

UNICEF
Innocenti Research Centre

INNOCENTI INSIGHT

THE DYNAMICS OF SOCIAL CHANGE
TOWARDS THE ABANDONMENT OF FEMALE GENITAL
MUTILATION/CUTTING IN FIVE AFRICAN COUNTRIES



EUROPEAN UNION



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THE UNICEF INNOCENTI RESEARCH CENTRE

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GLOSSARY

abandonment of FGM/C	The situation whereby communities reach a collective, coordinated decision to stop practising female genital mutilation/cutting (FGM/C).
child marriage	The marriage of girls and boys who are below the age of 18. ¹
critical mass	A number of people that is large enough to launch an ongoing process of group change. In the process of abandonment of FGM/C, the critical mass is motivated to persuade and show others in the group the comparative benefits of not practising FGM/C and to recruit others to the cause of eventual abandonment. ²
female genital mutilation/cutting	All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGM/C has been classified into four types: <i>Type I</i> – Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). <i>Type II</i> – Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). <i>Type III</i> – Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). <i>Type IV</i> – All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization. ³
forced marriage	A marriage that lacks the free and valid consent of at least one of the parties involved. In its most severe form, forced marriage may involve threatening behaviours, abduction, imprisonment, physical violence, rape and, in some cases, murder. ⁴ The parties involved in a forced marriage may be adults or children.
game theory	The study of decision-making as an interdependent process: A choice made by one player in the game depends on the choice made by another player, whose choice, in turn, depends on that made by the first. In a larger group, the choice of each depends on the choice of all. ⁵
harmful (traditional) practices	A term originally developed to describe female genital mutilation/cutting, it relates to practices that have some cultural legitimacy but are harmful to girls and women. ⁶
intramarrying group	An extended or limited group of persons whose membership is determined by the acceptance of certain requirements and standards that make individuals marriageable. Members of this group may cut across socio-economic groupings and geographical/national boundaries.
marriage by abduction	A form of marriage where a girl is taken through force or deception by a group of men, including the intended groom. The girl is often beaten, raped and forced to marry her abductor. ⁷

moral norm	A behavioural rule motivated by personal values of right and wrong, which gives rise to feelings of righteousness for compliance and guilt for non-compliance. It is intrinsically motivated rather than extrinsically motivated by social rewards and sanctions. ⁸
organized diffusion	An organized process through which the knowledge and action of one family or community is spread to other families or communities via social networks. ⁹
public declaration/statement	An explicit affirmation and public manifestation of the collective will and commitment to abandon a practice. ¹⁰ A public declaration or statement does not mean that the declaring village is free from FGM/C; rather it represents a milestone in the process of abandonment because it signals the change in social expectations. It may take various forms, for example, an authoritative written statement or public declaration at a large public gathering. It may involve a village; lobby groups such as doctors, religious leaders and youth; or individuals and families.
social convention	A social rule of behaviour that members of a community follow based on the expectation that others will follow suit. Compliance with a social convention is in an individual's best interest. ¹¹
social convention theory	A theory that uses game theoretic models to explain the dynamics of how social conventions and norms operate. Social convention theory is used in this study to explore the social dynamics of FGM/C. The theory explains that FGM/C is held in place by reciprocal expectations within a reference group. ¹²
social norm	A social rule of behaviour that members of a community follow in the belief that others expect them to follow suit. Compliance with a social rule is motivated by expectations of social rewards for adherence to the rule and social sanctions for non-adherence. ¹³
tipping point	The point in an evolving situation that leads to a new and irreversible development. For the purposes of this study, the 'tipping point' refers to the point at which the greater part of the community is persuaded to abandon FGM/C. At this point, the community abandonment would be stable because it would permanently change social expectations. Community members would now be expected to not cut their daughters and would be socially rewarded or sanctioned accordingly. ¹⁴ The concept is commonly used in management theory and in sociology.

FOREWORD

Over a relatively brief period of ten years, momentum has grown and significant progress has been made towards the abandonment of female genital mutilation/cutting (FGM/C). And yet every year millions of girls and women are at risk of being subjected to this harmful practice that violates their human rights. This poignant reality underscores the need to intensify and expand efforts towards large-scale and enduring abandonment.

Recent successes build on the commitment and initiatives of many actors that began decades ago and have resulted in a slow decline in prevalence in some countries. Early attempts to end FGM/C had limited impact and were at times perceived by communities as an attack on their traditions. It was only when those seeking to end FGM/C began working closely with communities, and when communities began to feel a sense of empowerment and ownership, that some progress was made.

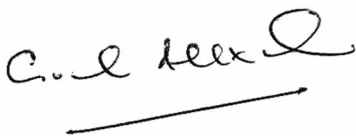
Today, as a result of a thorough exploration of the beliefs and value systems underpinning FGM/C, and informed by recent research and assessments of programmes in the field, we know that in order to bring about widespread change, initiatives must take into account the complex social dynamics surrounding FGM/C. Evidence from this *Innocenti Insight* confirms that the same factors that motivate a parent's decision to have their child cut may also spur a decision to stop the practice, once social norms evolve and social expectations change. This is a major step forward in our collective understanding of how widespread and sustainable change can be made in communities. It is hoped that this publication will advance the discussion of FGM/C abandonment within the broader context of promoting gender equality and child protection, and encourage further exploration of how social norms affect the well-being of girls and boys and their right to develop to their full potential.

Nevertheless, no examination of a complex, intergenerational and socially entrenched issue, such as FGM/C, is without challenges. Data-collection efforts have improved since the mid-1990s; nationally representative household surveys have begun to provide estimates of important protection issues, including FGM/C, better informing interventions across countries and communities. Yet, some of the countries in which FGM/C occurs have not been subject to the surveys that provide the most reliable and extensive information on the practice.

Further, identifying clear trends and ensuring sustainability of abandonment efforts at sub-national and local levels has remained out of reach. They require systematic monitoring of interventions over the long term. Also demanding action is the reported dramatic increase in 'medicalization', which may serve to legitimize FGM/C. While not providing an in-depth examination, this *Innocenti Insight* touches on the practice of FGM/C among immigrant communities in industrialized countries.

The evidence-based research presented is intended to inform the development of comprehensive policies and legislation to prevent FGM/C, to protect at-risk girls and women, and to provide adequate services and support for those affected by the practice. There is a growing consensus among local governments, international actors and the development community on the most effective strategies and programmatic approaches that can bring about widespread change.

The number of actors working towards abandonment of FGM/C continues to grow and to mobilize. However, a much greater commitment from actors at all levels of society is urgently needed to end FGM/C. States and development partners are called upon to support and enhance community efforts to address the practice as part of wider programmes of social justice. When this happens, girls and women will be able to assume their rightful, more equitable place in society, and experience their lives and sexuality free from physical violation and mental harm. The millions of girls and women around the world who are affected by female genital mutilation/cutting deserve no less.



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EXECUTIVE SUMMARY

This *Innocenti Insight* examines the social dynamics of the abandonment of female genital mutilation/cutting (FGM/C) in five countries – Egypt, Ethiopia, Kenya, Senegal and the Sudan – and seeks to inform policies and programmes aimed at ending the practice, both in countries where it is part of local tradition and among diaspora communities in countries of immigration.

FGM/C is a violation of the human rights of women and girls. Even if not intended as a violent act, the practice is de facto violent. It is a manifestation of deep-rooted gender inequalities and is discriminatory in nature. The practice is rooted in cultural understandings of gender, sexuality, marriage and family. These understandings influence how it is viewed and tolerated in different contexts. Despite the range of diversity found across and within the five countries analysed, the experiences confirm that in communities where it is practised, FGM/C is viewed as a necessary step to raise and protect a girl and often to make her eligible for marriage. It operates as a social convention and a social norm, and is held in place by reciprocal expectations within those communities.

The social rewards and sanctions associated with FGM/C are a powerful determinant of both the continuation and the abandonment of the practice. Failure to conform to FGM/C can affect not only a girl's marriageability, it can also lead to social exclusion, ostracism or even violence. Nonconformity may also affect the standing of a girl's family within the community. Conformity, on the other hand, meets with social approval, brings respect and admiration and maintains social standing in the community.

The experiences from the five countries documented in this *Innocenti Insight* provide evidence that the abandonment of FGM/C is possible when programmes and policies address the complex social dynamics associated with the practice and challenge established gender relationships and existing assumptions and stereotypes. An understanding and appreciation of these social dynamics is transforming the ways in which FGM/C abandonment is approached. Rather than 'fighting' against local culture and presenting traditional behaviours as negative, effective programmes propose alternative mechanisms to signal adherence to shared community values and to frame the discussion surrounding FGM/C in a non-threatening way.

When programmes are holistic and community-based and incorporate human rights deliberation, and when they create an environment that enables and supports change, transformation of social norms and conventions can occur. This programmatic approach not only addresses the practice of FGM/C, but evidence from this report suggests that it also promotes and contributes to the abandonment of other harmful practices, directly supporting the advancement of the broader goals of reducing gender inequality and violence against girls and women.

The analysed documentation and programme evaluation demonstrate progress towards effective abandonment of the practice in intervention areas and, in some cases, beyond. They also provide evidence of significant changes in attitudes towards FGM/C over a relatively brief period of 10 years. The changes over this time frame are, in many cases, significant. They indicate that individuals and communities are increasingly questioning the merits of these practices and would prefer, circumstances permitting, to not have their daughters cut. This publication concludes with reflections on the remaining challenges of FGM/C abandonment and offers recommendations for future research and programme interventions.

1 INTRODUCTION

Why are harmful practices still widespread, despite the often significant efforts carried out to promote their abandonment? Why do they persist even in areas where attitudes towards them have changed? These questions have been asked repeatedly about female genital mutilation/cutting (FGM/C), a dangerous and potentially life-threatening procedure to which women and girls in many countries are subjected. Although it is difficult to estimate the magnitude of the phenomenon, available estimates vary from 70 million to 140 million girls and women who have undergone some form of FGM/C.¹⁵ It is a phenomenon

practised in many countries in Africa, in some countries in Asia and the Middle East, and to a lesser extent within some immigrant communities in Europe, and in Australia, Canada, New Zealand and the United States of America.

In communities where it is practised, FGM/C is not viewed as a dangerous act and a violation of rights, but as a necessary step to raise a girl 'properly', to protect her and, in many instances, to make her eligible for marriage. Parents have their daughters cut so as to secure the best possible future for them.



Family honour and social expectations play a powerful role in perpetuating FGM/C, making it extremely difficult for individual families, as well as individual girls and women, to stop the practice on their own. Even when parents recognize that FGM/C can cause serious harm, the practice persists because they fear moral judgements and social sanctions should they decide to break with society's expectations. Parents often believe that continuing FGM/C is a lesser harm than dealing with these negative repercussions. The principal motivating force behind the practice is often the desire to protect girls and to give them the best

possible chance to have a future that will ensure social acceptance and economic security.

Nonetheless, FGM/C is an infringement of the human rights of girls and women. It violates their right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life when the procedure results in death.¹⁶ Even if it is not intended as an act of violence, the practice of FGM/C is de facto violent. It is discriminatory in nature, and assigns girls and women an inferior position in the family and society.¹⁷ It causes physical and psychological harm that can be extremely severe and often irreversible. FGM/C has consequences that may affect girls and women throughout their lives.¹⁸

Although these findings have been recognized for some time, the experiences documented in this publication advance understanding of the social dynamics of FGM/C and the strategies employed to encourage its abandonment.

By providing evidence and analysis of the social dynamics of abandonment across five countries, this report seeks to inform policies and programmes aimed at ending this practice, both in countries where FGM/C is part of local tradition and in countries of immigration.

This *Innocenti Insight* presents the scope of the research and methodology used, followed by an introduction to and explanation of the theoretical framework used to analyse these dynamics and strategies. The following chapter documents and analyses the abandonment process of this complex phenomenon in Egypt, Ethiopia, Kenya, Senegal and the Sudan. Despite the range of diversity found among and within the five countries, the subsequent chapter shows that the experiences share a number of common elements that are necessary to create the conditions for the practice to decline and eventually cease. An understanding and appreciation of these social dynamics is transforming the ways in which FGM/C abandonment is approached, with implications for addressing other harmful practices such as forced and child marriage that are upheld by social norms and are a manifestation of deep-rooted gender inequalities. The *Insight* concludes with reflections on the remaining challenges of abandonment of FGM/C and other harmful practices and recommendations for further work and follow-up.



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2 SCOPE AND METHODOLOGY

In September 2006, UNICEF brought together, at a consultation in New York, development practitioners, leading academics and researchers from different social science disciplines to review research and programme interventions on FGM/C and other harmful practices. The meeting concluded that although a growing number of studies and policy documents had deepened understanding of these practices, additional research was needed to further investigate how the process of abandonment begins, how it develops and how it is sustained in the different countries where it is practised. To pursue this agenda, in March 2007, a meeting was held in Ethiopia, involving academics and development practitioners. Participants travelled from Addis Ababa, the capital, to the Afar Region in the north-east of the country,

to meet communities that had abandoned FGM/C and other harmful practices. Following the consultation, a proposal was made to embark on the next stage of research that would examine a broader range of countries and contexts.

Scope

This *Innocenti Insight* analyses experiences in five African countries (Egypt, Ethiopia, Kenya, Senegal and the Sudan). The aim of the research was to identify and examine the factors that help or hinder the process towards the abandonment of FGM/C and other harmful practices that are deeply rooted in the customs and traditions of the respective societies.



In Egypt, Ethiopia and Northern Sudan, FGM/C has been practised by the majority of the population and national prevalence rates are high. In Kenya and Senegal, prevalence rates remain high only among certain population groups. During the past decade in these five countries, concerted efforts have been made to end the practice, general attitudes have changed, and there has been organized collective abandonment of FGM/C and other harmful practices in some local communities.

