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# Transforming Vulnerability into Power: Exploring Empowerment among Women with Female Genital Mutilation/Cutting (FGM/C) in the Context of Migration in Belgium

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**ABSTRACT** *This paper discusses an aspect of empowerment in relation to the central human capabilities for women with FGM/C in the diaspora. Many women who have undergone the practice of FGM/C come from societies where gender inequalities and gender-based discrimination between men and women persist, which compromises their capabilities, and many find themselves in vulnerable positions in their relationships with men, at work and in their everyday-life. The participants in this study however appeared somehow to have been empowered through certain health-promoting activities where they exercised agency in the western social context, they reside in. This paper examines the empowerment gained by the migrant women with FGM/C after participating in health-promoting activities. We compared this form of empowerment to the reinforcement of their capabilities according to Nussbaum's central human capabilities. Drawing on Nussbaum's list as a starting point we explore the relationship between capabilities and empowerment. We found that some central human capabilities appeared to be reinforced through health-promoting activities, whereas issues relating to asylum seeking became a*

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*determinant of empowerment in the women's own terms. Although the activities aimed to empower women, the participants themselves felt that they would only truly be empowered if they obtained full citizenship.*

KEYWORDS: Asylum, Female genital mutilation, Capabilities approach, Empowerment, Freedom, Migrant women

## Introduction

The World Health Organization (WHO) defines female genital mutilation (FGM) as a harmful practice whereby the female external genitals are removed for nontherapeutic reasons (WHO 2008). Since 1990, the Inter-African Committee (IAC) has referred to the practice as FGM followed by WHO in 1991, and they have subsequently reaffirmed the term “mutilation” in 2005 stating that: “The term FGM is not judgmental. It is instead a medical term that reflects what is done to the genitalia of girls and women. It is a cultural reality”, (IAC declaration on the terminology, 6th general assembly, 2005). However, some scholars suggest the term FGM to be highly contentious (Earp 2016; Obermeyer 1999), as it assumes that parents intentionally “mutilate” their children, despite extensive research showing that the practice is embedded in socio-cultural norms that are perceived to save and protect daughters from debauchery and temptation and to preserve the honor of the family (Gruenbaum 2002; Shell-Duncan and Herniunf, 2006). Moreover, in practicing communities, women themselves are more comfortable with the term “cutting”. Thus, throughout this paper we refer to the practice as FGM/C, on the one hand in line with the WHO classifications, which guides health practitioners in their daily practice, and at the same time showing awareness of the sensitive nature of the issue and the ethics in referring to this practice as “mutilation”.

Migration relocates women from FGM/C practicing communities to Belgium and other high- income countries for various reasons, such as war persecution, religious discrimination or politics, but also to seek protection from sexual and gender-based violence and structural gender-inequalities (i.e., forced marriage). Even though FGM/C gives women status and recognition within their family and community, in host countries like Belgium, the practice is officially prohibited and frowned upon by the general public as barbaric and savage. Therefore, women lose any positive status and recognition associated with the practice in comparison to their country of origin. The new situation they find themselves places women in a situation of disempowerment. Many women, who seek asylum in Belgium while undergoing longwinded administrative and legal procedures, attend the activities of GAMS Belgium (*Groupe pour l'Abolition des Mutilations Sexuelles*), which is the only recognized non-profit organization that offers support to women with FGM/C in Belgium. The organization also refers these women to social workers or immigration officers. GAMS uses a women-centered approach through health promoting activities that are based on the Ottawa Charter (WHO 1986), which empower and reinforce the women by positioning them as agents of change of their own lives. Their main goal is to empower women and girls living with FGM/C and to reduce the impact of FGM/C on their health and psycho-social well-being (GAMS 2015). The objective of these health promoting activities in general is to give these women grounds to exercise their agency (strengthening capabilities to act) in Belgium. This paper focuses mainly on two activities developed by GAMS, namely group discussion and psycho-corporal workshops, which are meant to support and reinforce the empowerment of these women. Hereafter, we call health promoting activities GAMS activities.

Group discussion workshops are an opportunity for migrant women to gain awareness and reinforce learning on specific themes regarding FGM/C-related subjects. The aim of

these workshops includes promoting reflective discourse among the women and encourages them to respect the opinions of others; it also provides general knowledge and social skills, as well as building the capacity and emancipation of women participants in the perspective of combating violence against women (GAMS 2015). The main idea is therefore to promote the sense of equality between women and men. The topic of FGM/C is not directly at the center of the discussions, but other things are discussed first, therefore enabling the women to understand at a social level, their rights as foreigners, and discovering ways to find support groups which aim to raise awareness of various situations in their country of residence. Other topics related to their personal life trajectories include the role of religion in the practice of FGM/C, the consequences and complications of genital mutilations/cutting, and various other topics that facilitate an understanding of the implications of the practice of FGM/C. The aim of these workshops is to help the women to become aware of their conditions within their family and society, to improve their self-esteem and to develop critical thinking (GAMS 2015). The women are also encouraged to appraise their daily lives and improve their living conditions and those of their entourage.

Psycho-corporal workshops deal with the acknowledgement of one's own body, the experience of its pleasure and its movements, where dance, drama, stretching, relaxation and breathing exercises come into play (D'Aguzzo 2015). This leads to a familiarization and the awakening of sensations in the body and thus to awareness of their body. It is hoped that through the workshops, the women's creative forces will strengthen, and their confidence will increase as they interact with each other and with others. The group discussion and psycho-corporal workshops of GAMS are therefore viewed as fundamental resources aiming at empowering these women. These workshops are opportunities offered to the women to live a life that they have reason to choose and value (Otto and Ziegler 2006). It could be argued that GAMS Belgium represents an opportunity for the migrant women to accomplish what they value. However, does this empowerment have the same merit from the women's own point of view?

