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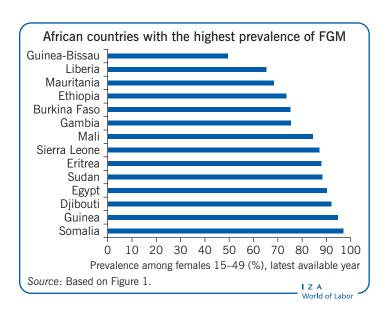
# Migration and female genital mutilation

# Can migrants help change the social norm?

Keywords: migration, social norms, female genital mutilation (FGM), Africa

#### **ELEVATOR PITCH**

More than 100 million women and girls in the world have had their genitals cut for cultural, religious, or other non-medical reasons. Even though international organizations condemn female genital mutilation (FGM), or cutting, as a violation of human rights, and most nations have banned it, it remains prevalent in many African countries, and is slow to decline. This persistence raises questions about the effectiveness of international and national laws prohibiting the practice as well as the potential role of returning migrants in changing embedded cultural norms. Does migration change migrants' opinions and attitudes to this custom? If so, do they transfer the new norms to their origin countries?



#### **KEY FINDINGS**

#### **Pros**

- Migration can generate different attitudes toward social norms and different political opinions and persuasions.
- Migrants who return to their home country can be an especially powerful vehicle for engendering new social norms.
- Return migrants could help eliminate FGM as they can reduce the degree of importance attached to the "social identity" role of FGM.
- Return migrants can be more effective than topdown interventions and information campaigns conducted by people from outside the targeted community.

#### Cons

- Not all migration experiences give migrants the opportunity to learn and adopt new social and political values and norms.
- The influence of return migrants is strongest when they are present in large numbers in their community of origin or when they rank highly in the social hierarchy.
- Empirical evidence is scarce in relation to the process of social change in developing countries.

# **AUTHOR'S MAIN MESSAGE**

FGM is perceived in many societies, particularly in Africa, as being an important social identity marker. Returning migrants, as a vehicle for new social norms, could help address the problem. However, the process of "social transfer" is complex. First, the migration experience has to provide a real opportunity for migrants to learn and want to adopt new values and social norms. This could be achieved through integration policies that favor social interaction, literacy, and language skills. Second, social transfer is effective only if the return migrants appear convincing to non-migrants. This could depend on both the number of "transmitters" of new norms in the population of origin and their social and economic standing. Policymakers should therefore consider ways of encouraging and assisting return migrants to resettle and find new employment.

## **MOTIVATION**

Female genital mutilation (FGM), also known as female genital cutting or female circumcision, refers to the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural, religious, or other non-medical reasons. FGM is internationally recognized as violence against girls and women and a violation of human rights. The World Health Organization (WHO) reports that between 100 million and 130 million girls and women in Africa, Asia and the Middle East have been cut and 30 million girls are at risk of being cut in the next decade, mainly in the 28 African countries where the custom is currently widespread [1].

FGM is practiced by older women mainly on young girls aged from infancy to 15. The WHO states that procedures can cause serious short- and long-term health risks including, but not limited to, severe bleeding and urination problems, and chronic genital and urinary infections that later lead to cysts. FGM can also result in death through blood loss and infection, increased risk of HIV, and significant psychological damage, such as post-traumatic stress disorder.

The fact that FGM persists raises questions about the effectiveness of international and national laws that prohibit it and the actions taken by non-governmental organizations against the practice. Indeed, formal and top-down national laws banning FGM will continue to remain ineffective if they fail to take into consideration the embedded perception of the custom as being an individual and community identity marker [2].

Research has shown that return migration can be an important channel for stimulating political change and changes in fertility behavior in the country of origin [3], [4]. However, very little research has examined the extent to which migration and return migration can change cultural practices such as FGM. Yet it is an area that lends itself well to the study of a potential transfer of norms induced by migration, in that the practice is banned in many of the countries that receive migrants from places where the custom is still largely practiced. In addition, although FGM is deemed a violation of human rights and can have very severe health repercussions, international and national action against it seems powerless to roll back the practice in the world. Therefore, an important question is whether migration can help eliminate the practice.