This study does not provide an exhaustive review of all of the initiatives being implemented in the five countries; rather, it examines those programme interventions that have been externally evaluated or documented during recent years and that are relevant to understanding the social dynamics of abandonment. Because the most in-depth analysis was undertaken with respect to FGM/C, this publication focuses mainly on the social dynamics related to this practice. The case studies on Ethiopia and Senegal, however, also briefly examine examples of the abandonment of forced and child marriage, which are found to be propelled by similar dynamics to FGM/C and can provide useful lessons for broader abandonment efforts.

Methodology

UNICEF country offices initiated the research in their respective nations in collaboration with national partners. The UNICEF Innocenti Research Centre (IRC) in Florence provided technical support. The research was undertaken using a consultative process, involving a number of representatives of local research institutes, non-governmental organizations (NGOs), government departments, United Nations agencies and FGM/C experts at various stages.

The country studies were carried out between June 2007 and August 2008. They combined extensive literature reviews with qualitative and quantitative research. During the same period, a further exploration was under way of the application of social convention theory to the social dynamics that drive FGM/C and other harmful practices and that, conversely, may also encourage their abandonment.¹⁹ This publication has benefited from an extensive peer-review process involving academics, development practitioners, government officials, NGOs and United Nations agencies, members of the Donors Working Group on FGM/C²⁰ and other experts.

The study has faced some methodological challenges. The main constraint was that the data on which the analysis of country reports is based vary in content

and robustness. In Egypt, the analysis was based primarily on the documentation and evaluation of existing programmes; in Ethiopia, existing studies were combined with new investigations that included data collection through surveys and focus group discussions; in Kenya, Senegal and the Sudan, new research was undertaken to support existing programme evaluations. More detailed information on the research methodology can be found in the chapter highlighting the country experiences. Readers should be mindful of these limitations when making use of the report.

Data and findings from household surveys

The data presented in the statistical overview of each country come from the Demographic and Health Surveys (DHS). These are nationally representative household surveys that collect a wide range of information, including data on health, education and nutrition. In many countries where FGM/C is prevalent, a specific module on the practice has been included in the surveys. DHS have large sample sizes, usually including between 5,000 and 30,000 households, and are typically conducted every five years. Interim surveys are also conducted between rounds of DHS and focus on the collection of information on key performance monitoring indicators. In the case of the Sudan, in addition to the DHS, data from another household survey – the Sudan Household Health Survey – was also used.

Drawing on the surveys mentioned above, three key indicators have been used in this report:

- **Prevalence of FGM/C among girls and women aged 15-49** represents the percentage of girls and women within this age group who have undergone the practice.
- **Prevalence of FGM/C among daughters** refers to the percentage of girls and women aged 15-49 with at least one daughter who has been cut. It is used as an indication of the level of the occurrence among the youngest age cohorts. Where mothers indicate that their daughters have not undergone some form of FGM/C, they are asked about their intention to cut their daughters in future.
- **Attitudes towards FGM/C and its continuation** presents the percentage of girls and women aged 15-49 who think that the practice should be continued. Some DHS obtained this information from both women and men.

3 SOCIAL DYNAMICS OF FEMALE GENITAL MUTILATION/CUTTING

The social dynamics that perpetuate FGM/C can also help drive its abandonment. This chapter examines those dynamics and provides an analysis of the reasons social practices that cause harm have endured for generations, and how families and communities can be persuaded to abandon them.

The framework of analysis used in this publication builds on social convention theory as applied by Gerry Mackie to examine foot-binding in China and FGM/C in Africa.²¹ Mackie's analysis showed the importance of moving beyond a focus on individual behaviours to consider the interdependence of decision-making processes. In 2009, Mackie and John LeJeune advanced and refined the theory.²² They noted that although application of the theory was useful in practice, due to the complexity of FGM/C, it was critical to advance understanding of the social dynamics of abandonment by examining the role of social sanctions and moral judgements. They also considered and analysed the importance of discussion and deliberation based on human rights principles in bringing about transformative processes, including the abandonment of FGM/C. This expanded understanding of social convention theory provides the framework of analysis used in this *Innocenti Insight*.

Knowledge gained from social convention theory

Social convention theory uses game-theoretic models to explain behaviour in the presence of social conventions and social norms.²³ It highlights that when a social convention or a social norm is in place, decision-making is an interdependent process in which a choice made by one family is affected by and affects the choices made by other families; it is a result of reciprocal expectations. The theory offers an explanation of the reasons daughters and their families continue to choose FGM/C, and why it is so difficult for individual girls or families to abandon FGM/C on their own.

An initial assumption must be made with respect to the decision-making process: that parents love their children and ultimately want to do what is best for them. In a community where nearly all girls are cut as a prerequisite for marriage, families believe that girls must be cut as a condition of marriage. They will therefore choose to cut their own daughters to ensure they are prepared for adulthood and can have a 'proper' marriage, which is often essential for a girl's economic and social security. If, on the other hand, families break with social expectations, their daughters will find it more difficult, if not impossible, to marry, and they may be socially outcast. Under these conditions, FGM/C is therefore perceived as the best choice to ensure their daughters have a 'good' future. When FGM/C is universal within the intramarrying

group, girls themselves may want to be cut because it will make them marriageable. In this way, FGM/C is a social convention – a social rule that members of a community follow based on the expectation that others have done the same and that others will follow suit. Compliance is in everyone's own best interests.²⁴

When applied to FGM/C, the social convention theory illustrates that in communities where FGM/C is widely practised, no single family would choose to abandon the practice on its own because it would affect the marriageability of its daughters. This is described as an equilibrium state, because no family has an incentive to deviate from the social expectation of cutting.

The theory also illustrates that where all families in a community choose not to have their daughters undergo FGM/C, then cutting would not be a prerequisite for marriage. This would not only avoid harming the health of girls and violating their human rights, it would also allow them to retain marriageability. This too is an equilibrium state, since all families are acting in the same way and no one family has an incentive to cut its daughters.

The challenge is for families to move together from an equilibrium in which all girls are cut to one in which no girls are cut. Abandonment is possible, but only by coordinating a collective abandonment within the intramarrying community. Families will abandon FGM/C only when they believe that most or all others will make the same choice at the same time.

Role of social norms

The desire to have girls married could by itself be sufficient to maintain FGM/C within a given community. In most practicing communities, however, social approval or disapproval, manifested through community and peer pressure, also play important roles in perpetuating the practice. Failure to conform to FGM/C leads to social exclusion, ostracism, disapproval, rebuke or even violence – in addition to having an effect on a girl's marriageability. Conformity, on the other hand, meets with social approval, brings respect and admiration, and maintains social standing for a girl and her family in the community.

FGM/C is therefore not only a social convention. It is also a social norm – a rule of behaviour that members of a community are expected to follow and are motivated to follow through a set of rewards and sanctions.²⁵ Compliance is motivated by expectations of rewards for adherence to the norm and fear of sanctions for non-adherence.

Social rewards and sanctions by themselves may be sufficient to maintain the practice of FGM/C.²⁶ To illustrate, a girl follows a social norm because she is expected to do so and based on an expectation that others in the community will also follow suit. Influenced by the expectation of rewards and sanctions associated with conforming or not conforming to the socially accepted norm, a girl may even act against her own interests. Transgression by one family member may reflect on the character and standing of the whole family. Adhering to a community's social norms is therefore important, not only to maintain an individual's acceptance and social status in the community, but also to preserve the status of the individual's family.

Associated beliefs

While FGM/C is maintained by reciprocal social expectations, it is also supported by a set of additional beliefs that are interconnected and must be rethought individually and holistically. If all girls and women in the community are cut, people may think that FGM/C is 'natural' and that it is practised everywhere. Communities that practise FGM/C may not perceive of being uncut as an alternative. Thus, where FGM/C is seen as the only possible way to act, one of the first steps towards abandonment of FGM/C is to promote awareness of the alternative of not cutting.



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In many communities, religion, tradition and culture are interconnected and mutually reinforcing. For this reason, valued traditions and cultural beliefs are sometimes incorrectly assumed to be mandated by religious doctrine. Despite the fact that no religious scriptures require FGM/C, some communities consider the practice to be a religious requirement that makes a girl spiritually 'pure'. Religion is often cited, particularly by Christians and Muslims, as a reason for carrying out FGM/C, although the practice predates Christianity and Islam.²⁷ Most Christians and Muslims around the world, however, do not carry out FGM/C on their daughters, sisters and wives.

In some communities, FGM/C may be an important part of a girl's transition to adulthood and marriageability and may be accompanied by a coming-of-age ceremony or ritual. Available evidence shows, however, that this is not always the case. In many communities, girls are cut at a very young age and the practice is conducted in private and without fanfare. In other communities where FGM/C was once part of a rite of passage, there is a trend towards girls being cut at increasingly younger ages with no accompanying ritual.²⁸ The fact that initiation rites are fading but FGM/C remains suggests that the initiation rite in itself does not motivate the practice.²⁹ At times, the practice is associated with bodily cleanliness and beauty, where girls who have undergone FGM/C are considered physically 'clean'.

If communities are to make the decision to abandon the practice, credible new information must be introduced from trusted sources. Initially, new ideas that conflict with existing beliefs may be viewed with suspicion or even considered absurd by local communities. However, when information – from international, national, regional and local channels – comes from trusted people and institutions, communities are willing to listen and to reconsider their views. Holistic programmes that address a wide variety of topics and offer community services have proved to be most effective in bringing about a sequence of positive changes and responding to a variety of community needs.

FGM/C and gender equality

FGM/C is a form of gender inequality that remains deeply entrenched in the social and economic structures of the countries and communities where it is practised. It represents society's control over women. In communities where extreme forms of gender inequalities exist, girls and women are dependent on men and marriage for their material well-being. They have little voice in matters that affect their lives, rendering them powerless to challenge harmful practices. Where girls and women are expected to follow prescribed gender roles within the family and community, they may even endorse the discriminatory norms that are meant to control them. Communities that recognize that girls and women have rights to physical and mental integrity, to freedom from

discrimination and torture and to the highest standard of health and to the right to life, are empowered to collectively review, deliberate and change existing discriminatory practices.

Transformative human rights deliberation

For several years, efforts to end FGM/C focused primarily on the health risks associated with the practice. Possibly as a result of these messages, some parents turned to medical practitioners to cut their daughters or chose less severe forms of cutting. Medicalization of the practice was often perceived to address both health and marriageability concerns: It reduced the immediate health complications yet did not compromise the possibility of the girl getting married. Medicalization, however, did not provide individuals with the opportunity to revise self-enforcing beliefs, did not change the expectation of rewards and sanctions associated with conforming or not conforming to the socially accepted norm, and tended to legitimize the practice while obscuring the fact that it is a violation of the rights of women and girls.

An in-depth analysis of experiences that have led to wide-scale abandonment of harmful practices shows that addressing FGM/C within a broader framework of human rights allows communities to review the social norms and conventions that have endured in local tradition and culture. Introducing human rights transforms the discussion about FGM/C by providing the space for individual and communal reflection, which helps to revise social conventions and norms.³⁰

To understand the role of human rights deliberation, it is useful to introduce the concept of moral norms and explain the role these play in sustaining and abandoning the practice.³¹ A moral norm is a behavioural rule motivated by personal values of right and wrong: For an individual, it gives rise to feelings of righteousness for compliance with the rule and guilt for non-compliance. It is intrinsically motivated rather than extrinsically motivated by social rewards and sanctions. Moral norms are found across different groups and tend to endure over time. They are often manifested in different ways according to the particular circumstances. Being a good parent, for example, is important to people across all cultures and settings, yet what it takes to be a good parent varies by context, culture and other social circumstances.

The moral norm to 'do what is best for your child' motivates families in some social contexts to cut their daughters. However, once an alternative becomes socially accepted within a community and people realize that the community might be better off if they were to jointly abandon the practice, it is this same basic value – to do what is best for their children – that also motivates communities to abandon FGM/C. When provided with credible new information and the opportunity for communal reflection, families often choose to change their practices in order to realize their basic values without harming their girls.

Participatory deliberation drawing on human rights principles appears to play a crucial role in bringing about this collective change. As described by Diane Gillespie and Molly Melching,³² it encourages individuals to describe and articulate their own values, come to a consensus on their communal objectives, and think about what obstacles are in the way of achieving their common goals. This leads to a process of reflection and action that can result in large-scale social transformation. Members of the community introduce and discuss concrete issues that appear as 'givens' in their lives, such as the tacit acceptance of abuse by female victims of domestic violence. When they connect these real situations to the more abstract domain of human rights, discussing such subjects as the right of everyone to be free from all forms of violence, communities are encouraged to become proactive and find solutions. This may be in the form of setting up a mechanism that can protect at-risk girls and women and intervening to prevent violence.³³

As communities reflect on their local experiences and values, they begin to connect human rights ideals and principles to their practical needs and common aspirations. They discover that the human rights ideals are not dissimilar from their own values. Making those values explicit and sharing them with others motivates the community to analyse and debate which social practices help them to achieve the new communally determined vision and which ones need to be abandoned. They begin to make changes and experience that by acting in concert, they can bring about change.³⁴

Human rights deliberation expands a community's capacity to pursue its own basic values and aspirations. The process need not undermine traditional values but rather adds new dimensions to the discussion. Instead of focusing on the 'eradication' of 'bad' traditions, the conversation centres on building a positive vision for the future. When such discussions bring to light the differential treatment of girls and boys and of women and men, they generate dialogue about discriminatory practices that violate the rights of girls and women, such as FGM/C, forced marriage and child marriage. As anthropologist Sally Engle Merry writes, "human rights ideas are more easily adopted if they are packaged in familiar terms and do not disturb established hierarchies, but they are more transformative if they challenge existing assumptions about power relationships".³⁵

Human rights deliberation also sets in motion an important process that further values these rights: Once people realize they have rights – once rights are placed on their mental map – they attach high value to securing and protecting them.³⁶

FGM/C abandonment process

Effective abandonment of FGM/C requires a process of community discussion, decision and public commitment. As implied or suggested by social convention theory, and as shown by early evidence and by the

case studies presented in this *Insight*, FGM/C can only be abandoned at scale when abandonment is a coordinated act undertaken by a large enough proportion of the intramarrying group to ensure that the shift is both effective and stable. Families will not abandon FGM/C on their own. They will not abandon the practice as long as they believe that others still expect them to cut their daughters. They will act only when they believe that social expectations have changed, and that most or all others in their community will make the same choice around the same time.