This study's aims are twofold: first, to describe the aftermath of disempowerment caused by FGM/C of the migrant women in relation to the central human capabilities, and second, to use Nussbaum's (2005) "central human capabilities" as a framework to discuss the process of empowerment for the women as experienced through the activities organized by GAMS.

### **Empowerment in Relation to Capabilities**

The empowerment that the women experience through GAMS activities is understood as the process whereby women acquire an ability to make strategic life choices in a context where this ability has been hitherto denied to them (Kabeer 2010). This empowerment can give the opportunity for greater freedom from oppressive gender norms (Gaetano 2015). It refers broadly to the expansion of choices and actions to shape one's life (Botbol-Baum 2016; Kabeer 2010). Likewise, power is also thought of as the ability to make choices. From Kabeer's argument, the ability to make choices leads to empowerment, which can be thought of in terms of three critical elements: resources (the preconditions), agency (the process), and achievement (the outcomes of empowerment). Of these elements, agency is when power within is operationalized in relation to resources and made visible in valued achievements (Kabeer 1999). Women's empowerment is not a question of taking sole control in power relations previously held by men but transforming the nature of power relations into a situation of equality (Kabeer 2010). This empowerment of the women is exercised in opposition to a prior condition of subordination in the women's lives. When the women with FGM/C are empowered, they gain freedom to make choices in the pursuit of better influencing the course of their lives and decisions which

affect them. These interrelated dimensions of empowerment together constitute capabilities, the potential that people have for living the lives they want, of achieving valued ways of being and doing (Kabeer 1999). Taking this into consideration, the importance of the concept of capabilities in relation to empowerment is significant for women seeking to attain true autonomy and becoming the agents of their own liberation and freedom (Botbol-Baum 2016).

Empowerment then has been recognized as an important aspect of human development by Sen (1999) and Nussbaum (2011), the pioneer philosophers of the capability approach. The core characteristics of this approach is its focus on what people are actually able to do and to be (Nussbaum 2005; Sen 1999). The concept of capability conceptualizes freedom, inequalities and justice, while empowerment is widely used in areas such as education, public policy and democracy (Otto and Ziegler 2013). The capability approach is not only related to empowerment but also enables a relationship between action, reflexivity and context through the conditions required to empower individuals and to exercise their agency (Zimmerman 2006). Sen's contribution to the capability approach associates both the concept of freedom, the valuable beings and doings (functionings) and the concept of "agency-freedom", which is the freedom to bring about the achievements one values (Sen 1999). Agency-freedom is concerned with the freedom of the individual and how to augment this freedom by having further opportunity to achieve the things that one values and has reason to value (Sen 2002). Our capabilities then, tend to mirror the opportunities we have to achieve valued objectives, and expanding choices is to include valued capabilities, which involves an empowerment process (Ibrahim 2014; Keleher 2014). Thus, GAMS Belgium seeks to offer opportunities for the migrant women to achieve what they value, and what they think they should do or be; that is, their valued capabilities. The more valuable the capabilities we have, the more power we have to decide about and achieve valuable functionings (Keleher 2014). Nussbaum holds that Sen's agency-freedom can be represented entirely within the category of capability (Keleher 2014). The role of empowerment in both Sen's and Nussbaum's capability approach can be understood in terms of agency and expansion of capabilities (Ibrahim 2014). In other words, a person's capabilities can reflect the level of empowerment he or she is experiencing. The more valuable the capabilities he or she has, the more empowered he or she is. Similarly, if a person lacks certain basic capabilities he or she may be poor, oppressed, or disempowered. Thus, Sen's capability approach offers an understanding of empowerment as the process of expanding an individual's agency-freedom or a set of valuable capabilities (Keleher 2014).

As far as women's empowerment is concerned, therefore, the focus should be placed on their capabilities as their real freedoms for leading a valuable life (Robeyns 2003). Because people are essentially different, the focus should be on what someone is able to be and to do, due to personal, social or environmental factors, such as physical and mental handicaps, talents, traditions, social norms and customs, and legal rules (Robeyns 2003). Gender inequality therefore, is to be taken under consideration when contemplating women's empowerment as a whole and particular attention should be given to each individual woman. Within the setting of this study, the capabilities framework can be used further for the analysis of empowerment and freedom when taking into consideration the experiences of the women in the context of migration.

### **The Disempowering Impacts of FGM/C in Terms of the Central Human Capabilities**

FGM/C is globally recognized as a public health issue with damaging consequences to women's health (WHO 2008). The short and long-term physical consequences of FGM/

C include severe pain, hemorrhage, infection, urinary problems, dysmenorrhea and dyspareunia (Banks et al. 2006; Behrendt and Moritz 2005; Berg, Denison, and Freithem 2010; Vloeberghs et al. 2012; WHO 2008). The procedure can sometimes lead to death or lifelong health problems, such as depression and post-traumatic stress disorder and increased risks during childbirth (Banks et al. 2006; Larsen and Okonufua 2002), and the severity of the consequences depends on the type of procedure. As with other types of violence against women, these consequences are disempowering to women and thwart their human capabilities, limiting their choices for living their lives in a “dignified way” (Nussbaum 2005).