#### **DISCUSSION OF PROS AND CONS**

#### How migration can influence social and cultural norms

While migration provides an important channel for financial remittances from migrants back to developing countries, it also provides the populations of both the home and host countries with the opportunity to be exposed to different social norms and practices. The interconnections fostered by migration permit the flow of ideas, know-how, skills, and social and political practices, as much back to the origin countries as from them to the host countries. Some researchers even argue that focusing on migration-derived financial flows masks the potentially greater impact of this migration on development in the form of transfers of ideas. These transfers of ideas, which have been termed "social remittances," in recognition of the more established expression "financial remittances," can be key elements of institutional change, the long-term impacts of which can also be more significant than the financial flows [5]. Such transfers can include political ideas, where migrants transmit different political opinions from the standard opinions in their origin countries. As such, they can drive political change, such as democratic transition.

So how does migration become a channel for the transfer of norms? The first condition is that migrants should have access to different opinions and skills from their own and be exposed to different practices in their destination country. However, the assimilation of different opinions and new practices is not automatic: migrants need to be in an environment where they can become aware of these new ideas; they also need to be receptive to them and to embrace them enough to want to change their own opinions and practices. The actual presence of these three conditions is not a given. Rather, they depend on a number of factors: (i) a command of the destination country's language; (ii) access to the destination country's media; (iii) the number and type of contacts migrants have with native people in the destination country; and (iv) their willingness to "open up" to the host society. This last element is closely associated with the migrants' cultural attachment to their origin country. Migrants may resist different opinions and practices in order to sustain their ties with their community of origin and to protect their traditions.

One study identifies three broad patterns of interaction that generate different degrees of changes in attitudes and social remittances [6]. At one end of the spectrum are the "recipient observers," defined as individuals who interact mainly with their fellow nationals and take in new ideas and practices only by observing the world around them, reading the papers and watching television, etc. Given their limited interactions with the host society, their norms and practices remain largely unaltered. At the other end of the spectrum are the "purposeful innovators": individuals who actively seek out new ideas, attitudes, and experiences. These migrants combine their original norms and values with those acquired in their host countries in a cross-pollination process that creates hybrid social norms. "Instrumental adapters" are the group in the middle: people who pragmatically acquire new skills and readjust their frame of reference to better adapt to their new environment. Their original beliefs and values are unaltered by their migration experience, but they acquire new norms that they add to their cultural repertoire. New ideas, whether social or political, can then be transferred either by migrants' interactions with their families and other contacts who have remained in their origin country, or through non-migrants' interactions with migrants who have returned to live in their origin country. These two transfer channels can differ in their relative effectiveness [5].

#### The diaspora and the return channel for social remittances

Migrants converse with non-migrants in their regular telephone calls and when they make return visits to their home country. These migrants can be especially convincing and influential, in terms of the transfer of new ideas and values, when the non-migrants perceive their migratory experience as being an economic success, or when the migrants show that they are well-integrated with the host country but still strongly attached to their families and communities of origin. Transfers can also occur simply when some non-migrants aspire to be like the migrants in terms of their perceived broader outlook and values, without having had any real contact with the migrants themselves.

The same transfer mechanisms operate when migrants return home. These exchanges can be even more intense as they now live in the origin country. Similarly, regular observation of their lifestyle in their home environment can make for a stronger transfer of norms from return migrants than from current migrants. Conversely, the transfer of norms may be less effective if the migrants again become more influenced by their origin country's social and political environment once they return to their home community. Consequently, opinions and norms acquired during migration can wane and even change. Lastly, it is important that the return

from migration is not seen as being compelled by failure to integrate into the destination country, in which case the return migrant might not be seen as a credible agent for transferring new social norms.

