, we don’t enjoy anything at all. When I was 14 years old, they married me. My sister was studying, like me, to become a nurse, which was my dream, but they took me out to get married and I cried because I couldn’t finish.’ (Mali, 36 years old)

‘Since I was little, my dream was to be a doctor. This was my dream (. . .) I was getting ready to go [to school] and they came to tell me ‘No,’ that at three [p.m.] it was my wedding, without notifying me.’ (Mali, 33 years old)

Symbolic violence: ‘woman is worth nothing, less than nothing, like the ground.’

This category includes elements related to the value of women, because their sex, in their sub-Saharan African societies as opposed to men. These values generate differentiation by gender and determine these women’s worth, possibilities, and finally, their lives. These values also ensure that men have the power and, when women do not abide by the ‘rules,’ the use of verbal, physical, or sexual violence is legitimised with indifference from the other women and protection directed towards the men. The participants assumed that these behaviours were derived from the low value assigned to the figure of women outside of their responsibilities as mothers and their obligation to follow their mandates and given roles:

‘Men don’t want to change anything, they want everything the same as before, women are worth nothing, women are like dirt, are less than dirt. If, for example, a wife only has a young daughter, that woman isn’t worth anything, she’s worth even less. If she has a small son, for example, [to] a man who has two wives, she’s worth more, if one only has daughters, that wife is worth less. Women, they say it’s worth nothing, nothing, as a floor. (Mali, 36 years old)’

The capacity of their communities, as an extended family, to regulate life and collaborate for survival is linked to the control of these women’s behaviour, through more or less implicit social pressure. These subtle but effective tools are also reproduced in the diaspora when dealing with divergent behaviours, highlighting the importance of being – not only appearing to be – a woman integrated into the community and following the behaviours appropriate to her identity. The paradox that, although individually these women may not agree with values and practices such as FGM or forced marriages, these traditions are maintained at the collective level is resolved after they accept, with resigned naturalness, several distinct types of violence and recognise that they (and their families) will be excluded and marginalised if they do not follow the social provisions within which they were educated:

‘... It’s the girl alone, the one taken for mutilation because her friends don’t want to play with her, who told her that she’s impure and things like that... so because of the rejection she went to mutilate herself on her own when she was 14 years old. (Mali, 33 years old)’

‘I’ve had a lot of pressure because I was the first to report [gender violence] and everyone talked afterwards (...). Since I didn’t want to remove the complaint, they started to work as a network, one told me about it... and they decided that they all had to make me suffer a lot, that when I suffer a lot, none of the other women will do the same [thing] as me. (Mali, 33 years old)’

In contrast, in the diaspora, these women had been exposed to challenging situations derived from cultural differences and materialised as differences in symbolic capital and from which different forms of symbolic violence had been derived. The lack of understanding, dialogue, or racism and xenophobia in different areas were shared themes in the narratives and had caused violence in the form of inequity and exclusion in various spheres. As an exponent, we used the attitudes of healthcare environments towards women who had experienced FGM. These situations unfolded in two ways which made them feel different: either because of the silence and non-verbal communication of the healthcare professionals, or as the result of explicit verbalisation questioning the practice. None of our participants said that they had been asked how they felt about the FGM, what they thought about the practice, or that they were explained the repercussions, even when they already knew about them:

'... During the delivery they looked at me strangely, they gave me many stitches, a lot, inside and outside, for everything. The delivery was fast, I arrived at one and at a quarter past four my daughter was already here, it was fast, but what happened was that they cut me a lot so that the baby could be delivered. And the midwife said, but why didn't they give you a caesarean section...? (Senegal, 45 years old)'

'... When I brought [her daughter], when she was two years old, I went to the doctor for vaccinations, and then the doctor almost called the police [upon detecting FGM]. (Mali, 36 years old)'

The acquisition of capital: 'White brain (...) white people's things.'