In spite of the health consequences, not all FGM/C-practicing communities see the practice as disempowering. Within their communities, FGM/C gives women and girls an identity, a certain social and adult status as well as strength and power (Ahmadu 2000; Koso-Thomas 1987). In FGM/C-practicing communities, the practice gives women a sense of pride and mothers and grandmothers gain respect for having done their duty of cultural heritage to foster an ideal, virgin young woman ready for marriage. However, in Western countries where FGM/C is not a social norm, it is argued that this puts girls and women in an inferior position and that they are discriminated against and humiliated. The inequality between the sexes is stressed as FGM/C suppresses, destroys and interferes with fundamental human capabilities because their membership in a group is defined on the basis of sex (Alavi 2003; Nussbaum 1999). In fact, the daily lives of many women and girls involve submission, hard labor and deprivation, without the possibility of participating in decision-making. Some central human capabilities such as *Life, Bodily Health, and Bodily Integrity* are affected as a result of the consequences listed above and are found to be diminished. Trauma and post-traumatic stress disorder associated with FGM/C, such as memories of the cutting, first sexual intercourse and other health consequences resulting from FGM/C can impact on women’s relationships with their partners and can lead to avoidance of sexual intercourse (Obermeyer 2006; Whitehorn, Ayonride, and Maingay 2002). Thus, women’s sexual and reproductive health may be jeopardized as they cannot have full sexual satisfaction because their *Bodily Integrity* is intentionally compromised by FGM/C. This puts the women in a disempowering situation in which men strive to exert their control over the women by granting themselves the exclusivity of sexual pleasure (Black and DeBelle 1995; Gruenbaum 2002; Obermeyer 2006; Penn and Nardos 2003). According to Nussbaum’s list, the capability of *Affiliation* also requires the social bases of self-respect and non-humiliation (Nussbaum 2005). The practice of FGM/C is performed on girls between the age of 4 and 12 and even on babies (Yoder, Wang, and Johansen 2013), without consent, depending on ethnic differences and local custom. In Western countries where FGM/C is not a social norm, it is argued that this puts girls and women in an inferior position and that they are discriminated against and humiliated.

## Methods

A qualitative study was carried out with the collaboration of GAMS Belgium among migrant women seeking asylum in Belgium who had undergone FGM/C and participated in the activities of GAMS at the time of the study. They were aged between 18 and 50. Out of the 55 women who participated in both activities, 35 women met the inclusion criteria (age above 18 years old and able to speak French or English) and were approached for individual interviews by the first author who also participated in the activities. Twenty-five women initially agreed to participate in the interview between January 2014 till March of the same year. However, 16 later dropped out: six women did not attend the arranged date and time for the interviews; six women found their asylum procedure stopped and were no



longer available, and four women had a trust issue relating to the asylum-seeking formalities, because they feared that the interview could jeopardize their application for asylum. As all the women were living in refugee centers at the time of the interview, it was conducted in their own room and it was related to the activities they had participated in at GAMS. Prior to data collection, ethical approval was sought and granted by the Ethics Committee of the *Université Catholique de Louvain* (2013/21NOV/522).

The analysis focused on a thematic analytical approach based on the 10 central human capabilities. Through the participation in the health promoting activities, one or several capabilities were reinforced among the participants, and participation was thus considered to be an empowerment experienced by the women. Different capabilities were found to be reinforced throughout different workshops. *Practical Reason*, *Affiliation* were reinforced through the group discussion workshop and *Emotions* and *Play* were identified to be reinforced through psycho-corporal workshops. In addition, the asylum issue emerged as a relevant theme in relation to the women's sense of disempowerment and refers to a capability called *Control over one's environment*.

## Findings and Discussion

The results below are presented according to the capabilities reinforced through the workshops and in the context of seeking asylum.

### *The Capabilities of Practical Reason and Affiliation Reinforced Through Group Discussion Workshop*

The capability of *Practical Reason* refers to "being able to reflect on the good and engage in critical thinking about one's life" (Nussbaum 2005). Through the activity of group discussion, the women gained insight into the consequences of FGM/C and related women's health issues. They suffered from lower abdominal pain and urinary tract infections, which they had not previously linked to FGM/C. They were empowered in the sense that they gained knowledge linking the practice to its negative consequences on women's health, which they could relate to, and by the realization that they did not have to cut their daughters. They refuted and spoke out against the tradition, and the social norms. The fact that they expanded their understanding of FGM/C better enabled them to reflect on their position in their new context, which they desired to become a part of. For example, the women became aware that contrary to what they thought before, not every woman in the world undergoes FGM/C. The group discussion workshop enabled the women to gain critical awareness of their rights, which has an empowerment effect on them. This reinforced their *Practical Reason*, as mentioned above.

Most of the women talked about having plans for their own lives and even further pursuing education. For instance, the decision to improve their level of French and computer literacy was expressed after participating in group discussion activities. Some women stressed that girls' education was not much encouraged in their country of origin. Their understanding of the importance of education was boosted. This empowerment was found to be protective (Schuler et al. 2017) in the sense that education remains the main force that enables women to have expanded choices and therefore enhances their capabilities (Arends-Kuening and Amin 2001). According to Freire (1997, 2000) dialogue generates a critical attitude and true dialogue cannot exist unless the dialoguers engage in critical thinking. In this study, the interaction between the activity moderators and the women in the workshop setting developed critical consciousness, which generated some sort of liberation (Freire 2000). The practice of FGM/C itself is often a taboo subject, which places women in a

culture of silence; as a result, most women with FGM/C are not aware of the negative consequences of the practice. They learnt to disclose their feelings and the learning they acquired, supported the reinforcement of the capability of *Practical Reason*. This capability is about engaging in critical thinking about one's life and critical thinking is at the heart of empowerment.