FGM/C abandonment typically begins with an initial core group of individuals who set in motion a dynamic of change.³⁷ As this group becomes ready to abandon the practice, they then seek to convince others to abandon. The members of this critical mass spread the knowledge of their intention to abandon to others through their social networks – a process known as 'organized diffusion' – until a large enough portion of the intramarrying community is ready to abandon FGM/C, described in this text as the 'tipping point'. After this point, the abandonment would become stable because it would permanently change social expectations. Community members would be expected to not cut their daughters, and would be socially rewarded or sanctioned accordingly.

But for abandonment to occur, it is essential that people are aware of and trust the intention of others to also abandon. Social expectations will change if people have a guarantee of the commitment of others to abandon. A moment of public affirmation of commitment to abandon the practice is therefore required so that each individual is assured that other community members are willing to end the practice. For the alternative possibility of not cutting to become a reality, new attitudes and a willingness to change need to be made explicit and public. This opens the way for behaviour change and for an actual and stable abandonment. Families are able to maintain their social status and avoid harm to their daughters, while at the same time girls remain eligible for marriage.³⁸

The moment of public commitment can be a celebratory and ennobling event. In some areas, communities that have abandoned FGM/C have seen the abandonment process as an opportunity to increase the profile of the village. Community members often feel pride to publicly declare their choice to abandon FGM/C, rather than shame at not upholding the practice or for having upheld it in the past.

Public commitment serves as a mechanism to coordinate families within intramarrying communities on abandonment. It also simultaneously activates individual and collective resolve to live up to the abandonment decision. The public commitment not only helps shift the convention, maintaining the marriageability interest and advancing the health interest, but just as importantly, it also shifts the social norm, so that families who do not cut are socially respected and those who continue to perform the practice are socially sanctioned.

4 FGM/C ABANDONMENT INTERVENTIONS IN FIVE COUNTRIES

The previous section of this report outlined the framework that can guide understanding of the social dynamics of abandonment of FGM/C to better inform efforts towards abandonment. Also using this framework, the present section analyses recent experiences in Egypt, Ethiopia, Kenya, Senegal and the Sudan. In these countries, FGM/C and other harmful practices, such as forced marriage and child marriage, are centuries-old practices. Past efforts to put an end to them have had limited impact. During recent years, however, a number of programme interventions in the five countries have resulted in significant progress towards the abandonment of these practices. An analysis of these experiences confirms that despite marked differences in prevalence rates, contexts and types of interventions,

both between and within countries, the process leading to the abandonment of harmful practices has common patterns and transformative elements.

What follows is an examination of those interventions that have documented large-scale abandonment in a number of areas within the different countries and cultural contexts. The five country experiences highlight local interventions and national programmes at different stages of implementation. Their impact and results differ, yet they have all contributed in varying degrees to an ongoing process of social change and have provided new evidence that reinforces and expands understanding of the different steps of the abandonment process.

SENEGAL

Context

FGM/C is a deeply rooted practice in certain parts of Senegalese society and is closely associated with certain ethnic groups. As in several other countries where it is practised, FGM/C is believed to preserve a girl's morality, chastity and fidelity, making her suitable for marriage. The 2005 DHS found that the majority of women (60 per cent) do not recall the exact age at which they underwent the practice, but they reported that it happened during early childhood and certainly before they had reached their 10th birthday. Some girls, however, are cut between the ages of 10 and 14.³⁹ Other harmful practices, including forced marriage and child marriage, are also practised around the country.⁴⁰

Scope of FGM/C

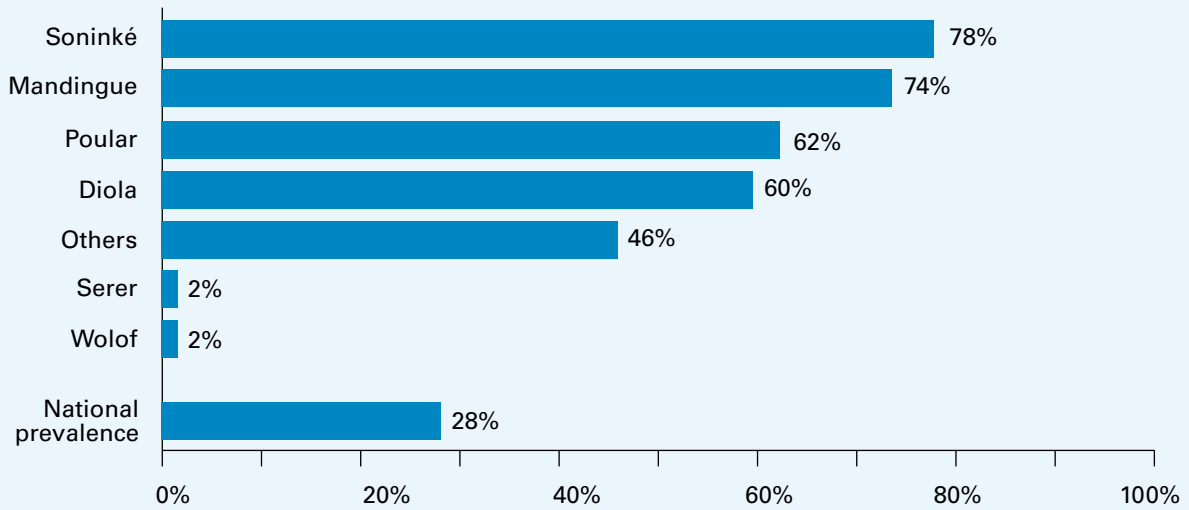
In 2005, 28 per cent of women aged 15-49 in Senegal had undergone some form of FGM/C. Prevalence rates, however, vary widely among ethnic groups and regions (see graph on page 11). FGM/C is commonly practised by the Soninké (78 per cent) and the Mandingue (74 per cent) ethnic groups, but is much less commonly found among other groups such as the Serer and Wolof (both 2 per cent).⁴¹

Regional differences in FGM/C prevalence rates are explained by differences in the practice among ethnic groups (see map on page 11). In Kolda (94 per cent) and Matam (93 per cent) regions, the practice is widespread, while fewer than 1 in 10 women have been cut in the regions of Diourbel (2 per cent), Louga (4 per cent), Fatick (6 per cent) and Thiès (7 per cent). Marked differences also exist between urban and rural areas (22 per cent versus 34 per cent).⁴²

A comparison of prevalence rates across age groups in 2005 indicates that FGM/C prevalence has declined slightly over the years: 25 per cent of girls and women aged 15-19 reported having been cut, compared to 31 per cent of women aged 45-49.

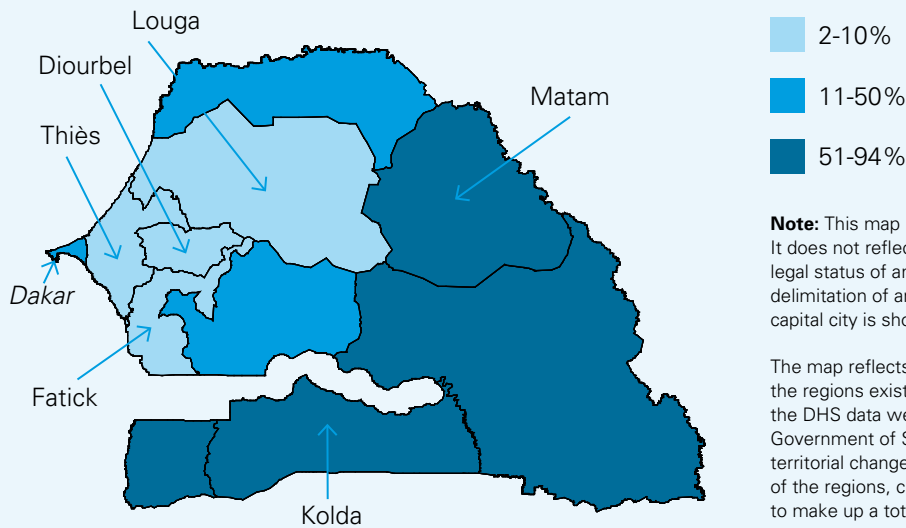
Data show that almost all women (94 per cent) have heard of the practice, with only slight variations by residence, region, education or ethnicity.⁴³ Some women (18 per cent) believe that FGM/C should continue in Senegal. This percentage is much higher among women who have been cut (53 per cent) compared to women who have not been cut (2 per cent).⁴⁴ This support for the practice is reflected in FGM/C prevalence rates among daughters: 20 per cent of women in Senegal report that at least one of their daughters has been cut. Significant differences by region and by ethnicity mirror the patterns in the level of the practice among mothers.⁴⁵

FGM/C PREVALENCE RATES AMONG WOMEN AGED 15-49 IN SENEGAL, BY ETHNIC GROUP, 2005



Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Senegal DHS 2005.

FGM/C PREVALENCE RATES AMONG WOMEN AGED 15-49 IN SENEGAL, BY REGION, 2005



Note: This map is stylized and is not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The name of the capital city is shown in italics.

The map reflects the administrative borders of the regions existing in Senegal in 2005, when the DHS data were collected. In 2008, the Government of Senegal adopted a number of territorial changes in the administrative borders of the regions, creating three additional regions to make up a total of 14 regions.

Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Senegal DHS 2005.

National policies and legal framework

Government programmes began promoting the abandonment of FGM/C during the 1970s. At this time, local NGOs and women's associations brought FGM/C to the attention of the public as part of a movement to change the social status of women in Senegal. In 1984, the National Committee for the Abandonment of Harmful Practices Affecting Women and Children (Comité Sénégalais sur les Pratiques Traditionnelles Ayant Effet sur la Santé de la Mère et de l'Enfant, or COSEPRAT) was established. Political commitment grew over time, and in 1997, during an international conference on human rights, the President of Senegal openly condemned FGM/C.⁴⁶

Legislation passed in January 1999 made FGM/C illegal. The Parliament approved Law No. 99-05, largely influenced by pressure from female members of Parliament, women's associations and women's groups. The law modified the penal code, adding article 299 *bis* to make FGM/C a criminal act, punishable by imprisonment for terms ranging from six months up to five years, and by life imprisonment with hard labour in cases where the girl dies. While the law makes FGM/C a criminal act, it also places the harmful practice within a broader framework that focuses on prevention and protection of women from violence. To promote public acceptance of the law, the government suspended its implementation for two years, during which time it supported awareness-raising and educational interventions, including the dissemination of information about the existence and content of the new legislation.

The government incorporated provisions to end FGM/C within a broader national policy framework that includes the National Programme for Reproductive Health (1997-2001), the National Health and Social Development Programme (1998-2007), the Plan of Action for Women (1997-2001) and the Poverty Reduction Strategy Paper (2006-2010).⁴⁷

In 2000, the Ministry of the Family and National Solidarity developed the National Plan of Action for the Abandonment of FGM/C (2000-2005) to coordinate actors working to end the practice in Senegal. The plan was designed to promote and protect the rights of girls and women and to support the collective abandonment of all forms of FGM/C. Eight years later, informed by the findings of the final evaluation of the first national plan of action, the government and its partners adopted a community-led, human rights-based approach as the centrepiece of the new 2010-2015 National Plan of Action.⁴⁸ The plan, launched in February 2010, focuses on three key components: implementing educational programmes in national languages, engaging extended social networks through organized diffusion, and supporting public declarations for the abandonment of the practice.⁴⁹ A number of NGOs have adopted these elements from the national plan of action in their work and are increasingly harmonizing their approaches.⁵⁰ The

United Nations and the donor community also support FGM/C abandonment efforts at the national and local levels in the context of support for the promotion of human rights.⁵¹

The NGO Tostan was the first organization to systematically incorporate a human rights approach into community-level programmes in Senegal.⁵² Tostan began to work with Senegalese communities in 1991 and has since developed and refined its Community Empowerment Programme in collaboration with UNICEF and a multitude of development and academic partners. Gillespie and Melching published an article in 2010 documenting how Tostan came to include human rights in its holistic non-formal education programme. The article describes how this contributed to transformative social change, and successfully led to public inter-village declarations of FGM/C abandonment in thousands of practicing communities.⁵³

The analysis below focuses on the key elements of this approach that have been incorporated into national efforts to reach total FGM/C abandonment in Senegal. It draws on a range of publications and studies, in particular, the article by Gillespie and Melching.

Credibility and trust

Tostan's Community Empowerment Programme lasts for 30 months in a given community and consists of two classes, one for adults and one for adolescents, each including 25-30 participants. Classes are taught in local languages and incorporate cultural traditions, including songs, dances, proverbs and theatre. Learning builds upon everyday life situations, provides practical information, and promotes community discussion on themes that are meaningful to participating communities. Facilitators use a learner-centred curriculum, and classroom activities include interactive exercises that result in broad participation, regardless of the social status learners might hold outside the classroom.⁵⁴

Widespread participation is critical in order to sustain decisions made during and after the classes, especially those that affect community-wide expectations and practices. The programme, therefore, seeks to actively engage all members of a community in discussions on how to improve their well-being, and includes traditional and religious leaders, women's associations, youth groups and traditionally marginalized groups. Even though harmful practices are often considered to be 'women's issues', the programme emphasizes the full participation of men, whose role is essential in the transformative process. It also promotes the participation of young people, which has enabled them to become important actors in the change process.