With the perspective of time, the participants came to interpret having left their countries of origin as a liberating experience, a change for the better resulting from the observation of new behaviours, the acquisition of new knowledge, and an improved quality of life. This acculturation process, referred to as 'white brain' by one of the participants (*Senegal, 45 years old*), allowed them to look at their community of origin and their culture through different eyes, with another way of thinking. Both positive and negative consequences had followed on from this process. On the one hand, it had enabled them to reflect upon and question the behaviours and values of their society of origin compared to another society, but this could also trigger different forms of violence:

'... Where does it say in the Koran that [FGM] has to be done? Where is it? If it's in the Koran, why don't Arabs [not Sub-Saharan] do it? So, you don't fool anyone, it's a lie. Then my father says hey, be careful what you say, people here are very bad. If you keep talking like that, maybe one day someone will hurt you. Yes, my father's told me... But it's the same to me because every day people die. If you hurt me, I'll die and that's it. People die every day; I understand it that way. (Côte d'Ivoire, 30 years old)'

On the other hand, the interpretation of acculturation as a 'loss' of values and behaviours understood as fundamental to their communities also resulted in the 'loss' of identity as a sub-Saharan woman. This reduced their chances of marriage by placing these women at a disadvantage compared to those who embody the values and behaviours associated with sub-Saharan women, thereby generating tensions within the community that could lead to exclusion and marginalisation. The principles that governed these women's communities in Africa were destabilised in the diaspora:

'Something happens with the Africans; their parents don't let them marry our daughters, with African women from Spain. They only want Africans from there because the ones from here have absorbed ideas from here. That's why they don't want to, they say they're going to take their children away. That's because they've grown up here, my husband is here, I'm here, [my children] go to school [here], they like to go out and spend money... and you can't beat them, but they don't want that. (Mali, 35 years old)'

Discussion

The objective of this study was to describe the conditions of the lives of women from West Africa living in Spain, from their own perspectives. Specifically, we developed and applied the theory proposed by Bourdieu combined with the intersectionality model to help us understand the social conditions that influence the lives of West African women.

In general terms, in this work, the data agreed with central elements of Bourdieu's theory. After the first step of identifying the effects and relationships of power and violence (Salem, 2016),

different forms of discrimination and inequality derived both from identities stood out to us, namely, being a black woman from ‘another’ culture as well as the values attributed to those identities by distinct groups (Rodó-Zárate & Jorba, 2020).

In the light of Bourdieu’s theory (Bourdieu, 2007), we verified how the habitus had been conformed through relevant structures such as family, religion, and superstition. In sub-Saharan Africa, the family is a central structure in which decisions are made, interactions take place, and the social capital of individuals resides (Moscona *et al.*, 2017; Ndamba-Bandzouzi *et al.*, 2014). In addition, religion and superstition are elements of daily life that can both alter the future of society and condition its development, even more so in the context of an education that presents deficiencies (Gershman, 2016; IHEME & Silva, 2020).

We argue that forced marriages and FGM, as components of the habitus – itself a structure capable of becoming the backbone of behaviour (Bourdieu, 2007) – are regular manifestations of social behaviour that condition social interactions, cohesion, and the feeling of identity (Koukoui, 2019; Villacampa, 2019). Both forced marriages and FGM are derived from an interrelated combination of sociocultural factors, including religion, traditions, social norms, the economy, and lack of education (Alradie-Mohamed *et al.*, 2020; Batyra & Pesando, 2021; Gutiérrez-García *et al.*, 2022; Menon *et al.*, 2018; Parsons *et al.*, 2015). Our results agree with those of Scandone (2018) who argued that aspirations are also an aspect of habitus and that a combination of elements such as race, religion, or gender condition the possibilities of achieving these aspirations. Although they justify FGM and forced marriages as an increase in diverse types of capital, the opposite results have been found (Mpinga *et al.*, 2016) in association with gender violence and the violation of human rights (Parsons *et al.*, 2015), with violence constituting another central element in Bourdieu’s theory (Bourdieu, 2007).

In social sciences, direct violence is considered just another tool that is combined with other types of structural and symbolic violence to maintain the domination of one group over another (Grzyb, 2016). Our results seem to agree with this theory given that the participants in this work had experienced several types of violence and discrimination throughout their lives. Previous work has shown how social pressure, marginalisation, and exclusion are forms of coercion for the formation of marriages (Villacampa, 2019) or the performance of practices such as FGM (Adinew & Mekete, 2017) which, as defined by Bourdieu (2007), constitute paradigmatic cases of symbolic violence, that is, violence which is accepted without question because it appears under the guise of being universal.