The capability of *Affiliation* refers to: "(a) being able to engage in social interactions, (b) to be able to be treated in a non-discriminative way and as equal to others" (Nussbaum 2005). *Affiliation* involves appropriate interactions with other people including interactions with people who are different from us. It also involves caring for other people and attempting to protect their well-being (Nussbaum 2005). Women engaged in social interactions and this capability was reinforced as most of them emphasized that the group discussion workshop at GAMS helped them to enlarge their circle of acquaintances. Through these workshops the women acknowledged that they were equal to the other participants; meeting other women from their own country or other countries allowed them to exchange on an equal basis and to make friends. This helped to alleviate other problems they were facing. Seeberg and Luo (2018) found in their study on rural migrant Chinese women in the city that social relations were an important resource which generated new functionings. The women's capabilities were enhanced through their relations and friendships. Looking at gender inequality, Robeyns (2003) suggested that capability of *Affiliation* is an important capability for social networks. In our study, the women's sense of independence was developed through a "sisterhood-bonding" effect as they tried to have some fun together. Some women became friends with women from other ethnic backgrounds from non-FGM/C practicing communities and even though they had not undergone the practice, they accepted each other with respect. Such interactions allow the exercise and development of *Practical Reason* and the making of more inclusive and informed decisions (Nussbaum 2000).

#### *The Capability of Emotion and Play Reinforced Through the Psycho-corporal Workshop*

The capability of *Emotion* indicates: "to be able to love, care, grieve and experience longing, gratitude and justified anger; not to have these emotions inhibited by fear, abuse, anxiety or neglect" (Nussbaum 2005). Through the psycho-corporal activity, the women in the study were able to reconcile with their own bodies through touch, which helped them to become more comfortable with their body. They were able to express their understanding of the cleanliness and purity with regard to their genitals. They learned to challenge the internalized conception that uncut genitals were impure. The participants talked about their limited opportunity to love, as most of them were forced into a marriage; some mentioned fear and sleeplessness. The capability of *Emotion* was explored among migrant women in a study where the term love was not part of the women's language, because romantic love was shameful and disgraceful (Uyan-Semerci 2007). Showing love was inappropriate for these women; however, they expressed feelings towards their parents and children, which were socially acceptable (Uyan-Semerci 2007). Some women reported feeling relieved through the psycho-corporal workshops as they were able to speak freely and were encouraged to feel free to talk, or to be silent and were able to manifest any emotion they wanted. Some were able to sleep better at night after relaxation exercises and participating in the psycho-corporal workshops and they reported that they saw changes in themselves. They indicated that they were doing things they could not do before, such as "sleeping well without fear" and "being able to have eye contact when talking to someone".

The capability of *Play* refers to: "being able to laugh, play and enjoy leisure activities" (Nussbaum 2005). The women compared their lives before applying for asylum with the



difficulties they were encountering during the asylum procedure. They described their loss of joy and the ability to laugh. However, they were able to engage their bodies and express joy and laughter during and after the psycho-corporal workshops. Similarly, Robeyns (2003), mentioned leisure activities to be an important means of relaxation, pleasure and intrinsic aspect of well-being. Even if they did not speak French accurately, their embarrassment decreased through the interactions of drama play. The women danced and enjoyed role-play and painting activities. One woman expressed her feeling as:

I'm so well and laugh, at ease and even my daughters see that I can laugh when telling them what I have been doing at GAMS ... sometimes I play the drama for them.

The engagement of the body manifested itself in self-confidence and in a change in their bodily attitude during and after the psycho-corporal workshops. Most of the women interviewed reported feeling more confident in their bodies and their self-esteem was boosted. The physical exercises performed during the sessions enabled them to feel and recognize their own bodies, and to be aware of the anatomy of the body. The acknowledgement that their bodies belonged to them was reported by all the women. The workshop sessions enabled them to make peace with their body by touching and feeling the body as it is. The self-confidence that had been lost and the confidence in others were regained by learning that they had the right to say "no" if they did not want something. It could be argued that having gained confidence in one's body is significant and may represent the beginning of change of one's perception that could influence one's own body image. Studies on vulnerable women who have a disability found an association between gender, body image and confidence (Calogero and Thompson 2010; Peuravaara 2012). Regaining confidence in one's body indicates changing one's position in society (Peuravaara 2012). Women's self-esteem in this study was more closely tied to their body esteem and they showed their satisfaction by being part of this workshop. This is a sign of empowerment experienced through self-confidence and self-esteem (Botbol-Baum 2016). Njambi (2004) considers the gender differences as well as the lived experiences of women in a patriarchal culture and suggests that women's bodies can be very important to their sociocultural well-being. In this sense, the participation in the psycho-corporal workshops provide a different way to view the body as a tool to promote a healthier body image (Brennan, Lalonde, and Bain 2010). Women with FGM/C in this study reported feeling good in their bodies after each psycho-corporal workshop. Similarly, evidence supports outdoor activities as an avenue for women and girls seeking to realize their goals and gain a sense of self-worth (Angell 1994).