The programme curriculum begins with visioning exercises that allow participants to creatively express their hopes for their own and their community's future.⁵⁵ The desire for a community where there is

peace, equality, work, health, education, services and security for all has frequently been expressed by participants. Through imaginative exploration of the possible, new options and points of view begin to emerge, freeing participants from a fixed or static view of reality. As they share their aspirations for the future, participants are guided and supported to debate, challenge, enquire and eventually build consensus on their goals for the future. These discussions set the tone for the entire educational programme.

Social transformation through human rights deliberation

In 1995, Tostan's approach began to focus on the rights of women and children. While women were interested in learning about their rights, men appeared resentful and began to show resistance, especially in public, when gender became a focus of the discussions. In 2000, Tostan expanded the focus of its curriculum to include human rights more generally, thereby integrating men more fully into the discussions. As others adopting a bottom-up human rights approach have found, human rights "need to be framed in images, symbols, narratives, and religious or secular language that resonate with the local community."⁵⁶ Thus, traditional human rights vocabulary was adapted to capture the ordinary language used by the participants and their sociocultural context.

The integration of human rights into the curriculum, in addition to the visioning sessions, helps promote social transformation through a vigorous process of reflection and action on concrete issues that appear as 'givens' in people's lives. Participants move from the identification of real situations (for example, 'some of our friends are victims of domestic violence') to a proactive attitude (such as, 'we need a committee that can protect victims and intervene when necessary to stop girls from being cut') to the abstract domain of human rights (for example, 'everyone has the right to be free from all forms of violence'). Through this process, the programme encourages participants to identify their goals, examine obstacles to their achievement and develop new strategies to reach them.⁵⁷

According to the assessment, the creative and imaginative aspects of learning embedded throughout the visioning and human rights sessions (reciting poetry, singing, dancing and role playing) allow participants to refer to local experiences, recast them with their new understandings and see how the human rights they are learning about create new meanings, especially for their interactions with others. In addition, participants become aware of, reflect upon and experience their rights, and they discover the universal legitimacy of human rights. International human rights groups become resources and inspiration for their own change and, just as importantly, they see that they can positively influence others working on human rights issues.⁵⁸

Experience in communities indicates that learning about human rights increases confidence, especially among girls and women who gain assurance to voice their opinions and to articulate their health concerns in village meetings, and even to a much wider audience through the media. During the first village declaration in Senegal, in July 1997 – and the first public announcement of its kind in Africa – women clearly stated to all present, including journalists who had been invited to the event, that they had a right to voice their opinions.⁵⁹

Organized diffusion through the activation of social networks

In Senegal, village decisions about important matters are never made by a select few. Even the most local decision-making is influenced by a large and complex network of interrelated neighbourhoods and villages, connected through marriage and family ties, trade, local resources and other influences. Programme activities are therefore organized through these social networks and expand beyond administrative borders. In each region, Tostan identifies the department with the highest FGM/C prevalence rate, and activities are implemented in the most influential and responsive villages within each department.⁶⁰

Given that villages are interconnected through family ties, use of the same well or market, or affiliation with a particular religious leader in an area, participants in each village are invited to share what they have learned with family members, relatives and friends, making use of their social networks. This not only reinforces existing social relationships, it also encourages individuals to take on new roles, building their competence and confidence. Adolescents play a key role in facilitating intergenerational dialogue.

Each village that takes part directly in the Community Empowerment Programme is expected to engage three to five more villages in order to bring about larger-scale change. Religious and traditional leaders and other influential members of the village facilitate the involvement of intramarrying villages. They discuss relevant issues and engage in debate. As many as 200 people from different villages will meet as often as is necessary to reach agreement on issues affecting the extended families and social network, including the decision to abandon FGM/C collectively. This organized diffusion fuels a process of change among intramarrying groups, which often culminates in a public declaration to abandon the practice. Local radio programmes, broadcast in national languages, accelerate the spread of information across villages.

Collaboration among NGOs, government agencies, community leaders and the media encourages the development of a broad consensus among intramarrying communities at the departmental level to abandon FGM/C and other harmful practices. The media have not only raised awareness about FGM/C, they have



also served as a monitoring mechanism. Radio and television, which reach large segments of the population, have brought widespread public attention to illegal FGM/C procedures performed secretly, to failed attempts to cut girls and to the physical and emotional repercussions of the practice. They have also served to spread the news about public abandonments. The award-winning 2004 film *Moolaadé*, by Senegalese director Ousmane Sembène, captured the process of changing the FGM/C tradition and stimulated debate across the country. Experience demonstrates that the extension of the learning and discussion process is essential in broadening and sustaining social consensus.

Increasingly, linkages are also being developed and reinforced with neighbouring countries. This collaboration is important because people living in border villages often marry men and women from adjacent countries. Aware of the influence that individuals can have on family members who have emigrated, Tostan has recently begun to facilitate linkages between communities living in Senegal that have chosen to abandon FGM/C and child marriage and members of their social network living in Europe or the United States of America. Community leaders from Senegal have travelled to countries of immigration to share their experiences and build consensus for abandonment.

Since May 2009, the documentary film *Walking the Path of Unity* has been used to extend the reach of abandonment movements across geographical borders.⁶¹ In the film, villagers from the Diola ethnic group living in Casamance, Ziguinchor Region, explain why they made the decision to abandon FGM/C. They call on other members of the community living inside and outside Senegal to join them in protecting the health of women and girls. The film has been screened in Casamance to stimulate reflection and discussion among other Diola villages. It has also been shown to Diola immigrants living in France, Italy, Spain and Switzerland.

When they enjoy social prestige in their communities of origin and pay remittances to family members, immigrants may wield considerable influence in their home communities and can play an important role in facilitating or obstructing FGM/C abandonment initiatives. When the growing social consensus includes members of this larger group, evidence suggests social change is likely to be greater in scale and endure over time.

Public declarations

The first declaration publicly announcing the abandonment of FGM/C in Senegal took place in July 1997. More than 12 years later, in December 2009, 4,121 villages that had directly or indirectly been part of the Community Empowerment Programme had publicly declared the abandonment of the practice.⁶² Public declarations are the result of the consensus-building process that encourages contemplation and debate

within and between villages. Representatives from villages that have not yet abandoned the practice are encouraged to participate so that they can see that FGM/C abandonment is possible. Extensive media coverage also helps to spread the news to still-practicing communities that an alternative to FGM/C has been chosen by others without negative repercussions to girls and other members of the community.

An in-depth evaluation of the Tostan programme in three regions of Senegal found that public declarations represent a significant moment in the decision-making process for the community. The report provides evidence that large-scale abandonment occurs following demonstrations of collective commitment.⁶³ In some areas, there was opposition to making public announcements due to fear of public criticism or social exclusion. Those individuals who did publicly renounce all forms of the practice did so after a long process of reflection and discussion with other members of the community, in which all the implications of the decision were considered and weighed.⁶⁴ Public declarations that follow such a deliberative process are proof of a community's sincerity and commitment to change.

It is important to note that the process of social change leading to declarations of abandonment in Senegal has proceeded unevenly across the country. Some of the first declarations of abandonment were made in areas populated by both practicing and non-practicing groups. Practicing groups could look at their non-practicing neighbours and observe that their girls and women could marry and enjoy social status without being cut.⁶⁵ At the same time, the rise of inter-ethnic marriage has blurred the sharp distinction between groups that either do or do not traditionally practice FGM/C, which may have also facilitated the abandonment process.⁶⁶ In some areas, however – such as Fouta (Matam Region), where the practice is widespread among a high proportion of the population – there has been greater resistance to change. In this area, FGM/C is typically performed without ritual and hence lacks the collective element found in other parts of the country. This suggests that since FGM/C is performed privately, there would be greater difficulty in discussing it publicly.⁶⁷ In spite of these constraints, two public declarations have been made in Fouta.

Impact and social dynamics of abandonment

An evaluation of the 2000-2005 National Plan of Action conducted in 2008 confirms that the practice of FGM/C is declining in Senegal. In communities that have declared abandonment, girls who are not cut are fully accepted in society and able to marry, indicating a shift in the social convention. Even where abandonment has not occurred, there is evidence that social norms are changing. Public ceremonies, for example, no longer accompany the practice, indicating that today it is not considered a cause for public celebration. Over time, legislation criminalizing the practice

and increasing awareness among the population of the illegality of FGM/C have influenced the way in which the practice continues to be performed.⁶⁸

Findings documented by Gillespie and Melching provide significant new knowledge on the value-based education that lies at the heart of the Community Empowerment Programme and how it sparks the process of social change. The authors highlight that the sessions on visioning and democracy are central to empowering communities to make explicit their own positive values as well as their existing capacities to fulfil them. These initial sessions pave the way for another component of the educational process: the discussion on human rights in relation to local values rather than as an external set of values.

The authors also suggest that the sessions on discrimination are particularly important. They play a central role in encouraging the questioning of socially determined discriminatory practices against girls and women, including FGM/C, child marriage and household violence against women. During the sessions, participants share their personal experiences with discrimination; their suffering and frustration emerge as they describe them. But they are also asked to reflect on situations where they have discriminated against others. During this process, they gain greater awareness of the fact that everyone has a right to be protected from this violation. When subsequent sessions cover information about women's reproductive health, including menstruation, pregnancy, childbirth, menopause and FGM/C, participants continue to apply their understanding about human rights to these new situations while examining historical inequities.⁶⁹

Tostan's experience provides convincing evidence of the effectiveness of applying value-based education approaches, particularly human rights education, in promoting the examination of beliefs and current social practices. It also confirms that the examination of gender roles and belief systems – which are frequently implicit, unquestioned and accepted in society – plays a key role in promoting positive social change.

There are other similar experiences in Senegal that are providing evidence, albeit on a smaller scale, of the effectiveness of an approach that promotes peace and positive transformation, rather than 'blame and shame', and unites people to collectively abandon a practice, rather than dividing them to fight against traditions. One example is the Développement Holistique des Filles (Girls' Holistic Development) project, which began implementing activities in the Velingara Department in Kolda Region in 2008.⁷⁰

The project adopts a multifaceted approach that promotes different aspects of girls' development and a participatory education methodology. It focuses on strengthening intergenerational communication and emphasizes the inclusion of grandmothers. Two recent assessments⁷¹ reported that the project has valued positive cultural traditions and discouraged harmful ones, thereby responding to "a deep-seated and generally unaddressed community concern about the loss of cultural identity and values."⁷² It has enhanced intergenerational communication and has encouraged people to contemplate aspects of their traditions that may not be as beneficial as they had believed in the past.⁷³

Conclusion

The experiences documented in Senegal demonstrate the effectiveness of a holistic approach that provides practical information and generates discussion on human rights concepts by relating them to positive local values and aspirations. The combination enables individuals to be promoters of positive social change within their own communities.

The experience also shows how local circumstances can facilitate or hinder the successful abandonment of harmful practices and underscores the need to take local circumstances into account when designing programmes.⁷⁴ This is reflected in the strategy of the 2010-2015 National Plan of Action, which draws from lessons learned at the grass-roots level and points to the need for activities to be community-led and flexible.

The national response to FGM/C has instigated abandonment in many villages and promoted positive social change throughout Senegalese society that extends beyond this harmful practice. In public, men and women are increasingly declaring abandonment not only of FGM/C but also of child marriage and other forms of discrimination and violence against women and girls. All members of society – women, girls, men and boys – now have a better understanding of the rights to which they are entitled at birth (for example, to health, education, work, peace, equality and non-discrimination, and to a safe and clean environment) and of the mechanisms through which these rights can be promoted and protected. Within intervention areas, women, in particular, are better able to analyse their own problems, come up with solutions and organize themselves to effect change. They are increasingly taking on leadership roles and are proactively initiating activities that respond to their own needs and those of their communities.⁷⁵

EGYPT

Context

The practice of FGM/C in Egypt dates back about 2,000 years and remains widespread today.⁷⁶ Those who perpetuate the practice are often motivated by the belief that FGM/C makes a girl eligible for marriage, controls her sexual desire and prevents adultery. Commonly called *tahara* (purification), FGM/C is associated with good hygiene, cleanliness and chastity. The term *khetan* (circumcision), which is used to describe the widespread practice of male circumcision, is frequently also used for FGM/C.

Family ties are strong in Egypt, and each family member is responsible for the integrity and behaviour of his or her family members. Communities, especially in rural areas, are also very close-knit. The opinions and behaviours of family members and neighbours strongly influence decision-making within a family. Continuation of the practice of FGM/C is often driven by social pressure and moral judgement.

In Egypt, FGM/C is usually practised on girls before they reach their 13th birthday. The median age of cutting is 10 years, with girls tending to be cut at a

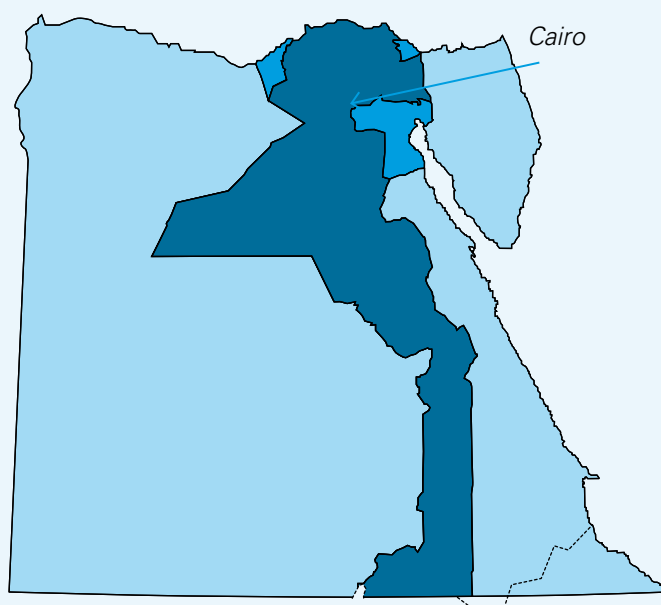
somewhat younger age in Upper Egypt.⁷⁷ Although FGM/C has traditionally been performed almost exclusively by traditional midwives and other local practitioners, over the past 15 years a shift has occurred in the practice and nowadays girls are cut mainly by medical professionals,⁷⁸ despite the procedure being a criminal offence.

