

INVESTIGATING FACTORS INFLUENCING CULTURAL ADAPTATION AND ATTITUDINAL CHANGE TOWARD FGM/C AMONG MIGRANT POPULATIONS IN WESTERN COUNTRIES

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BACKGROUND

- Female genital mutilation/cutting (FGM/C) refers to non-medical procedures that alter or harm female external genitalia. These practices can result in physical, psychological, sexual, and reproductive complications, affecting millions of women and girls worldwide.
- The practice is prevalent in Africa, the Middle East, and Asia. Due to migration, 600,000 women and girls with FGM/C live in Europe (Figure 1).
- Research indicates that migration and cultural adaptation significantly influence attitudes toward FGM/C. Cultural

adaptation refers to adjusting to new societal norms and values as ethnic groups align with the prevailing norms of their host countries over time.

- Misunderstandings about cultural shifts toward FGM/C within post-migration communities can exacerbate discrimination, create social barriers to meeting needs, and reduce efforts to prevent FGM/C.
- Recognizing various factors influencing attitudinal change is essential for developing effective health, legal, and social policies that positively impact individuals' health and well-being.

Prevalence of Female Genital Mutilation in the World

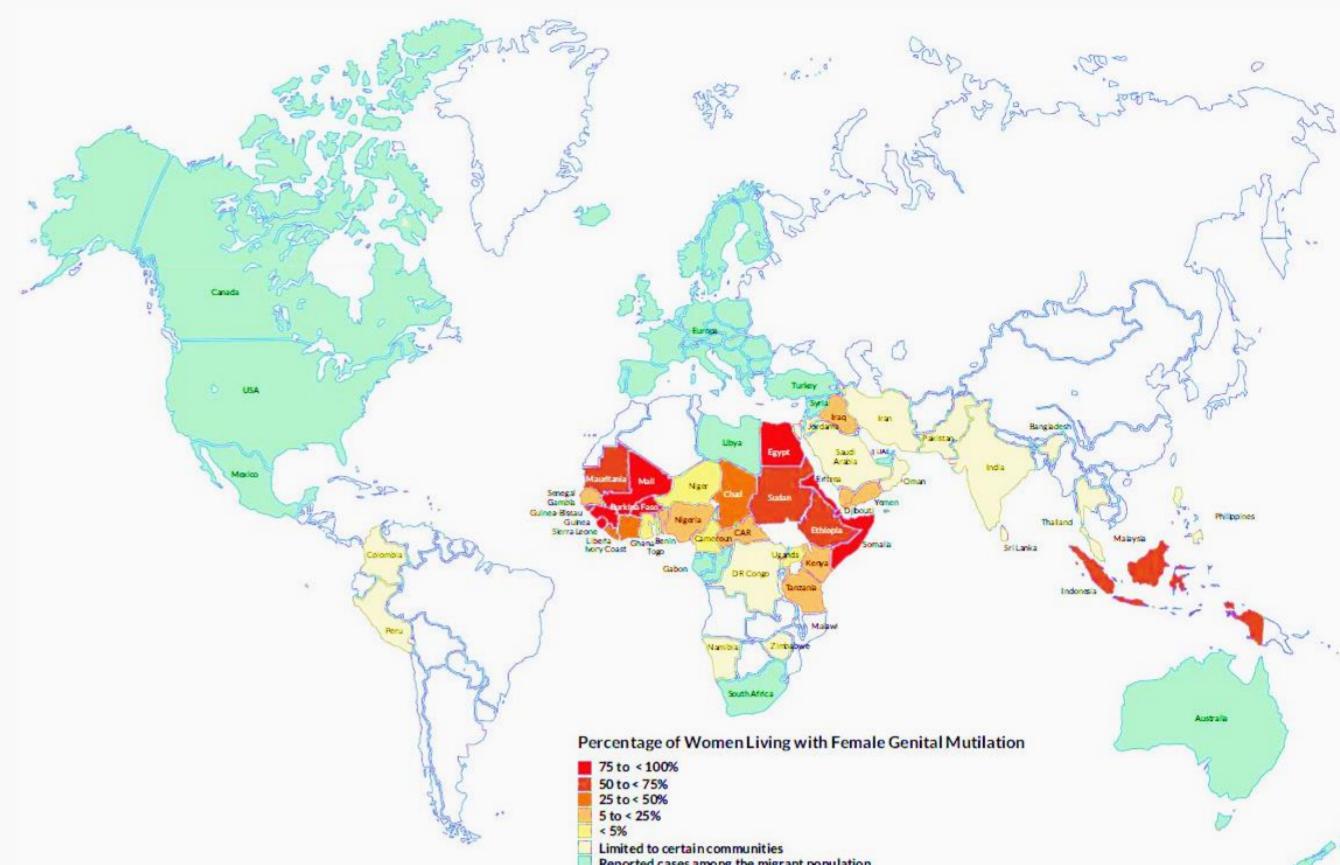


Figure 1. Prevalence map FGM 2016 GAMS Belgium

OBJECTIVE



This PhD project conducts a scoping review to explore the factors that influence the discontinuation of FGM/C among post-migrant populations in Western countries.

METHODOLOGY

Data was gathered from 2012 to 2023 across five databases: Embase, PubMed, Google Scholar, Swisscovery, CINAHL, APA PsycInfo, as well as gray literature in both French and English literature. The PRISMA-ScR framework was applied for the review.