#### The impact of migration on fertility behavior and political change

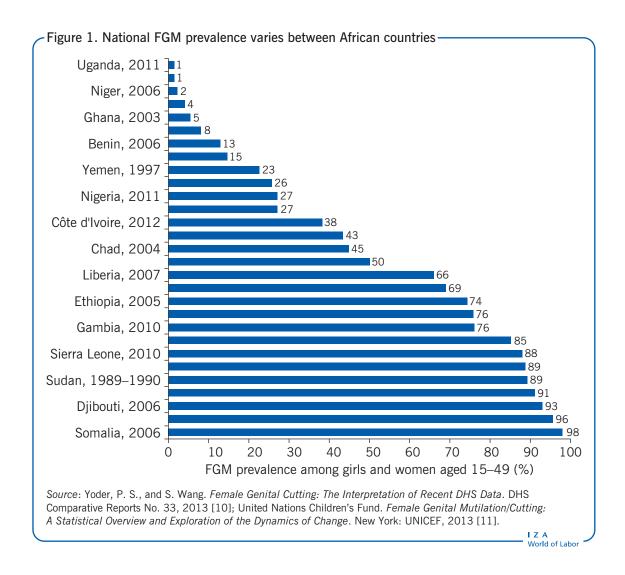
Recent empirical studies show that migration does indeed drive such mechanisms of acquisition and transfer of new norms. Migration has been found to change fertility behavior. For example, a case study based on household surveys in Egypt shows that return migrants from Arab countries (where fertility norms are higher than in Egypt) have significantly more children than non-migrants [3].

Another strand of the literature looks into the extent to which migrants' exposure to their host country's political norms changes political institutions in origin countries. A large sample of countries is taken to show that foreign-educated individuals tend to promote democracy in their origin country [4]. International migration to countries with high rates of female political empowerment raises the share of women in origin-country parliaments. Other studies have investigated this question using micro- and sub-national-level data and show that countries with return migrants, or high emigration rates, display different political behavior from places without migrants, or low emigration rates. This result was true for Mexico during the country's democratic transition around 2000, for Moldavia in the 2009 parliamentary election, and for Mali in the 2009 municipal elections [7], [8], [9]. These studies show that the probability of an opposition party victory increases with the share of international migrants who have returned to their country of origin. Although the Mexican case study measures the impact of emigration without differentiating between current migrants and returnees, the Moldovan study tests the diaspora channel and the Malian study examines the return channel. All these studies provide evidence to suggest that the effect works by means of "knowledge spillover," which increases participation rates and electoral competitiveness.

However, the studies do not manage to disentangle the norm transfer from other factors driven by migration. Among these is the impact of increased income induced by remittances from abroad, which can simultaneously impact political behavior. By increasing the income of recipients, remittances can weaken the capacity of a government to influence the voting choices of its constituents, which can in turn lead to political change. The same holds true for fertility behavior. Migration can change fertility, not only via a social norm transfer, but also when it raises the expected rate of return to education (as in the case of quality-selective, skill-based immigration policies of the host country). Preferences for more educated children can then reduce the desired number of children.

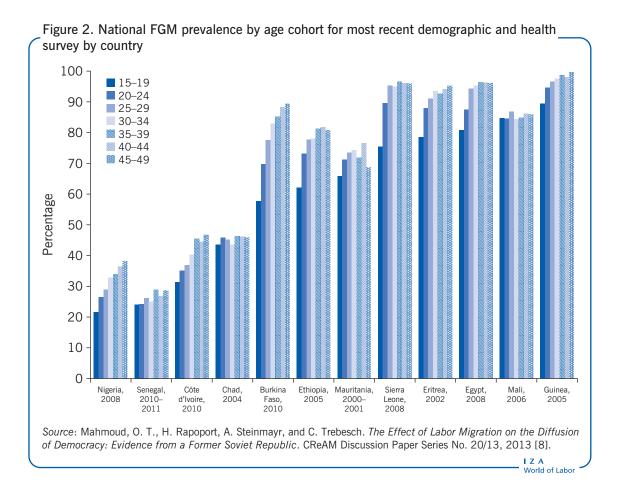
#### The current prevalence of female genital mutilation

The main indicator used to measure the prevalence of the FGM in a particular country is the percentage of girls and women of child-bearing age (15–49) who have experienced some form of FGM [10]. As can be seen in Figure 1, the countries in which FGM is practiced are mainly in Africa and the Middle East. Eight of these countries have prevalence rates of more than 80% (Somalia, Guinea, Djibouti, Egypt, Eritrea, Mali, Sierra Leone, and Sudan) and another five have prevalence rates of between 51% and 80% (Gambia, Burkina Faso, Ethiopia, Mauritania, and Liberia).



Between the 1990s and 2010s, the practice of FGM declined in most countries where data are available. This decrease over time can be seen more clearly when FGM rates are examined by age cohort, as shown in Figure 2. However, FGM rates remain extremely high among young cohorts of girls, especially in very high prevalence countries and even moderately high prevalence countries.