Researchers have also revealed how girls themselves stigmatise their non-mutilated peers, promoting the maintenance of the practice by individuals who have already been subjected to it (Graamans *et al.*, 2019). However, this point is controversial in these narratives because they ensure that this pressure occurs alongside the assumption that no woman is in favour of the practice individually, knowing its repercussions, for example, sexually (Adinew & Mekete, 2017). This incongruity is resolved by understanding, once again, that FGM and arranged marriages are responses or manifestations of habitus, finally creating the individual behaviour required to maintain the status quo of society in its current structure (Koukoui, 2019; Mackie, 1996).

In the absence of an adequate cultural focus, approaches towards this habitus by health institutions can generate revictimisation and healthcare inequalities, and this exemplifies the structural and invisible violence that affects this group, thereby perpetuating, for example, the health consequences associated with FGM and continuing the practice because of the lack of prevention and information measures (Evans *et al.*, 2019; Jacobson *et al.*, 2021; Koukoui, 2019; Pastor-Bravo *et al.*, 2018; 2020).

After getting to know another cultural context, these women are in the ideal position to compare the two societies (Evans *et al.*, 2019). They often interpret this as a liberating process, despite the fact that dynamic elements such as identity and gender represent sources of inequality (Ludvig, 2006) both inside and outside of their communities (Johansen & Ahmed, 2021; Nurein & Iqbal, 2021; O’Neill & Pallitto, 2021). Based on our results, and in contrast to Bourdieusian theory

(2007), an increase in capital does not ensure an increase in power within and/or outside of these women's communities: inside their community because they must strongly demonstrate their commitment to it through their dress or conduct codes, and outside of it because they still continue to face a wide range of discriminatory practices (Gutiérrez-García *et al.*, 2022; Johansen & Ahmed, 2021; Johansen, 2019; Nurein & Iqbal, 2021).

The limitations and strengths of this work and future lines of research

We tried to maximise both the quality of our data and its analysis to obtain a solid understanding of the perspectives of sub-Saharan women residing in the diaspora, even while analysing only a small number of participants. The strengths of this research include the various data collection methods we employed, incorporation of feedback from the participants on the analysis of their data, triangulation between researchers, and the detailed analysis we implemented following the 'added value' indications. Our analyses revealed important similarities and commonalities and vital moments described in the participants' reflections, even though the sample was heterogeneous in terms of their countries of origin, or the acculturation processes they had experienced.

Communication barriers limited the inclusion of 'recently arrived' women in this work, although the strategy of complementing the qualitative data obtained from the life histories with lifelines emerged in relation to this limitation (Gutiérrez-García *et al.*, 2021). Moreover, despite the fact that all the participants alluded to the same 'problem' in relation to the marriage of their daughters, understanding the perspectives and experiences of these daughters could help inform future lines of research, highlighting the evolution and acculturation process in this group.

Implications for practice

Although this research was borne from health research, its results may be useful in other fields because giving a voice to this population and recognising and understanding it could enrich the interventions directed towards these women and can help promote social empathy. Interventions in the political, health, or social spheres must interrelate by taking various points of intersection to discriminate between separate groups of sub-Saharan African women who reside in the diaspora. Thus, we must understand the importance of the ethnic identity of migrants, which is sometimes based on traditional practices that are harmful to health. In addition, behaviours and values also migrate with individuals, and these also require a readjustment in the diaspora. Thus, interventions should be directed towards the achievement of human rights, the provision of culturally appropriate care, effective integration into society, and improving the understanding of this group by the general population.

Conclusions

This study sought a broad and thoughtful dialogue with sub-Saharan migrant women with the intention of understanding their perspectives and experiences, despite the taboos that surround some of these ideas. The violence and social dynamics reflected in the data resonate with Bourdieu's theory, while we also maintained an intersectional approach to understanding inequality. Gender was a reason for discrimination and violence, both in the community of origin and in the diaspora where it was also combined with racism and its consequences. FGM and arranged marriages are manifestations of the habitus acquired over generations. Although acculturation could, a priori, be interpreted positively as an increase in capital accompanied by an increase in power among women, this may not be the case. This paradox stems from migrant women and their daughters who, to the African community, are *no longer* African, and to the Spanish community, do not *seem to be* Spanish.

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