#### *The Capability of Control Over One's Environment Diminished Because of the Asylum Issue*

The capability of *Control over one's Environment* refers to: "being able to participate effectively in political choices that govern one's life; having the right of political participation; and also being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others" (Nussbaum 2005). The women with FGM/C in our study found themselves in migration context. Some had fled their country of origin to protect their daughters, others fled from war and some because they wanted to be reunited with their family in the host country. For this reason, migration makes it possible for migrants to extend their cultural practices in their host countries (Leye and Sabbe 2009). Many migrants find themselves in some vulnerable situations because of their immigration status, gender or ethnicity

(Askola 2010). This vulnerability corresponds to the experience of being affected by the difficulty to act for oneself and, as a result, places the individual in the situation of being for others, in order to find “*the I am as well as the I can*” (Botbol-Baum 2016). Their vulnerability requires special protection, acknowledgement and fulfillment of their needs. In Belgium, the process of immigration allows for women who report a risk of the mutilation/cutting for their daughters, re-infibulation for themselves or gender persecution to apply for asylum at the Immigration Office in accordance with international, European and Belgian standards (Dieleman 2010). Girls or women who are at risk of or who have been subjected to FGM/C with a well-founded fear of persecution qualify for the status of refugee according to the Geneva Convention of 1951, article 1A as, “persons who have left their country of origin because they were persecuted for their nationality, race, political or religious beliefs or membership of a particular social group”. In the case of FGM/C, which is gender-based violence, the particular social group is “being a woman” (Chevalier 2016). After registration at the Immigration Office, the girls and women asking for asylum are sent to a reception center for asylum seekers (GAMS 2018). Their application for international protection is examined by the Commissioner General for Refugees and Stateless Persons (CGRS) and they will have to go through one or several interviews. The CGRS pays particular attention to situations and realities that especially affect women. The women must convince the asylum authority, which requires a detailed account of their life events that led to their exile and where contradictions in their stories may lead to a refusal of asylum. Furthermore, women have difficulties to consistently reveal what they have suffered. Indeed, sometimes there are limitations posed by the memory of traumatic events because women are not used to discussing this aspect of their life. Contrary to other Western countries, where the legal system is not gender-sensitive, the number of women aged between 14- and 64-years seeking asylum on the basis of FGM/C has risen sharply in Belgium since 2008 (584 in 2008 against 1605 in 2011), and the granting of asylum on this basis has increased from 154 positive decisions in 2008–360 in 2011 (Chevalier 2016). The stress about the asylum procedure and the difficulties encountered while living in reception centers are also disempowering for them. Almost all the women in our study emphasized that they wanted to be helped with their asylum applications. The women interviewed mentioned that getting refugee status could give them the opportunity to seek employment. At the time of the interviews, this therefore appeared to be a priority, more so than FGM/C in itself, because women saw FGM/C as something that had happened to them in the past and which could no longer be changed. The current uncertainty of their refugee status in Belgium, however, was something that the women judged to be disempowering according to their own sense of empowerment. The refugee status also symbolized their integration into Belgian society. This represents a form of *Control over one’s Environment* on the central human capabilities’ list, as it would give them the right to seek employment on an equal basis with citizens as well as other residents. It would give them the ability to earn an income, enjoy a rewarding work life and increase their bargaining power in the employment market (Arends-Kuening and Amin 2001). The materialization of empowerment and freedom at the time of the interviews was the hope of holding a refugee status document in their hands. The refugee status would give the women the right to vote, to seek employment, get more education and expand their life choices. One woman particularly concerned about her asylum application during the interview stated:

... getting the papers will allow me to look for a proper job, go to school to become a nurse as I always dreamed. Because I will have the same rights as Belgians. You know, if I want to become a nurse to care for children and build an orphanage and I know that dream will come true if I become a citizen one day ...

## Discussion

In this study, the women's awareness of their basic rights constitutes the first step towards empowerment. These women also gained empowerment through the individual support they received at GAMS in addition to participating in the workshops. Their acknowledgement of their right to be protected and being granted refugee status was important to them in the reinforcement of their capabilities. The practice of FGM/C within the definition of gender-based violence, is understood to be a form of discrimination and a violation of the fundamental freedoms of women by the Council of Europe (Middleburg and Balta 2016). Women with FGM/C require special protection that must be acknowledged and fulfilled as they are survivors of the practice (Middleburg and Balta 2016). The refugee status is a form of freedom, a political right, and a claim for justice, since FGM/C is understood as a form of torture and a violation of women's bodily integrity (WHO 2008). Freedom is a valuable empowerment concept that can be used to identify one's robust level of participation and what one can control directly. The migrant women in this study valued and wanted their refugee status documents, therefore they wanted to take control of their lives in order to exercise what they value as "effective freedom". In this case, this will give them more power and more freedom to lead the lives they will choose to lead (Sen 1999). Furthermore, Keleher (2014) stresses that effective freedom is linked to our objectives being achieved as well as the ability to control how these objectives are achieved. The freedom of these migrant women relies on an implicit and social background of habits (Zimmerman 2006). In our study, these habits (for example, how the women saw themselves in their country of origin) play a necessary and paradoxical function of enabling the conditions of freedom to transform a socially constructed vulnerability (FGM/C) into a desire for emancipation and thus social empowerment (Zimmerman 2006). In this case, the women's claim of effective freedom would be for their country of residence to grant them full citizenship, since this is in line with their choice. If these women were granted refugee status, their newly acquired rights in the host country would reinforce their capability to exert *Control over their Environment* and this would contribute to their empowerment as well as improving their quality of life (Woodward and Barbour 2009). For the migrant women with FGM/C their empowerment does not conform with the policies of immigration in Belgium. Thus, despite participating in health promoting activities that aim to empower them, these women feel that actually obtaining legal status and full rights would be even more empowering to them. Despite not feeling fully empowered themselves, women felt that they were in a better environment for their daughters, an environment where the practice of FGM/C is frowned upon and illegal and where they are protected from this practice. However, when it comes to freedom and empowerment, the women's understanding of their experience of disempowerment/ empowerment goes beyond what GAMS can offer them. The important difference here between the concepts of freedom and empowerment is that the capabilities approach addresses the range of possibilities that these women can achieve on arrival in Belgium. These possibilities include knowing their rights, as well as the actors they need to address when in need of help and support.