Scope of FGM/C

According to 2008 data, 91 per cent of women in Egypt have been cut.⁷⁹ Prevalence rates fall below 90 per cent only in the Urban Governorates (86 per cent) and the Frontier Governorates (66 per cent). The rates in the Lower Egypt and Upper Egypt Governorates stand at 93 per cent (*see map below*).

Although FGM/C prevalence rates are high, over the past decade there have been some significant signs of change in attitudes about the practice, particularly among the youngest generations. The percentage of ever-married women who think FGM/C should be continued has dropped from 82 per cent in 1995 to 63 per cent in 2008. The practice has also become less common among the youngest age groups.⁸⁰

FGM/C PREVALENCE RATES AMONG WOMEN AGED 15-49 IN EGYPT, BY GOVERNORATE, 2008



- Frontier Governorates: 66%
- Urban Governorates: 86%
- Lower and Upper Egypt Governorates: 93%

Note: This map is stylized and is not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The name of the capital city is shown in italics.

The map reflects the administrative borders of the governorates existing in Egypt in 2008, when the Egypt DHS data were collected. At the time of data collection, Egypt was administratively divided into 26 governorates and Luxor City.

Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Egypt DHS 2008.

Historical overview of FGM/C abandonment efforts

Efforts to support the abandonment of FGM/C in Egypt date back to the 1920s. For years, FGM/C was considered a taboo subject and there was little or no public discussion about the practice. But in 1994, when Cairo hosted the United Nations International Conference on Population and Development, the health consequences of FGM/C drew widespread attention. Around the time of the conference, CNN (Cable News Network) broadcast footage of a young girl being cut. The report highlighted the dangers of the practice, which were heatedly discussed around the globe during the following weeks. Subsequent to the media attention, families increasingly turned to medical personnel to cut their daughters in an attempt to minimize the health risks.⁸¹

An important outcome of the International Conference on Population and Development was the creation of a national task force on FGM/C, which brought together about 60 grass-roots organizations – including feminist groups, human rights activists, doctors, academics and civil society organizations from different governorates – to draw attention to the practice and to the social and cultural factors that perpetuate it. The lobbying efforts of these groups, particularly with the Minister of Health, resulted in the introduction of FGM/C data into the country's DHS in 1995 and bolstered their position that FGM/C was a national concern.

Although FGM/C was recognized as a health and human rights issue, the movement at the grass-roots level did not succeed in engaging the broader public. During most of the 1990s, information disseminated on FGM/C was often confusing and even contradictory. In some cases, religious leaders of different faiths fuelled the misconception that cutting girls was a religious obligation. Inconsistent and inaccurate information also created suspicion among families and communities and intensified their hesitation to stop the practice. Accusations of a 'Western conspiracy' against Egyptian traditions and values were common and are still frequent today.⁸²

The movement did, however, bring FGM/C to the government's attention as an issue calling for a comprehensive and multisectoral response. In 2002, the Government of Egypt began to champion the cause of FGM/C abandonment at the national level, while providing support to organizations and youth at the local level. Strengthening interaction and support between both levels helped to broaden partnerships and played an important role in bringing this highly sensitive issue out into the open and in promoting a growing consensus towards the abandonment of the practice.

The issue of FGM/C, once the focus of only feminist and intellectual groups, successfully expanded into a broad-based movement that currently engages a strong civil society network that works at the grass-roots level to support families and communities in

the FGM/C abandonment process. The movement is made up of NGOs, students, volunteers, community leaders, academics, youth centres and schools. United Nations organizations, as well as a number of donor governments and international NGOs, support the national response at the policy and local levels but maintain a low profile due to the sensitivity of the issue. They have formed a coalition, are guided by a common human rights-based framework in their work and are progressively harmonizing their approaches.⁸³

National policies and legal framework

In Egypt, legal and policy reform with regard to FGM/C has been fuelled by a broad process of social transformation that emerged at the grass-roots level. The National Council for Childhood and Motherhood (NCCM), the government authority responsible for child protection policies and programmes that became part of the Ministry of Family and Population in 2009, played a leadership role. Under the auspices of Egypt's First Lady and the guidance of the Secretary General of NCCM, a technical unit was created within NCCM to coordinate all activities related to FGM/C in Egypt and to mobilize broad partnerships. Together with the Ministry of Family and Population, line ministries and local governors are playing an increasingly active role in FGM/C abandonment.

A clear call for changing laws to ban FGM/C was initiated by the NCCM, which lobbied for the support of religious leaders, community leaders and government ministries. Round-table discussions were held at the national level with parliamentarians, opinion leaders and the media, and at the grass-roots level with community members and children, to lobby for the criminalization of FGM/C. This made it possible to enact laws protecting girls at risk, such as the following:

- In 2007, the Ministry of Health and Population issued Ministerial Decree No. 271 that banned doctors, nurses, service providers and others from practising any form of FGM/C under any circumstances and in any setting, closing a legal loophole that had allowed the practice to continue in some instances.⁸⁴ The decree makes violators liable to administrative and criminal penalties.
- In 2008, the Egyptian Parliament banned FGM/C performed on girls and women of any age by amending the country's penal code (through article 242 *bis*). The existing articles that address deliberate bodily injury (articles 241 and 242) now also apply to FGM/C. That same year, the Egyptian Parliament amended the Child Law. One of the many amendments introduced called for the establishment of decentralized child protection committees at governorate and district levels. Their responsibilities would include monitoring the enforcement of the anti-FGM/C law and the Ministry of Health decree on FGM/C at the governorate, district and community levels.

An early experience of FGM/C abandonment

In 1991, the town of Deir al Barsha (in the governorate of Minya in Upper Egypt) publicly condemned FGM/C, with assistance from the Coptic Evangelical Organization for Social Services (CEOSS). An evaluation of this action conducted in 1997-1998 found that within the community, a clear change had occurred in both attitudes and behaviour towards the practice.⁸⁵ Increased abandonment of FGM/C had been recorded in Deir al Barsha over the years – a process that has been strongly linked to developmental efforts in the village, which involve CEOSS and communal leaders, and have been in operation for about 15 years. These efforts included increased attention to eradicating illiteracy; promoting the role of women in development action, particularly in rural communities; and fostering local community capacities. The changes have also been associated with the active role played by religious leaders who denounced the practice, and the migration of males to work abroad, which reinforced the tendency towards renunciation of the practice.⁸⁶

CEOSS places particular attention on the concepts of social justice and community well-being. It aims to empower communities and individuals in all aspects of life and has supported a wide array of community development and women's empowerment projects that address economic development, health, agriculture and the environment. Within the community, by using a holistic approach, CEOSS moved FGM/C beyond a health framework and placed it within a broader context of human rights. Successful FGM/C abandonment followed a process of community discussion, which included efforts that focused on looking to the future and improving communities' well-being. Supported by village leaders, the transformation process was driven by women's committees, in which members discussed and implemented their newfound skills, knowledge and rights; monitored families that were contemplating FGM/C; and worked with them to promote abandonment of the practice.⁸⁷

National response to FGM/C

The Government of Egypt has built its national response to FGM/C based on early successes at the grass-roots level, including the CEOSS intervention described above. The following sections present the overall impact of two major projects currently being implemented within the NCCM in Egypt: the FGM-Free Village Model and the Supporting FGM/C abandonment and Protecting Children from Violence project.⁸⁸ Both programmes were evaluated by the Population Council in 2007, and the analysis presented here draws mainly on the findings of the evaluation reports.⁸⁹

Credibility and trust

The abandonment of FGM/C is promoted through a wide range of activities in 162 villages in 14 of Egypt's governorates.⁹⁰ Community education and development projects address community concerns and are

implemented by local organizations and leaders, influential groups, youth and volunteers. These trusted individuals and groups play an important role in initiating dialogue and encouraging communities to reflect on and reconsider their position towards the practice.

Community education programmes usually last between two to four years and involve a wide range of participants: community and religious leaders, health and legal professionals, government officials, media, youth, NGOs, civil society, volunteers, role models (i.e., those who have already abandoned the practice), teachers, social workers, men and women, and – importantly – at-risk girls. The programmes provide opportunities to debate FGM/C and other harmful practices, while addressing underlying misconceptions and beliefs. Communities are encouraged to think critically about why they practise FGM/C, often enabling new perspectives to emerge. The sessions address the sociocultural aspects of FGM/C and its negative effects on the health of women and on marital relations. They also raise awareness about existing laws that criminalize the practice and remind communities that religious scriptures do not prescribe the practice and denounce violence committed against children under any circumstances.

The central theme is the girl child and her well-being, her basic rights to bodily integrity, education, play and healthy nourishment, and the promotion of the girl's development to reach her full potential. Local community members also acquire knowledge on protecting themselves from Avian influenza, immunization, hygiene and the harmful effects of child marriage, among other topics. Throughout the process, communities are encouraged to reflect on the roles of women and girls and on how traditional practices affect their lives.⁹¹

The evaluations found that educational programmes that are part of community development initiatives that provide social, educational and health services at the village level to improve people's quality of life have proved to be effective. These activities range from renovating and equipping family health units, to increasing access to water and sanitation and establishing microcredit schemes. Many communities now have literacy classes, nurseries, computer centres and libraries. In remote villages, medical caravans have worked with university students to provide health check-ups, lab tests, immunization and medication, while disseminating information on FGM/C.⁹²

Role of social networks

A number of influential groups in Egyptian society have been engaged in the movement to promote FGM/C abandonment and not cutting as a viable alternative. The decisive stance for the abandonment of FGM/C taken by representatives of three groups in particular – medical professionals, religious organizations and young people – has given greater legitimacy and credibility to the FGM/C abandonment movement, and



has helped win over pockets of resistance that were strong and vocal at the local level.

Medical professionals have an economic incentive to continue FGM/C: Refusing to cut a girl can result not only in the loss of income linked to the procedure itself, there is also a risk that the entire family might seek the services of another doctor. In the mid-2000s, outspoken medical university professors and young doctors established a movement called 'Doctors against FGM/C'. They publicly announced their support for the abandonment of the practice and worked in close collaboration with NCCM and other partners to increase awareness among medical staff and health professionals of the dangers of FGM/C and of the laws in place that criminalize the practice. They warned their colleagues against performing FGM/C either in homes or medical facilities, citing that FGM/C violated both the international and national codes of medical ethics.⁹³

Religion has always been and continues to be cited as a reason for supporting the practice, especially among men. Although some religious leaders have played an important role in convincing people to oppose the practice, others have promoted FGM/C, thus generating strong resistance to change. To help break FGM/C's strong link to religion, the Government of Egypt engaged renowned and trusted Christian and Muslim intellectuals and religious scholars who were already promoting the abandonment of FGM/C and encouraged them to take a stronger leadership role in denouncing the practice. Their public statements, which were covered extensively by the Egyptian media in 2008 and 2009, had a powerful influence in changing attitudes among local religious leaders and the general public.⁹⁴

Young people have also challenged prevailing misconceptions and stereotyped gender roles within their families and among their peers, especially in educational institutions. Thousands of young people, in villages, high schools and universities, are active in the national response to end FGM/C. About 50 of them were recruited to become United Nations Volunteers (UNVs) and to support the development and coordination of youth initiatives and movements. Young people are an important link in the community; their activities focus on the younger generation, for example, by helping to disseminate information and arranging awareness-raising sessions about FGM/C, providing individual counselling to young girls and newly married girls, and meeting with school administrators, students and parents.⁹⁵

In addition to these three groups, individuals who had chosen to oppose the practice have been encouraged to share their personal experiences in their community and recruit others to do the same. These individuals become role models in the community by providing a 'real' example that the abandonment of harmful practices is possible and by stimulating critical thinking and discussion on FGM/C.⁹⁶

Creating public pressure to support abandonment

The media played a strategic role in bringing FGM/C to the forefront of the public debate, introducing a new way of thinking about girls and their well-being without compromising local values. Extensive work has been done to educate media professionals on how to bring what has long been a sensitive and private subject into the open. Television, radio, Internet and print publications have all been used to instigate public dialogue on FGM/C. Information is shown on billboards on major boulevards and in train stations and post offices, and is broadcast on large video screens at metro stops. A number of important national talk shows and soap operas have also addressed the issue during their programmes.⁹⁷

A national media campaign was launched in 2003, on all national and local television channels, with the slogan *El Bent Mysria* ('The Egyptian Girl'). This first phase focused on a girl's right to education and to protection from FGM/C and child marriage. The girl, featured on billboards and television screens, became the icon for the FGM/C abandonment movement and a national emblem for the advancement of girls in Egyptian society. The second phase of the campaign started in 2007 and more explicitly addressed medical and religious issues, as well as social concerns, stoking public debate.

The media have also promoted a child helpline. The 24-hour toll-free number, which had traditionally been used to report cases of child abuse, is now staffed with a special team that specifically responds to young girls who fear that they or their friends are in danger of being cut and to queries and parental concerns about the practice. Concerned citizens also use the hotline to report cases of FGM/C. By linking the public to organizations and services that protect child rights, the helpline has been able to support a more comprehensive and coordinated response to FGM/C.

Affirming collective commitment through public declarations

Evidence shows that collective and coordinated abandonment is a requirement in order to remove the fear of social dishonour that results when departing from socially accepted practices. The first step towards collective abandonment is to make community members who want to abandon FGM/C aware of the fact that their neighbours have the same intention.

