ONE OFFICE DE LA NAISSANCE ET DE L'ENFANCE | ACADEMY

COMMUNAUTÉ APPRENANTE

Thèse dans le champ de l'enfance

- Titre

Overcoming female genital mutilation and internalised social norms in the context of migration: Turning points and explanatory mechanisms.

- Université - Faculté

UCLouvain - Faculté de Santé Publique

- Thèse obtenue en vue de l'obtention du titre de docteur en

Sciences de la Santé Publique

- Année académique 2020-2021

- **Étudiant**

Nom: AGBOLI

Prénom: Afi

Adresse mail de l'étudiant: afi.agboli@uclouvain.be

- **Directeur de thèse**

Nom: AUJOULAT

Prénom: Isabelle

Adresse mail du directeur de thèse: isabelle.aujoulat@uclouvain.be

- Mots clé *(max 5)* :

FGM | social norms | turning points | migrant women | emotions

- Liens vers la thèse ou les publications en découlant

https://doi.org/10.1186/s12905-020-00976-w
https://doi.org/10.1080/19452829.2019.1661981

- Résumé / Abstract *(en français et/ou en anglais, format IMRAD maximum 500 mots)*

Background: Female genital mutilation (FGM) remains a global public health issue with harmful consequences on women's health. Migration relocates women from FGM practising communities to Belgium and other western countries for various reasons including war, persecution, religious discrimination, politics, or seeking protection from sexual and gender-based violence as well as structural gender inequalities. FGM is a complex social norm that is difficult to change because of its deep roots in the tradition, the interdependency, and expectations from practising communities. Change is a complex matter which occurs slowly from individuals making particular choices. We asked ourselves what caused migrant women to change their attitudes towards the practice of FGM at an individual level and how the change was experienced by them?
Methods: A qualitative methodology drawn from a sequential design of narrative biographical approach and elements of grounded theory was used. In two empirical studies, we demonstrated the 'what' and the 'how'.
The first study identified critical life events which prompted turning points to occur. Turning points were defined as significant events that challenged their norms and other norms associated with the practice of FGM which led to their change of attitudes and their decision to leave their community. We conducted in-depth interviews with fifteen women twice using the biographical narrative interview method (BNIM).
In the second study, we sought to better understand how emotion regulation and conflict of loyalty resolution interact with each other to explain the change of attitudes by the migrant women towards the practice of FGM. We explored the literature, and we used three sources of data to help us theorise the process of change experienced by women as they turn their backs on the practice of FGM and take action to protect future generations from the practice.
Findings: The first study revealed different turning points related to an encounter with health professionals and education, to name but a few. These turning points were also related to emotions and mixed feelings based on which we hypothesised that emotion regulation and the resolution of conflicts of loyalty might be two common mechanisms involved in the empowerment of the women as they decide to take action against FGM for themselves and their daughters and changed their attitudes towards the social norm.
The second study enabled us to theorise and to propose a model of five phases (the suppression, the awakening, the clash, the reappropriation of self and the reconciliation), which explain the process of change of attitudes towards FGM, as women move from being full members of their community at the cost of suppressing their emotions and denying selves, to becoming fully selves while symbolically remaining members of their communities of origin.
Conclusion: Our study contributes to the body of knowledge and provides avenues to be explored by health professionals working with migrant women once subjected to FGM in order to support their processes of reconciliation with themselves and their communities. This may also help to develop strategies to promote the abandonment of FGM and protect little girls.