Although Muslims appear to practice FGM more widely than Christians, religion is far from the main factor involved. This tradition seems to be associated more with cultural and regional customs. For example, regional differences within the same religion can be very high in countries with high prevalence rates. In Mali and Senegal, for instance, prevalence rates are less than 10% in the north and western regions respectively, as opposed to more than 80% in the south and eastern regions respectively [11]. In many contexts, variations in FGM prevalence rates across regions are correlated with the population's ethnic composition in each area. However, FGM prevalence among members of the same ethnic group may vary depending on the country in which they live [11]. This suggests that the reasons for the persistence of FGM are not straightforward but complex, varied, and multidimensional, and can include a mix of both cultural and social factors within families and communities. Beyond beliefs concerning the perceived "benefits" of FGM for health and hygiene, the main cultural factor



that is put forward by anthropologists for the persistence of FGM is that it allows control of women's sexuality. By reducing the cost for males to monitor the sexual activity of females, young girls who have undergone FGM are believed to be more likely to find a husband than those who have not undergone FGM. Differences in beliefs, marriage-market conditions, and consequently prevalence rates can also depend on larger-scale factors such as, for example, national and regional awareness campaigns on the health consequences of FGM.

# Female genital mutilation as a social and cultural "identity marker"

The main plausible explanation for the persistence of FGM that has been put forward by recent field studies is that it potentially serves as an identity marker defining community group affiliation [2], [12]. People want their daughters to be cut to show that they have adopted their community's social norms. FGM then becomes an identity marker that acts like a symbol to differentiate between "insiders" and "outsiders."

The view of FGM as being a social and cultural identity marker could help explain why the FGM phenomenon has sometimes been found to persist within migrant communities in the migrants' host countries. The few studies conducted of FGM practices and opinions among African migrants in Western countries arrive at mixed conclusions as to the effect of migration on FGM. On the one hand, interviews in Mali find no evidence that Malian migrants from France are less in favor of FGM practices. Some even say that migrants are in favor of this practice, since they want to be seen to observe the traditional practices and the full range of

social values. On the other hand, recent qualitative studies of female African migrants living in the Netherlands and Sweden contradict this view [13]. They find that immigrants strongly disagree with the persistence of the practice of FGM, suggesting that female migrants have a different attitude and opinion to FGM than non-migrants. This change is driven by their migration experience, which gives migrants the opportunity to learn about the adverse health

These somewhat contradictory studies therefore suggest that taking on board new norms following migration is not a given, especially when considering a practice that is perceived as an important element of community attachment. This community attachment can be even stronger when migrants observe or feel great hostility to this practice in the host country. Incomprehension, if not a feeling of rejection, can make migrants cling even more closely to their original culture. Yet it is hard to draw any real conclusions from these studies about the impact of migration on this custom as they are based on a very small number of interviews conducted in different settings and at different times.

# Insights on the transfer of new norms and FGM from a study in Mali

effects of FGM and the illegal nature of this practice in their country of residence.

A recent quantitative study provides some interesting new insights into the impact of migration on female circumcision practices in Mali [1]. Mali has a long history of migration, both on the African continent and in Europe, and very high FGM prevalence rates that are proving very slow to fall. Most migrants live in neighboring West African countries, predominantly in Côte d'Ivoire, and more marginally in northern countries, mainly in France due to the colonial links between these countries. A downturn in FGM prompted by a migration-driven transfer of norms is not at all evident in this context. As suggested by previous studies, prohibition of the practice by host countries does not appear to be enough of a reason for Malian migrants to change their attitudes towards the practice. In addition, Malians tend to migrate to countries where FGM is common practice and where action to prevent it is thin on the ground. In this situation, Malian migratory flows could actually be a factor in underpinning this practice in Mali.

One important factor reported by qualitative studies on the effectiveness of social remittances is the ability of migrants to convince non-migrants to change their opinions and attitudes. This capacity is correlated with the social and economic status of the migrants in their community and the intensity of their interactions with non-migrants. If return migrants are not negatively selected—i.e. the return to the home country is not perceived as a failure of the migration project—then they can be expected to be more likely than current migrants to have a positive influence on non-migrant since distance makes current migrants' interactions with those left behind weaker than those of return migrants. In addition, returnees are generally older than current migrants and therefore hold a higher rank in the Malian social hierarchy, which should make their transfers of norms more effective than those that might be conveyed by current migrants. If their own daughters have not been circumcised this can also strengthen the process of social transfer.