RESULTS

2,819 Articles Retrieved

75 Eligible Articles

17 Studies Selected

DISCUSSION

The selected studies identified **seven main factors**, along **with their respective sub-categories**, that shape attitudes and behaviors towards discontinuing FGM/C among migrating populations in Western countries. These factors

interact within and across different dimensions, especially in environments where there are negative views on FGM/C, the practice is illegal, and social pressure is reduced. Increasing awareness of the harmful health effects and

recognizing the absence of religious requirements can diminish support, while encouraging personal agency to resist the FGM/C practice can lead to a shift in attitudes over time.

LEVEL	FACTOR	SUB-CATEGORY
Community	Legislation and law against FGM/C in host countries and legal repercussion	<ul style="list-style-type: none"> Discourse opposing FGM/C within the host country
	FGM/C is not mandated by religion; it is a manifestation of traditional culture rather than a religious obligation	<ul style="list-style-type: none"> Involving religious leaders
	Enhancing education regarding of the practice	<ul style="list-style-type: none"> Nation campaign and health personnel informing about the practice Combining knowledge to raise awareness
	Effect of migration and cultural change	<ul style="list-style-type: none"> Duration of residency in the host country and subjective norms Reduced social pressure for FGM/C in host countries
Interpersonal	Awareness of the negative health consequences with FGM/C	<ul style="list-style-type: none"> Increase sexual and reproductive health problem Reshaping motherhood and fatherhood to protect of their daughters from FGM/C
	Change in perception toward uncircumcised girls and better or same perceptive of marriage for uncut girls	
Personal	Individual disposition to oppose FGM/C and sense of self-agency.	<ul style="list-style-type: none"> Change in behavior and in the discourse of FGM/C Developing supporting network

Figure 2. Seven factors and associated sub-categories linked with change in attitudes towards FGM/C

CONCLUSION

This scoping review highlighted various interconnected factors across (1) **social**, (2) **community**, (3) **interpersonal**, and (4) **personal** dimensions that influence attitudes change toward FGM/C. These findings should be incorporated into national policies and practices, conceptualized in a culturally sensitive manner. Prioritizing both immediate actions and long-term investments is essential for promoting cultural shift toward FGM/C by allocate sustained resources for social and public health initiatives.

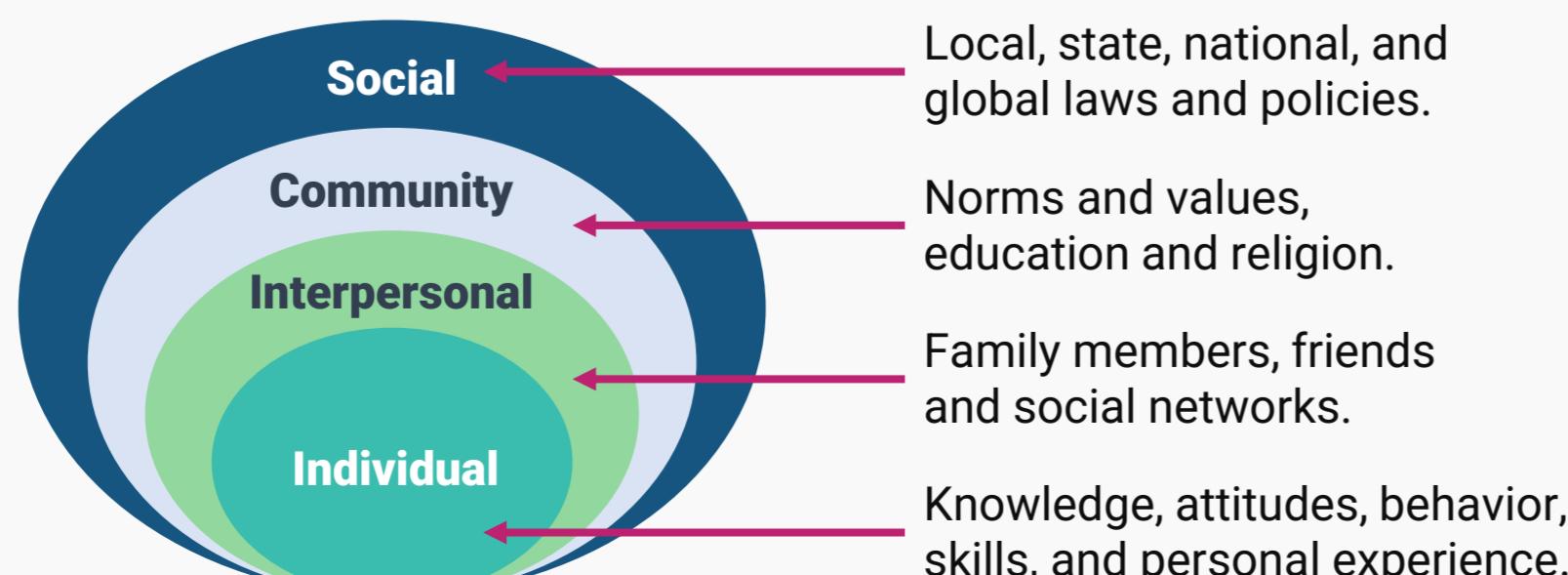


Figure 3. Ecological model of behavior change

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References: World Health Organization. Care of girls and women living with female genital mutilation: a clinical handbook. Available online: <https://apps.who.int/iris/handle/10665/272429>
 Johnsdotter, S.; Essén, B. Cultural change after migration: Circumcision of girls in Western migrant communities. Best Pract Res Clin Obstet Gynaecol 2016, 32, 15–25. |
 Kennedy, W.; Fruin, R.; Lue, A.; Logan, W.; S. Using ecological models of health behavior to promote health care access and physical activity engagement for persons with disabilities. J Patient Exp 2021, 8, 23743735211034031.