Nussbaum's (2005) list of central human capabilities was also applied in a study among migrant women from a subaltern region into the city of Istanbul to explore their desired capabilities in their own terms (Uyan-Semerçi 2007). These women, just like the migrant women in this study, understood empowerment in their own way and they verbalized their sense of empowerment in relation to what they were able to give to their children rather than in terms of their individual freedom (Uyan-Semerçi 2007).

## Conclusion

This paper uses the central human capabilities to explore the empowerment experienced by migrant women with FGM/C in relation to the activities organized by GAMS-Belgium. The activities of psycho-corporal and group discussion workshops organized by GAMS in Belgium appeared to reinforce four central human capabilities: *Practical Reason*; *Affiliation*; *Emotions*; and *Play* among migrant women who had undergone FGM/C in their home countries. However, how women defined empowerment in their own terms differed in this context, since it was their *Control over their Environment* achieved by receiving their papers which emerged as an even more important element of the women's freedom, making this the priority to be resolved. For the women, the capabilities to function, the opportunities available for them in the host country to engage in decisions and actions of their choice and to be whom they want to be, just like other citizens, constitutes what would make their lives more valuable. We argue that it is important to understand how women view their own empowerment. Though the sample is small, the article provides important insights into how empowerment can be linked to citizenship. From a theoretical perspective the gender violence dimension may be perceived as more important; however, this research shows that in fact, rather than intact genitals, women feel that full citizenship would be truly empowering. In our study, not all the capabilities on Nussbaum's list were reinforced through the activities. However, the central human capabilities framework used in our analysis appeared to be a helpful instrument to capture what is at stake for women with FGM/C in creating a turning point from vulnerability into power in their pursuit of freedom through the refugee status in their Western host country. Indeed, for these women in exile, their capabilities involve above all, the recognition of FGM/C through which they can obtain refugee status. However, the capabilities approach may turn the vulnerability into power for the women, since it emphasises the importance that these women set their own priorities. This study shed light on the influence of the context in the development of capabilities as stressed by Robeyns (2003). The women in our study drew their own list in terms of priorities and what emerged was the importance of *Control over their Environment*, gained through their refugee status. Gaining this status was an absolute priority and it came before everything else. Their refugee status is meant to contribute the most to their *Control over their Environment*, and thus reveals their empowerment.

In our study, as we have identified that different capabilities were reinforced by different activities, there is a need to develop more activities and resources in the perspective of health promotion and empowerment. The support GAMS now offers has expanded from 2 social workers (at the time of the study) to five social workers, expanding the potential to give individual support and helping women with asylum procedures. In addition, in 2017 GAMS developed a tool of *Trajectory FGM & Asylum* and also trained two staff at each reception center (Fedasil and Red Cross Belgium). Although GAMS cannot give papers to the women as far as their framework of competencies are concerned, GAMS rather takes into account the need for security and recognizes the role of empowerment given by refugee status.

Further research is needed to explore the applicability of the capabilities approach with FGM/C and empowerment in other situations, where women with FGM/C in the diaspora are not asylum seekers or are no longer in the asylum process because they have been granted their refugee status.