Public declarations are explicit affirmations of a community's collective commitment to abandon the practice and are, therefore, important milestones in the process of abandonment. In Egypt, the declarations are the outcome of years of sustained efforts and activities carried out by NGOs, officials, community and religious leaders, women and young activists. They demonstrate the existence within villages of highly influential groups that oppose the continuation of the practice and also show the support of influential

community members towards its abandonment. Public declarations help to question long-standing beliefs about the universality and inevitability of the practice. They often take the form of a public ceremony attended by government officials and the media, as well as the community at large. The declaration is signed by community members and leaders at the end of a ceremony, promoting ownership of and serving to further legitimize the document. People who do not participate in abandonment activities but who attend the public ceremonies are introduced, often for the first time, to information about FGM/C and to families renouncing the practice.

The declarations have given community members who may have privately chosen to stop the practice the opportunity to make their position public. In Egypt, public pledges are made at two levels:

- At the village level through village declarations. By the beginning of 2009, 50 villages had publicly declared their intention to end FGM/C, with most villagers signing a public pledge. These public declarations played an important role in enabling communities to move further towards abandonment of the practice.
- At the national and governorate level, through cluster declarations. Many lobby groups come together – for example, doctors, religious leaders, legal personnel and youth – beyond the geographical borders of a village to call for an end to the practice and to help broaden the public dialogue.

At first, public declarations happened gradually and faced resistance from some communities. But over time, the movement to make public declarations received extensive media coverage; it has gained significant momentum and is now expanding to new villages and groups across the country.

Impact and social dynamics of abandonment

As in other places where FGM/C is practised, in Egypt, the issue has historically been a private matter. Yet the silence surrounding the practice has been broken and the subject is no longer taboo. FGM/C is now frequently covered in the media and discussed openly within the broader context of the girl child, her potential and her values. Approaches focus on separating FGM/C from religion and no longer position the practice as only a health issue, but rather place it within a broader human rights framework. Programmes and policies that aim to enable communities to make coordinated and collective choices to abandon FGM/C have stimulated a process of positive social transformation over several years.⁹⁸

As local-level activities fuelled a dynamic process of change on the ground, the media promoted awareness and helped to shape the national debate. The movement towards social change gained momentum in June 2007 after the tragic death of a 12-year-old girl

during an FGM/C procedure in a private clinic in Upper Egypt. This was followed two months later, in August 2007, by a second FGM/C-related death, this time of a 13-year-old girl from a Nile Delta village.⁹⁹ Building upon advocacy efforts at the national level and on the impact of activities within communities, these events generated public outcries to end the practice and made possible the enactment of stronger laws against FGM/C and national policies to protect the rights of children. The First Lady of Egypt condemned the practice at a highly publicized international meeting, and the national campaign to end FGM/C was launched with a new name: 'The beginning of the end'. A high-level action committee for the abandonment of FGM/C was also formed around the same time and played a key role in supporting a number of initiatives. Among the committee's most significant contributions is its support of the *fatwa* (religious edict) issued in 2007 by Al-Azhar Supreme Council of Islamic Research, explaining that FGM/C has no basis in *sharia* (Islamic law) or any of its partial provisions, and that it is a sinful action that should be avoided.¹⁰⁰

Data from the midterm evaluations of two programmes that are part of the NCCM-Ministry of Family and Population effort reveal important shifts in attitudes towards FGM/C. More than 92 per cent of women in villages not addressed by the interventions felt that FGM/C was universally practised in their community, compared to only 45 per cent of women in intervention villages. This provides evidence that the mix of activities contributed to changing long-held beliefs.¹⁰¹

When parents were asked about their intentions to cut their daughters in the future, women in the intervention group were almost six times less likely to respond affirmatively than women in the control group (7 per cent compared to 38 per cent). The responses, however, revealed a great deal of ambivalence; 49 per cent of women in intervention villages and almost 41 per cent in control villages did not know whether they would one day cut their daughters.¹⁰² This ambivalence may be due to the strong, lasting influence of social sanctions and social norms and shows the profound challenge in bringing about abandonment of FGM/C. The alternative of not cutting is perceived as acceptable but something that families may not feel comfortable pursuing in their own communities. When men and women in the intervention group were asked whether they would abandon the practice if, hypothetically, they left their village and moved to a place where FGM/C was not practised, they were more likely than men and women in the control group to respond affirmatively.¹⁰³

Data show that television was the major source of information for both intervention and control groups.¹⁰⁴ The impact of the information was greater when media campaigns were accompanied by community-led programmes and rights-based education, indicating that while hearing information on television can influence behaviour, communities are more likely to choose to collectively abandon the practice when this information

is accompanied by interactive elements that provide opportunities to ask questions and discuss concerns.¹⁰⁵

Both men and women in all age groups reported customs and tradition as the main reasons for their continuation of the practice. Religion was also cited, especially by men, as having a strong influence on the decision to cut girls, and resistance to abandonment of the practice persists in both Christian and Muslim communities.

Evidence indicates there are strong gender and generational differences. Men could rarely conceptualize of FGM/C as an act of violence towards women and girls and an infringement of their rights. For men, reasons for abandonment of the practice were strongly linked to the understanding that FGM/C is not mandated by religion and the revelation that it may have a negative impact on sexual relationships. For women, the reasons were mainly connected to protecting their daughters from pain and reproductive health complications. Younger men were less likely than older men to believe that FGM/C should continue, that FGM/C is required by religion, and that the practice is necessary in order to maintain a woman's chastity and fidelity. Younger men showed less interest in marrying a woman who had been cut than older men and were not worried about negative social consequences such as gossip if their daughters were not cut.¹⁰⁶

Conclusion

Egypt's response to FGM/C recognizes that successful abandonment requires linking national and community interventions. It acknowledges that neither legislation nor national policies developed by government authorities are sufficient to bring about an end to FGM/C and that the decision to abandon the practice must be voluntary and stem from community empowerment, including the empowerment of women.

The national response in Egypt is therefore shaped to complement efforts at the grass-roots level, giving greater legitimacy to the FGM/C abandonment movement. Local and national initiatives support one another, and actors at all levels are increasingly coordinating their efforts to create an environment that is favourable to change. These initiatives help ensure that coherent and consistent information is reaching the public, and they stimulate positive discussion and debate, providing the basis for communities to collectively declare that they will abandon the practice.

The evidence shows that continued and coordinated efforts are necessary to face the challenge of broadening interventions to effect large-scale and sustained abandonment of this harmful practice among girls and women in Egypt.



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ETHIOPIA

Context

Ethiopia is a highly patriarchal society in which gender roles are well defined and great value is placed on women's premarital chastity and marital fidelity. The country's traditions have deep historical roots that have persisted for generations. Some of these traditions violate human rights, especially the rights of girls and women. The National Committee on Traditional Practices in Ethiopia listed 88 practices, in 1988, as 'harmful', including FGM/C, child marriage and marriage by abduction, which are still present in varying degrees across the country.¹⁰⁷

The population is highly diverse. It is made up of several ethnic groups, each with its own language, customs and traditions. Most Ethiopians are either Christian (Orthodox, Catholic and Protestant denominations) or Muslim, and live in villages where clan and ethnic affiliations are important. A number of organizations and institutions – including *edir*, or mutual-assistance groups; agricultural assistance groups; women's cooperatives; *iqqub*, or savings and credit groups; and religious groups – provide a wide range of services and support to community members.

Scope of FGM/C

A large proportion of women in Ethiopia have undergone FGM/C. In 2005, 74 per cent of women had

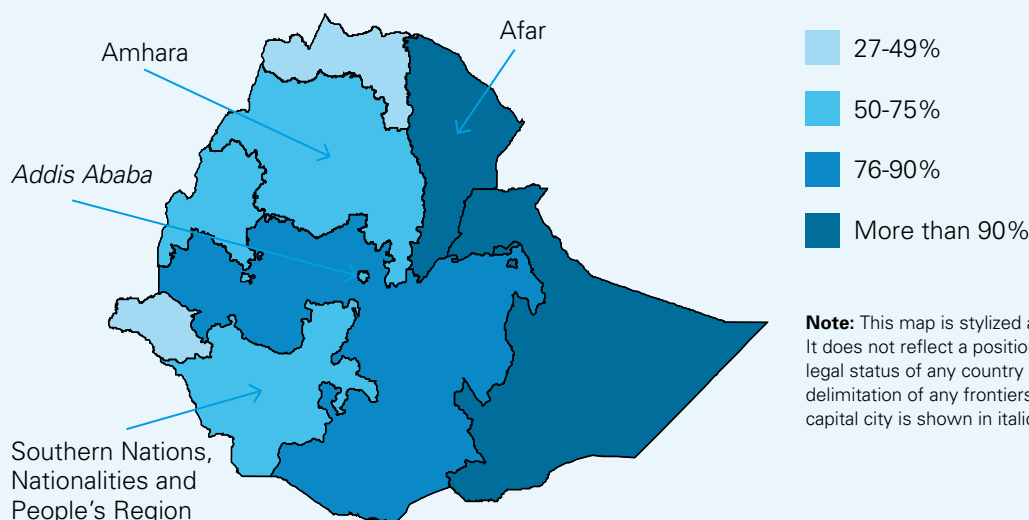
experienced some form of cutting, with differences in prevalence varying significantly by region (see map below), ethnicity and level of education. More than half of the girls who have been subjected to FGM/C (54 per cent) were cut before reaching their first birthday, with the age of cutting varying across ethnic groups.¹⁰⁸

Despite high prevalence rates, the practice is declining. Between 2000 and 2005, the rate of FGM/C declined from 80 per cent to 74 per cent. A comparison of prevalence rates across age groups also confirms this trend: In 2005, 62 per cent of women aged 15-19 had been cut compared to 81 per cent of women aged 45-49. Especially significant is the fact that younger mothers (15 per cent) are nearly five times less likely to have a daughter cut than older mothers (67 per cent), indicating that the practice is becoming less common among the youngest age group.

Attitudes towards the practice have changed significantly during this period, with reported support for FGM/C halving, from 60 per cent in 2000 to 31 per cent in 2005, although the decline has not followed the same pattern across different regions of the country, as shown in the graph below.¹⁰⁹

The difference between the change in the level of support (a reduction of 29 percentage points over five years) and the change in the level of the practice

FGM/C PREVALENCE RATES AMONG WOMEN AGED 15-49 IN ETHIOPIA, BY REGION, 2005



Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Ethiopia DHS 2005.

among daughters (a reduction of 14 percentage points over the same time period)¹¹⁰ suggests that changes in attitudes occur more rapidly than actual changes in behaviour.

National policies and legal framework

FGM/C and other harmful practices are recognized as violations of human rights under Ethiopian law. The country's Constitution reflects many of the principles found in major international human rights instruments. Two articles in particular, 16 and 35, specifically protect women from bodily harm and from harmful customs, laws and practices.¹¹¹ In May 2005, Ethiopia's new Criminal Code came into effect and further acknowledged the grave injuries and suffering caused to women and children by harmful practices. Abduction is classified as a crime under the Code, marriage of minors is considered a punishable act, and detailed provisions have been included on FGM/C, domestic violence and harmful traditional practices performed on pregnant women or newborn children. The Code includes penalties and punishments for those who are accomplices, as well as those who are directly responsible for the crime.¹¹²

The government promotes the abandonment of harmful practices in a number of national policies that cover population, health and women's issues. The National Policy on Women was developed in 1993

to set up structures in government offices and institutions at all levels that would introduce and implement gender-sensitive public policies. It was strengthened in October 2005, when the Women's Affairs Office, which previously came under the Office of the Prime Minister, became a line ministry. In December 2008, an inter-ministerial body was established to prevent and respond to gender-based violence, including harmful practices.

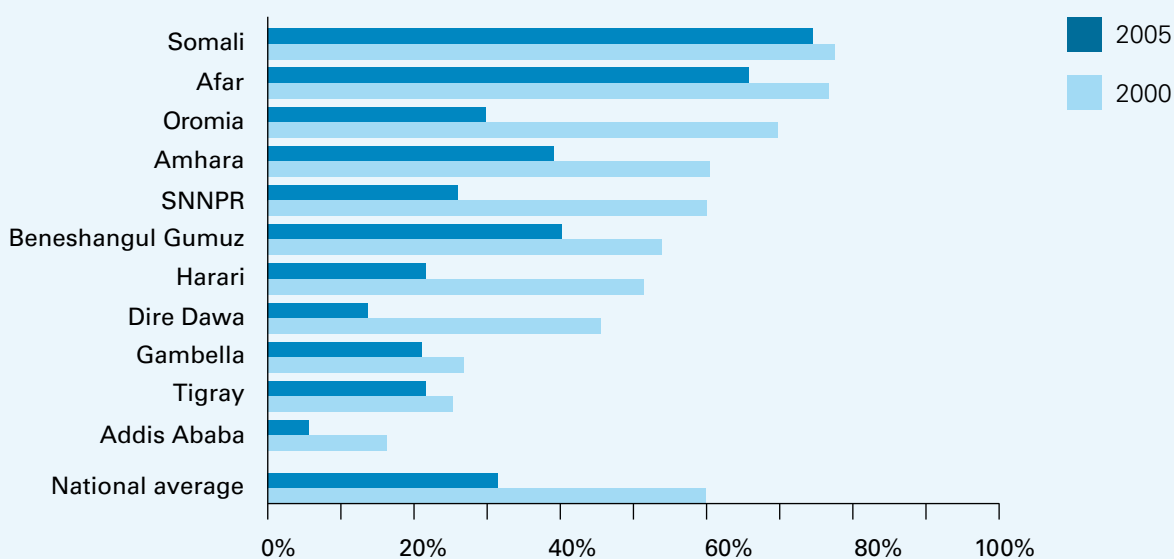
Although laws are in place that criminalize FGM/C and other harmful practices, a comprehensive strategy or a national plan of action to promote the abandonment of harmful practices has yet to be developed. Interventions to support abandonment have, however, been implemented in different areas across the country.

Abandonment of FGM/C and other harmful practices in Ethiopia: Four local responses

Four experiences, each involving different ethnic and linguistic groups, have been analysed.¹¹³ The interventions were located in the Amhara Region in the north, Afar Region in the east, and in the Kembatta Tembaro Zone and Wolayta Zone in the Southern Nations, Nationalities and People's Region (SNNPR).