Evidence from Mali supports the notion that migration can be a vehicle for transfers of new social norms and that the return channel is more efficient than the diaspora channel: accordingly, girls living in villages with return migrants are less likely to be circumcised than others and current migrants have no impact on FGM.

Interestingly, the impact of returnees appears to be driven mainly by returnees from Côte d'Ivoire, which is the main African destination country for Malian migrants. In this country, the FGM prevalence rate is quite low (at just 38.2% for 15 to 49-year-old women in 2012) and FGM is prohibited. The fact that only returnees from Côte d'Ivoire have the effect of significantly reducing the probability of young girls undergoing FGM may suggest that what matters most is the cultural proximity between the host and the home country, rather than laws banning female circumcision in the host country. Malian migrants in Côte d'Ivoire are able to observe that there are customs in an *African* society that do not pressurize women to be cut and that uncircumcised girls do not suffer from social exclusion problems, as this risk is often given to justify the practice in Africa. Consequently, these migrants come to realize that FGM is not really important as an individual identity marker. This result also suggests that the relative weight of the transmitters of new social norms in the population of origin is important to the social norm transfer mechanism. Migrants from Côte d'Ivoire comprise the main flows of returnees to Mali, and are consequently considered by non-migrants to be more important and influential in the origin community than other return migrants.

#### **LIMITATIONS AND GAPS**

In general, when considering migrant-driven social remittances, it is important to bear in mind the limitations that can bias study findings. For example, migrants may have specific unobservable attributes, such as an aversion to FGM or a preference for democracy, which may affect the probability they will leave their country and their opinions concerning FGM, or their political attitudes. The transfer of social norms is a complex phenomenon that occurs only if various mechanisms are effective.

An interesting question that has not yet received enough attention is how willing and able are migrants to adopt new norms. Much could be learned also from a better understanding of the role of return migrants in their origin communities and their position in non-migrants' social networks.

Improving the understanding of FGM practice and the role of migrants calls for an in-depth analysis of migrants' FGM behavior and opinions during their period of migration and when they return to their country of origin. Such an analysis requires large-scale surveys combined with qualitative interviews. More studies of community pressure on women and the dynamics of changes to social norms are also needed. Lastly, given that many public actions against FGM are implemented in different situations, methodologically rigorous intervention evaluations need to be developed. Randomized controlled trials should be implemented, with the aim of identifying which kinds of actions against FGM are most effective.

### **SUMMARY AND POLICY ADVICE**

Migration can be a powerful vehicle for changing social norms. Social remittances, that is, the communication and transfer of new ideas and values, can have much greater long-term effects than financial remittances on social and economic development, by fostering cultural and political change. As has been shown in different settings, migratory flows can be influential in processes of transition toward greater democracy and political transparency. FGM is another area where migration can be a positive means of helping change culturally embedded practices.

When FGM is considered to be a social identity marker, legal norms can do little to deter the practice if they run counter to social norms. In contrast, return migrants, as a vehicle for new social norms, can help eradicate FGM. Their social and economic status can give them the capacity to change communities' social norms. Moreover, by supporting opposition to the practice within communities, return migrants could help drive information campaigns on the negative health effects of FGM and its violation of human rights and help enforce laws banning female circumcision. Return migrants should therefore be more involved in action to counter FGM.

However, not all migration experiences generate the process of social remittances. Host countries have to provide immigrants with an environment in which they can become aware of new ideas and opinions. This requires integration policies that encourage social and educational interactions with the host society. For example, through support programs for migrants to learn the host country language, literacy classes for women, or housing policies that foster more social mixing. The circulation of migrants could be better facilitated between the host and origin countries and the costs of interacting and transacting with the home country could be decreased, for example, by simplifying visa application procedures. Finally, origin countries should actively encourage return migration, as this is crucial for the transfer of new ideas and social norms. This could be achieved by helping return migrants to resettle and find new employment.

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## **Competing interests**

The IZA World of Labor project is committed to the IZA Guiding Principles of Research Integrity. The author declares to have observed these principles.

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