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## References

- Ahmadu, F. 2000. “Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision.” In *Female ‘Circumcision’ in Africa: Culture, Controversy and Change*, edited by B. Shell-Duncan, and Y. Hernlund, 283–312. Boulder, Colorado: Lynne Rienner.
- Alavi, R. 2003. “Female Genital Mutilation: A Capability Approach.” *Auslegung* 26 (2): 1–25. <https://kusolarworks.ku.edu/bitstream/handle/.../auslegung.v26.n02.001-025.pdf>.
- Angell, J. 1994. “The Wilderness Solo: An Empowering Growth Experience for Women.” *Women and Therapy* 15 (3/4): 85–99. doi:10.1300/j015v15n03-07.
- Arends-Kuening, M., and S. Amin. 2001. “Women’s Capabilities and the Right to Education in Bangladesh.” *International Journal of Politics, Culture and Society* 15 (1): 125–142. doi:10.23/A:1011124018138.
- Askola, H. 2010. “‘Illegal Migrants’, Gender and Vulnerability: The Case of the EU’s Returns Directive.” *Feminist Legal Studies* 18 (2): 159–178. doi:10.1007/s10691-010-9153-2.
- Banks, E., O. Meirik, T. Farley, O. Akande, H. Bathija, and M. Ali. 2006. “Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in six African Countries.” *Lancet* 367 (9525): 1835–1841. doi:10.1016/s0140-6736(06)68805-3.
- Behrendt, A., and S. Moritz. 2005. “Post-Traumatic Stress Disorder and Memory Problems after Female Genital Mutilation.” *American Journal of Psychiatry* 162 (5): 1000–1002. doi:10.1176/appi.aip.162.5.1000.
- Berg, R., E. Denison, and A. Freitheim. 2010. *Psychological, Social and Sexual Consequences of Female Genital Mutilation/Cutting: A Systematic Review of Quantitative Studies*. Oslo: Norwegian Knowledge Centre for the Health Services.
- Black, J. A., and G. D. DeBelle. 1995. “Female Genital Mutilation in Britain.” *BMJ* 310 (6994): 1590–1592. doi:10.1136/bmj.310.6994.1590.
- Botbol-Baum, M. 2016. “Pour sortir de la réification de la vulnérabilité, penser la vulnérabilité du sujet comme capacité” [Beyond the Reification of Vulnerability, Thinking Vulnerability as the Subject Capability].” *Journal International de Bioéthique et D’Ethique des Sciences* 27 (3): 13–34. doi:10.3917/jib.273.0013.
- Brennan, M. A., C. E. Lalonde, and J. L. Bain. 2010. “Body Image Perceptions: Do Gender Differences Exist?” *The International Honor Society in Psychology* 15 (3): 130–138. Accessed September 7, 2017. <https://web.uvic.ca/~lalonde/manuscripts/2010-Body%20Image.pdf>.
- Calogero, R. M., and J. K. Thompson. 2010. “Gender and Body Image.” In *Handbook of Gender Research in Psychology*, edited by J. Ckrisler and D. McCreary, 153–184. New York: Springer.
- Chevalier, C. 2016. *Etude de jurisprudence relative à l’évaluation des demandes d’asile fondées sur des violences de genres au regard des documents médicaux et psychologiques*. Intact Belgium. Accessed May 2019. <https://www.intact-association.org/images/.../Studie-Charlotte.pdf>.
- D’Aguanno, A. 2015. *Femmes, excision et exil: Quel accompagnement thérapeutique possible?* [Women, Excision and Exile: What Possible Therapeutic Support?]. Brussels: GAMS-Belgique.
- Dieleman, M. 2010. *Excision et migration en Belgique francophone: rapport de recherche de l’observatoire du Sida et des sexualités pour le GAMS Belgique* [Excision and migration in French-speaking Belgium: research report of the AIDS and Sexuality Observatory for GAMS Belgium]. GAMS Belgique ed., Bruxelles: GAMS Belgique.
- Earp, B. D. 2016. “Between Moral Relativism and Moral Hypocrisy: Reframing the Debate on Female Genital Mutilation.” *Kennedy Institute of Ethics Journal* 26 (2): 105–144.