Community conversation or dialogue was used as a tool to promote behaviour change in all four initiatives, although the methodology used – in terms of length,

PERCENTAGE OF WOMEN AGED 15-49 IN ETHIOPIA WHO THINK THAT FGM/C SHOULD CONTINUE, BY REGION, 2000 AND 2005



Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Ethiopia DHS 2000 and 2005.

frequency, participation and content – led to differing results and levels of success. In the Amhara Region and the Wolayta Zone, community dialogue promoted public discussion and awareness; evidence shows, however, that it did not lead to collective consensus and action. But in the Afar Region and Kembatta Tembaro Zone, the same approach drove large-scale abandonment of FGM/C.

Yilmanadensa District, Amhara Region

Most of the 215,000 people living in the Yilmanadensa District make their living from agriculture,¹¹⁴ and a large majority follow the Orthodox Christian faith. The Ethiopian church plays a powerful role in this district, and priests are both clergy and farmers, serving the church and the village community. FGM/C and another harmful practices, such as child marriage, are prevalent in the region, particularly in this district.¹¹⁵

The intervention

Activities relating to harmful practices were integrated into the government's existing HIV and AIDS prevention programme and carried out by the Amhara HIV/AIDS Prevention and Control Office (HAPCO). Representatives from the Amhara HAPCO and facilitators selected 70 people from different villages in each subdistrict to participate in community dialogue sessions. Their goal was to engage a representative group of people from the subdistrict level who would return to their local areas to work with members of their communities towards abandonment of the practice. Participants included traditional birth attendants, respected elders, students, members of women's and youth groups, local government employees, housewives, FGM/C practitioners, sex workers, people living with HIV and AIDS, and religious, *edir* and subdistrict leaders. On average, participants from different villages attended the sessions twice monthly for two hours at a time, over a minimum period of 18 months. When they returned to their villages, participants were expected to share information and knowledge with their families, *edir*, church and neighbours. Community dialogue sessions covered human rights issues and gender equality, existing legislation, HIV and AIDS, and harmful practices. During the last phase of the sessions, participants publicly expressed their commitment to prevent HIV and AIDS and to abandon harmful practices in their communities.

Impact and social dynamics of abandonment

The sessions encouraged participants to speak openly about issues that were once considered private. Most of the participants surveyed said they had changed their attitudes and behaviour with regard to HIV and AIDS prevention and harmful practices. They reported that they conveyed the commitments made at the sessions to their families and neighbourhoods through church gatherings, coffee sessions and *edir* meetings. In addition, influential community members reported having used their position to address villagers on the issues covered during the sessions.

The outreach activities conducted by the participants through their personal and social networks resulted in positive outcomes: 9 out of 10 people surveyed who had not participated in the community dialogue, but had discussed with participants the commitments made, stated that FGM/C is harmful and is prohibited by law, and agreed that it should be abandoned.¹¹⁶

Yet, despite the changes in knowledge and attitudes, 35 per cent of the participants reported their belief that cutting continued clandestinely.¹¹⁷ The social norm governing the practice had not changed, and girls were still expected to undergo FGM/C; those who did not were ridiculed and stigmatized. Moreover, the commitments to abandon the practice were made at the subdistrict level by individuals who had been brought together in one place from many different villages. As a result, the villagers of Yilmanadensa District did not consider the decision to have been made by their village collectively, did not feel a sense of ownership, and therefore did not abide by the decision.

Wolayta Zone, Southern Nations, Nationalities and People's Region

Wolayta is one of 13 administrative zones of the SNNPR. The vast majority of its 1.5 million¹¹⁸ inhabitants are Christian, mainly of Protestant denomination. Although several organizations have conducted awareness-raising activities in the zone, several harmful practices, such as FGM/C and marriage by abduction, remain widespread.¹¹⁹

The intervention

In Wolayta, community dialogue was organized by the Women's Affairs Office (WAO), which had staff at the zone, district and subdistrict levels. WAO conducted community dialogue activities in four of the zone's seven districts, reaching out to an estimated half-million people. Community dialogue sessions lasted between one and three days. They gathered participants from several villages, either at a designated meeting place or at the local subdistrict compound. In most cases, meetings took place outdoors under the shade of trees and, when possible, at farmers' training centres. They were facilitated by subdistrict administrators, who were selected by WAO Officers, in consultation with subdistrict leaders.

The sessions focused on FGM/C but also covered other harmful practices, including marriage by abduction. The health consequences of FGM/C were emphasized during the discussions. Subdistrict representatives also underlined the legal implications of practising FGM/C, while religious leaders declared that their churches did not support the practice. Also emphasized was the fact that celebrations and ceremonies surrounding FGM/C entailed heavy expenses for families. The economic burden associated with other traditional practices was also discussed, with ceremonies around childbirth (*tatcha*) and funerals (*tchana*) often singled out.

For the first time, customs that had not been questioned were brought to the attention of the participants, who came to understand that they had a choice as to whether to continue them. Each community dialogue session ended with participants deciding, by majority vote and in some cases by acclamation, to initiate interventions to abandon some or all of the social practices that had been discussed or to reduce their harmful impact. Participants from some villages decided, for example, to reduce the number of visitors women are obliged to receive after giving birth, during wedding celebrations or during the period of mourning following a death. This would allow the women more time to rest and would reduce costs associated with these events.

The declarations of commitment were recorded and passed on to the WAO office. It was agreed that violators would be excluded from the *edir*. The facilitators were responsible for monitoring whether the agreements had been implemented and reporting those who did not comply with the agreements to the sub-district administration.

Impact and social dynamics of abandonment

Despite the short time frame of the intervention, the community dialogue sessions in Wolayta provided a forum for individuals to share their opinions, ask questions and challenge existing social practices. They also provided a venue through which information on laws that criminalize FGM/C could be disseminated.

Survey data show that after about a year and a half of activity, FGM/C was no longer openly practised in the community and, among villagers surveyed, about two thirds (77 per cent) indicated that FGM/C had been abandoned in their area.¹²⁰ The data also suggest, however, that community dialogue did not lead to changes in existing social expectations or to coordinated collective abandonment: In fact, evidence identified that the practice continued underground, people still secretly had their daughters cut, and those who did stop practising did so only out of fear of the legal consequences. Uncut girls were still subject to ridicule and stigma, and facilitators who were responsible for enforcing the decisions taken by the community dialogue groups faced intimidation by those who supported continuation of FGM/C.

The excessive feasting associated with *tatcha* and *tchana* also proved difficult to abandon, as both practices were still deemed necessary for a family to uphold social status or to avoid stigmatization. Several factors may have limited the impact of the efforts towards abandonment of the practice through community dialogue. For example, the sessions were conducted mostly at the subdistrict level and only for a few days. Some sessions were attended by large numbers of people, at times nearly 1,000, and therefore provided limited opportunity for participants to fully discuss their concerns. In some instances, commitments to abandon the practice were made by participants without first having reached consensus within their own villages. Moreover, since subdistrict

employees facilitated the sessions, villagers perceived the decisions as being imposed by the government rather than coming from the group. Yet important changes did occur in Wolayta: Sensitive issues began to be discussed openly, and the option of not cutting girls began to be conceived as a possibility. Despite the intervention, however, shifting the social norms that drove the community to practise FGM/C proved to be a challenge.

Gewane District, Afar Region

The Afar population is primarily a migratory pastoralist community. Literacy rates in the region are low, with only 27 per cent of men and almost 16 per cent of women being able to read all or part of a sentence.¹²¹ The majority of the population in the region is Muslim. In Afari society, group identity is closely linked to clan affiliation or paternal family ties. Clan life is based on communal ownership of land, and clan leaders and religious elders manage affairs and provide leadership on community matters. Individuals rely on their clan for safety and well-being. Clan matters are family matters, and information is regularly shared among Afari members to ensure everyone is kept informed about clan news.

FGM/C prevalence is very high among the Afari. According to the 2005 Demographic and Health Survey, almost 92 per cent of women in the region have experienced FGM/C, with three in five women having undergone infibulation, the most severe form of the practice.¹²² Most of the girls in the region are cut during early infancy.¹²³

The intervention

The NGO Rohi-Weddu focused its efforts on addressing FGM/C and other harmful practices in the Gewane District, directing their interventions to reach seven villages made up of 4,370 people and 16 clans. Although the villages represent only a small proportion of the total population of the district, which is estimated to be around 31,300 persons,¹²⁴ interesting dynamics of change were set in motion and led to collective declarations of FGM/C abandonment in the areas reached by the intervention.

Community dialogue was used to mobilize and engage local communities. Unlike the initiatives launched in Amhara (Yilmanadensa District) and Wolayta, in Gewane, clan, traditional and religious leaders, women, youth and elders were actively involved as facilitators. In addition, facilitators engaged community members in discussions during the course of daily life, such as during coffee-drinking and khat-chewing sessions, and while walking with pastoralists as they took cattle to graze.

The frequency of meetings varied, with some villages holding as many as 15 outdoor sessions, each lasting two to three hours over the period between May and September 2006. All village members were invited to participate in the sessions, which addressed a range



of community concerns, such as scarcity of water, lack of schools, the risk of HIV transmission through FGM/C, and the problems caused during child delivery. Religious leaders, in particular, were actively engaged in the discussions and emphasized that the practice had no basis in and was not supported by religion.

To highlight the risks associated with the practice, a film produced in the Afari language was screened in nearly all of the villages. The film showed how infibulation is carried out on girls, leading to severe and long-term health consequences. It had a powerful impact on participants, particularly among men, who are typically absent during the procedure and had not been aware of the extent of harm inflicted upon the women and girls.

During the community dialogue sessions and at different public gatherings, clan and religious leaders openly and clearly expressed their stance against FGM/C and urged village members to abandon the practice. At the end of the four-month period, six out of seven villages had made collective agreements to stop practising FGM/C, either by a show of hands or by acclamation. To seal the pledges, religious leaders performed a special prayer, signifying a binding community decision.

Government administrative structures actively participated in sessions and supported the work of the facilitators. At the regional level, an anti-FGM/C committee was established at Semera, the regional capital. Members included high-level government authorities and the Ethiopian Islamic Affairs Supreme Council, which had publicly declared that FGM/C had no basis in Islam.

Harmful traditional practices committees were established at the district level to actively monitor implementation of community agreements. Facilitators monitored pregnancies, registered births, and counselled families against practising FGM/C. Clan leadership also monitored violations and instituted traditional sanctions against those who continued to perform FGM/C on their daughters. When a girl died from the practice, sanctions against violators included the requirement to slaughter a cow, a pastoralist's most prized possession, and the denial of the prayer traditionally performed on the body at the time of death.

Impact and social dynamics of abandonment

The villagers in Gewane declared abandonment of FGM/C in a relatively short period of time, with little opposition from those who were strongly in favour of continuing the tradition. It is reported that as many as 76 per cent of the villagers surveyed supported abandonment of FGM/C. The majority of the respondents felt that the practice had already been stopped. During focus group discussions they stated that in the clan community to which they belong and where everyone's activities are known to others, it would be difficult to practise FGM/C in hiding.¹²⁵

The engagement of clan and traditional leaders in the community dialogue sessions and decisions was key to the rapid abandonment of FGM/C in the district. Learning through religious leaders that Islam did not support the practice was vital to the decision-making process and gave community members the freedom to abandon the practice without fear that they would be opposing their religion.

In Gewane, activities were conducted within communities, instead of at the subdistrict level, enabling all villagers to actively participate. There was cross-sharing of experiences among communities, which spread the movement throughout the district. The establishment of traditional enforcement mechanisms that sanction those who continue to perform FGM/C is also evidence of a change in social norms: from one of support for the practice to one of outright rejection.

Kembatta Tembaro Zone, Southern Nations, Nationalities and People's Region

With a population of about 683,000 inhabitants, the Kembatta Tembaro Zone in SNNPR is one of the most densely populated areas of Ethiopia.¹²⁶ Most people are Christian, of different denominations. As in other parts of the country, a number of cultural practices have guided social relationships for several generations; among these practices are FGM/C and marriage by abduction. Unlike many areas of Ethiopia where girls are cut during early infancy, in Kembatta Tembaro Zone, girls are cut during adolescence, between age 12 and 18. The ceremony is lavish, involving large numbers of community members and relatives.¹²⁷

Credibility and trust

The non-governmental organization KMG Ethiopia started engaging residents in the Kembatta Tembaro Zone to abandon deep-rooted harmful practices as early as 1999.¹²⁸ Bogaletch Gebre, who founded the organization with her sister, Fikrte Gebre, played a crucial role in convincing community members to view FGM/C as a violation of human rights and to question its validity. Raised in Kembatta and forced to undergo FGM/C as a teenager, Ms. Bogaletch lived abroad for years before returning to her community to start the organization. She observed that human rights, and especially women's rights, were not understood at the grass-roots level and that to be considered important, the abstract concept of human rights needed to be adapted to concrete local circumstances and concerns.

KMG therefore made practical priorities the focus of its initial discussions with communities. It introduced a wide range of community development projects in several subdistricts of the Kembatta Tembaro Zone. These included health education and services for HIV and AIDS and malaria prevention; school-based adolescent reproductive health programmes; mother-and-child health centres; community schools; and livelihood projects for women, including asset-building schemes, saving and

credit services, income-generating activities and skills training. In some villages, small bridges and wells were constructed and environmental activities were initiated, including projects that generate biogas for alternative energy, and nurseries, reforestation and horticultural schemes. The environmental restoration of the sacred mountain Ambaricho was one such initiative that raised the organization's credibility among members of the community.

As the development initiatives took shape, KMG introduced awareness-raising activities on FGM/C and human rights. Residents had seen concrete results from the other development projects and trusted that the new information and ideas were being introduced with good intentions and had the potential to improve their lives. KMG identified and trained the gatekeepers of traditional practices – *edir* leaders, elders, mothers and religious leaders – FGM/C practitioners and traditional birth attendants, all of whom played important roles in bringing about change within their communities.