- Freire, P. 1997. *Education for Critical Consciousness*. New York: The Continuum. (Original work published 1969).
- Freire, P. 2000. *Pedagogy of the Oppressed*. New York: The Continuum. (Original work published 1968).
- Gaetano, A. 2015. *Out to Work: Migration, Gender, and the Changing Lives of Rural Women in Contemporary China*. Hong Kong: Hong Kong University Press.
- GAMS - BELGIQUE. 2015. *Rapport d'activités* [Report of activities]. Brussels: GAMS- Belgique.
- GAMS-Belgique. 2018. *Trajectoire pour les filles et femmes demandeuses d'asile ayant subi ou à risque de mutilations génitales féminines (MGF)* [Trajectory of asylum seekers girls and women with or risking mutilations (FGM)]. [https://gams.be/wp-content/uploads/2018/08/AMIF\\_FGM\\_Trajectoire\\_ILA\\_FR\\_31122017.pdf](https://gams.be/wp-content/uploads/2018/08/AMIF_FGM_Trajectoire_ILA_FR_31122017.pdf).
- Gruenbaum, E. 2002. *The Female Circumcision Controversy: An Anthropological Perspective*. Philadelphia: University of Pennsylvania Press.
- Ibrahim, S. 2014. "The Dynamics of Collective Agency in Practice." In *The Capability Approach*, edited by S. Ibrahim and M. Tiwari, 52–72. London: Palgrave Macmillan.
- Inter-African Committee. 2005. *Declaration on the Terminology FGM*. 6th IAC General Assembly. Bamako: Mali. <https://nofgm.org/2014/11/12/the-bamako-declaration-female-genital-mutilation-terminology-mali-2005/>.
- Kabeer, N. 1999. "Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment." *Development and Change* 30 (3): 435–464.
- Kabeer, N. 2010. "Women's Empowerment, Development Interventions and the Management of Information Flows." *IDS Bulletin* 41 (6): 105–113. doi:10.1111/j.1759-5436.2010.00188.x.
- Keleher, L. 2014. "Sen and Nussbaum: Agency and Capability-Expansion." *Ethics and Economics* 11 (2): 34–34. Accessed May 15, 2018. [https://papyrus.bib.umontreal.ca/xmlui/bitstream/handle/.../2014v11n2\\_Keleher.pdf](https://papyrus.bib.umontreal.ca/xmlui/bitstream/handle/.../2014v11n2_Keleher.pdf)
- Koso-Thomas O. 1987. *The Circumcision of Women: A Strategy for Eradication*. London: Zed Books.
- Larsen, U., and F. Okonofua. 2002. "Female Circumcision and Obstetric Complications." *International Journal of Gynecology & Obstetrics* 77 (3): 255–265. doi:10.1016/S0020-7292(02)00028-0.
- Leye, E., and A. Sabbe. 2009. *Responding to Female Genital Mutilation in Europe: Striking the Right Balance Between Prosecution and Prevention*. Gent: International Centre for Reproductive Health. <http://hdl.handle.net/1854/LU-854142>.
- Middleburg, A., and A. Balta. 2016. "Female Genital Mutilation/Cutting as a Ground for Asylum in Europe." *International Journal of Refugee Law* 28 (3): 416–452. doi:10.1093/irjl/eww056.
- Njambi, W. N. 2004. "Dualism and Female Bodies in Representation of African Female Circumcision: A Feminist Critique." *Feminist Theory* 5 (3): 281–303. doi:10.1177/146700104040811.
- Nussbaum, M. C. 1999. *Sex and Social Justice*. Oxford: Oxford University Press.
- Nussbaum, M. C. 2000. "Women's Capabilities and Social Justice." *Journal of Human Development* 1 (2): 1–29. doi:10.1080/14649880020008749.
- Nussbaum, M. C. 2005. "Women's Bodies: Violence, Security and Capabilities." *Journal of Human Development* 6 (2): 167–183. doi:10.1080/14649880020008749.
- Nussbaum, M.C. 2011. *Creating Capabilities*. Cambridge: Belknap Press of Harvard University Press.
- Obermeyer, C. M. 1999. "Female Genital Surgeries: The Known, the Unknown, and the Unknowable." *Medical Anthropology Quarterly* 13 (1): 79–106.
- Obermeyer, C. M. 2006. "The Consequences of Female Circumcision for Health and Sexuality: An Update on the Evidence." *Culture Health and Sexuality* 7 (5): 443–461. doi:10.1080/14789940500181495.
- Otto, H.-U., and H. Ziegler. 2006. "Capabilities and Education." *Social Work and Society* 4 (2): 269–287. Accessed October 4, 2018. <http://nbn-resolving.de/urn:de:0009-11-7545>.
- Otto, H.-U., and H. Ziegler. 2013. *Enhancing Capabilities: The Role of Social Institutions*. 1st ed., Opladen, Berlin, Toronto: Verlag Barbara Budrich.
- Penn, M., and R. Nardos. 2003. *Overcoming Violence Against Women and Girls: The International Campaign to Eradicate a Worldwide Problem*. Oxford: Rowman & Littlefield Publishers.
- Peuravaara, K. 2012. "Theorizing the Body: Conceptions of Disability, Gender and Normality." *Disability and Society* 28 (3): 408–417. doi:10.1080/09687599.2012.710010.
- Robeyns, I. 2003. "Sen's Capability Approach and Gender Inequality: Selecting Relevant Capabilities." *Feminist Economics* 9 (2–3): 61–92. doi:10.1080/1354570022000078024.
- Schuler, S. R., R. Lenzi, S. H. Badal, and L. M. Bates. 2017. "Women's Empowerment as a Protective Factor Against Intimate Partner Violence in Bangladesh: a Qualitative Exploration of the Process and Limitations of its Influence." *Violence Against Women* 23 (9): 1100–1121. doi:10.1177/1077801216654576.
- Seeberg, V., and S. Luo. 2018. "Migrating to the City in North West China: Young Rural Women's Empowerment." *Journal of Human Development and Capabilities* 19 (3): 289–307. doi:10.1080/19452829.2018.1430752.
- Sen, A. 1999. *Development as Freedom*. Oxford: Oxford University Press.
- Sen, A. 2002. *Rationality and Freedom*. Cambridge, MA: Harvard University Press.



- Shell-Duncan, B., and Y. Herniunf. 2006. "Are there 'Stages of Change' in the Practice of Female Genital Cutting?: Qualitative Research Findings from Senegal and the Gambia." *African Journal of Reproductive Health* 10 (2): 57–71. doi:10.4314/ajrh.v10i2.7886.
- Uyan-Semerci, P. 2007. "A Relational Account of Nussbaum's List of Capabilities." *Journal of Human Development* 8 (2): 203–221. doi:10.1080/14649880701371034.
- Vloeberghs, E., A. Van der Kwaak, J. Knipscheer, and M. van den Muijsenbergh. 2012. "Coping and Chronic Psychosocial Consequences of Female Genital Mutilation in the Netherlands." *Ethnicity and Health* 17 (6): 677–695. doi:10.1080/13557858.2013.771148.
- Whitehorn, J., O. Ayonride, and S. Maingay. 2002. "Female Genital Mutilation: Cultural and Psychological Implications." *Sexual and Relationship Therapy* 17 (2): 161–170. doi:10.1080/14681990220121275.
- WHO. 1986. "First International Conference on Health Promotion: The Ottawa Charter for Health Promotion." WHO Global Health Promotion Conferences. <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
- WHO. 2008. *Eliminating Female Genital Mutilation: An Interagency Statement: OHCHR, UNAIDS, UNPD, UNECA, UNFPA, UNHCR, UNHCR, UNICEF, UNIFEM*. Geneva: WHO. Accessed May 15, 2014. <http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>.
- Woodward, W. R., and L. Barbour. 2009. "Beyond Universalism: Capabilities Approach for Improving Women's Quality of Life." *Human Ontogenetics* 3 (2): 75–81. doi:10.1002/huon.20090009.
- Yoder, P. S., S. Wang, and E. Johansen. 2013. "Estimates of Female Genital Mutilation/Cutting in 27 African Countries and Yemen." *Studies in Family Planning* 44 (2): 189–204. doi:10.1111/j.1728-4465.2013.00352.x.
- Zimmerman, B. 2006. "Pragmatism and the Capability Approach." *European Journal of Social Theory* 9 (4): 467–484. doi:10.1177/1368431006073014.

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