By 2004, nearly 100,000 inhabitants of the zone had directly or indirectly taken part in various awareness-raising activities, which were held in villages and schools and integrated into ongoing development projects. For the first time, villages began to discuss FGM/C and marriage by abduction as violations against girls and women and began to question their validity.¹²⁹

Providing space for reflection

KMG pioneered and piloted community conversation groups in Ethiopia in 2002 to provide village members an opportunity to share and openly ask questions and discuss concerns about harmful practices.¹³⁰ Participants of these groups usually met twice each month for a minimum of one year. The gathering places – classrooms, subdistrict administration meeting halls or farmers' training centres – were accessible to all villagers. The sessions were organized for different population groups, with categories as follows: the general public, uncut girls and Fuga artisans.¹³¹

Facilitators were young people with at least a high school education; some were teachers, health and development workers. All were chosen by subdistrict leaders and elders to lead the community conversation. By June 2008, close to 800 facilitators had been engaged throughout the zone, 464 community conversation groups were operational in all the subdistricts of the zone's seven districts, and the total number of community conversation members reached 23,200, with on average 50 participants per group.¹³²

Spreading the messages

Each community conversation member (elders, women and youth, subdistrict and religious leaders, *edir* and others) was expected to reach at least five households with the new information they had received. Members initiated discussions on harmful practices within their families, with their neighbours, through coffee clubs and social events. In addition, KMG facilitators and community conversation group members engaged

uncut girls, Fuga artisans and other informal social groups to disseminate information within their social circles and beyond.

KMG placed special emphasis on ensuring the participation of girls and women. Female community conversation members were encouraged to share information with other women in a variety of groups and social situations, including butter and milk *wijjos* (women's income-generation cooperatives), at events surrounding childbirths and funerals, and while walking to the market or to fetch water. KMG also trained girls between 12 and 18 years to become community conversation facilitators and to motivate their peers to take action individually and collectively. School clubs were created and used to disseminate information and engage school youth to demonstrate their support for the abandonment of harmful practices at public events and during days dedicated to ending FGM/C. These newly motivated groups of women, uncut girls and students became active promoters of women's rights, empowered by their increased awareness that women and girls have a right to live free from violence.

Influential *edir* leaders and religious leaders also played an important role in the shift to abandon harmful practices. After intense discussions, a number of *edir* associations joined together to abandon a set of harmful practices and drew up a list of sanctions, including expulsion, to be imposed on those who failed to comply with the decisions. Religious leaders used their sermons to discourage harmful practices and to separate FGM/C from religious obligation.¹³³

Creating public pressure and expressing public commitment to abandon FGM/C

In 2000, KMG organized the first of a series of public weddings of couples who chose to break with the tradition. As many as 2,000 people attended the first wedding, including 317 girls who had not undergone the practice serving as bridesmaids. During the ceremony, the bride and bridesmaids wore signs that read, "I will not be circumcised. Learn from me!" The groom wore his own placard saying, "I am happy to marry an uncircumcised woman." Government officials addressed the crowd with words of support for the bride and groom. The event received extensive local, national and international press coverage, and news about the couple spread to neighbouring districts and across the zone.

Similar public weddings of uncut girls, as well as community events and rallies, drew widespread attention to changing social norms related to FGM/C and other harmful practices. In 2004, 'whole body' festivities that celebrate uncut girls became annual events: The yearly celebration has replaced the tradition of rewarding newly cut girls, affirming a change in the community convention and social norm. All these activities dramatically improved the status and image of uncut girls and strongly influenced large numbers of people to decide to abandon the practice.¹³⁴

Community declarations to abandon FGM/C and other harmful practices were first made at conversation gathering points and then within the *edir*. Nearly all *edir* in the seven districts declared their intention to abandon FGM/C; these declarations were followed by more general and public declarations at the subdistrict and district levels. Most often, the gatherings were held in an open field, where community conversation members presented a draft statement to the public. After lengthy discussion, the villagers accepted the declaration through applause or by raising their hands. Nearly all villagers surveyed, 96 per cent, accepted the declarations abandoning FGM/C.¹³⁵

Monitoring and enforcing abandonment at the grass-roots level

Community conversation members were charged with reporting violations and acted as 'watchdogs' to prevent FGM/C. KMG also engaged government structures in awareness-raising activities and in community conversation, thereby ensuring their support for declarations made at the community level. The NGO engaged a number of government departments, in particular the subdistrict and district administration, the Women's Affairs Office, health offices, and justice bodies at the local and regional levels.

Districts circulated orders instructing that the national law prohibited both FGM/C and marriage by abduction. Subdistricts deployed their militia in cases where legal action was needed and when violations were reported. Those who did not comply with the declaration were held responsible before the law or were excluded from the *edir* and suspended from religious associations. Legal services to female survivors of violence were provided through a clinic where trained paralegals offered legal advice, support and services. The shift in the social attitude towards the practice made the laws more effective and equipped girls with new awareness of their legal rights.

When villagers were asked, "What would happen if someone in the locality attempts to perform FGM/C?", 76 per cent stated their belief that the subdistricts or police would arrest the violator, 22 per cent indicated that the girls would refuse to be cut, and less than 1 per cent indicated that "nothing would happen." The combination of the powerful influence of the popular *edir* at the village and community levels, and the administrative and legal power of government structures created a major social force for change.¹³⁶

Impact and social dynamics of abandonment

Before KMG began activities in the zone, nearly 97 per cent of the villagers reported that they would follow tradition and have their daughters undergo FGM/C. In 2007, less than 5 per cent of villagers reported that they would do so. Uncut girls participating in community conversation reported that they were confident that the majority of girls in their communities were not cut. As many as 85 per cent of villagers believed that uncut girls were no longer

"despised" in their villages, indicating that the negative sanctions previously associated with not cutting were no longer in place and that social norms had changed. Among those surveyed, girls generally indicated they had no fear that parents would force them to undergo FGM/C. Data suggest that behaviours, as well as attitudes, had changed.

There was evidence, however, that total abandonment had not been achieved. Some families resisted the change and continued to cut their daughters in secret or travelled to neighbouring zones to perform the practice. Nonetheless, the fact that nearly all villagers said they would feel "happy" or "very happy" if their daughters remained uncut, indicates that the change in the social norm can be sustained if the community has no incentive to return to the practice.¹³⁷

Conclusion

In each of the Ethiopian experiences analysed, community conversation and community dialogue were used as tools to assist in the abandonment process. The way in which the experiences were organized, however, varied significantly in terms of length, frequency, participation and content, with implications for the abandonment process. In some cases, community discussion was virtually a stand-alone activity while in others, it was part of a programme that included community development interventions, which were valued by the communities.

In Amhara (Yilmanadensa District) and the Wolayta Zone, community dialogue took place outside of the village communities and was mainly based on district or sub-district structures, which link populations by administrative borders and economic or political ties. In these areas, people changed their attitudes towards FGM/C and there was a decrease in the level of support for the continuation of the practice. But the discussions did not reach critical mass or lead to a sufficient degree of consensus to change social norms, given that collective decisions to stop cutting were made by larger groups with whom village members may not have felt a sense of membership or shared concern. Even when information was shared with family and community members, the data suggest this was not sufficient to bring about behavioural change. Inadequate time was allowed for the villagers to reflect and act upon the information. Further, there was still a strong stigma attached to being uncut. The practice therefore continued in these parts of the country.

In Afar (Gewane District) and the Kembatta Tembaro Zone, the social-change process relied on clan or village community structures, whose members generally live in close proximity to each other and have bonds of solidarity and trust. The activities were conducted and coordinated through local NGOs, with the active participation of families, clans and ethnic leaders.

The involvement of *edir*, as well as of subdistrict and district structures, provided community and political support and further legitimized the activities and decisions made by the group.

In the Kembatta Tembarao Zone, the introduction of development projects that met practical needs and priorities of the community yielded trust and goodwill.

Further, linking human rights education and discussions to local circumstances and concerns was an important component of the activities. Together with public actions, they generated greater awareness of the rights of individuals living in the community and helped them to question and eventually abandon harmful practices that had previously infringed upon those rights.

MARRIAGE BY ABDUCTION

Marriage by abduction is a form of forced marriage in which a girl is taken away from her family through force or deception by a group of men, including the intended groom. She is usually beaten into submission and most often raped, either immediately or soon thereafter. Also known as 'bride kidnapping' or 'marriage by capture', the practice is perpetrated to bypass disapproval of the proposed partner from the family, or to avoid the heavy costs of a formal marriage or dowry.

Girls who are victims of abduction are considered to be 'non-virgins'. Even if a girl has not been raped, her virginity is called into question after an abduction. Those who reject their attackers and return to their villages are often ostracized and are no longer seen as marriageable, and their families are criticized and socially excluded. In such cases, girls are often sent back by their families to their 'husbands' and encouraged to fulfil their 'marital responsibilities'.

This form of 'marriage' is a human rights violation. It denies girls and women the right to free and informed consent, freedom of movement and, especially where it involves battery and rape, the right to life and physical integrity. Numerous international, regional and national legal instruments condemn the practice, yet it continues to occur in various parts of the world.

The first documented case of a rescue of an abducted girl in the Kembatta Tembarao Zone was in December 2000. The police found and returned the girl to her family, and her abductor was sentenced to five years' imprisonment. One year after the rescue, as part of an effort to raise community awareness of harmful practices, the girl narrated her experience to crowds gathered on the occasion of World AIDS Day. The news circulated into surrounding villages and encouraged an additional 10 girls to flee their captors and return to their families.

Collective public statements made against abduction, the enforcement of related laws and rescue activities promoted changes in the communities. Those who had previously been unaware that the practice was illegal were warned of the legal consequences should they continue to 'snatch and grab' their brides of choice.

As increasing numbers of people publicly voiced their stance against abduction, families began to question the long-standing practice, and women and girls became aware of their legal rights. Although girls reported that they were still afraid of being raped while going to fetch water or being alone, they no longer experienced the social pressure of marrying their abductors and felt supported by the community in this regard.

Source: Adapted from National Committee on Traditional Practices in Ethiopia, *Old Beyond Imaginings: Ethiopia, harmful traditional practices*, NCTPE, Addis Ababa, 2003, pp. 154-160; and Dagne, Haile Gabriel, 'A Study on Social Dynamics Leading to Abandonment of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Kembatta and Tembarao Zone, Kembatti Menti Gezzima – Toppe Project' (internal publication), UNICEF, Addis Ababa, October 2008.



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KENYA

Context

The range of cultural traditions and diversity found within Kenya's numerous ethnic groups is reflected in the different forms of FGM/C practised in various parts of the country. Prevalence rates, type of cutting and age of cutting vary significantly. Among some ethnic groups in Kenya, FGM/C is not practised at all. For a number of others, however, FGM/C is part of a process that marks a girl's coming of age and prepares her for marriage. In other areas, where the link to traditional rites of passage does not exist or is in decline, girls are reported to be cut with little or no celebration; it is reported that the procedure is increasingly carried out by medical personnel.¹³⁸

According to 2008-2009 data, FGM/C is performed on girls within a broad range of ages, with the majority of girls being cut between the ages of 12 and 18.¹³⁹ Other studies have found that girls are now being subjected to FGM/C at earlier ages than in the past, with girls cut between ages 7 and 12.¹⁴⁰ The data on the age of cutting should be approached with caution, however, since women and girls who experienced this traumatic event at a very young age are often unable to recall how old they were at the time.

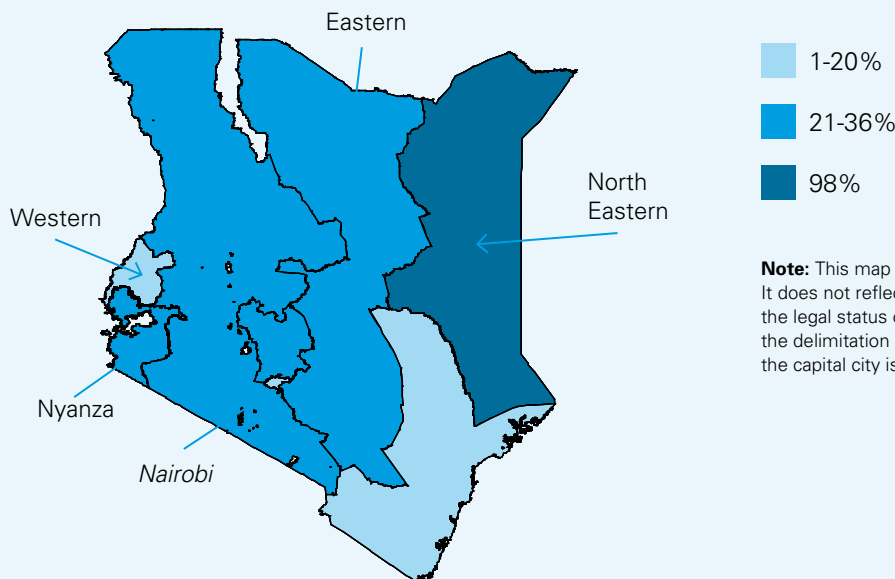
Scope of FGM/C

Data from the 2008-2009 Kenya Demographic and Health Survey indicate that 27 per cent of girls and women aged 15-49 have undergone some form of FGM/C in Kenya, with important differences across provinces and ethnic groups.¹⁴¹ Prevalence rates vary from 98 per cent in the North Eastern Province to 1 per cent in the Western Province (*see map below*).

With regard to ethnicity, FGM/C is far more prevalent among certain ethnic groups than among others, as shown in the graph on page 35. The practice is nearly universal among the Somali and Kisii groups, at 98 per cent and 96 per cent prevalence, respectively, and is rare or absent among the Luo and Luhya.

Between 2003 and 2008-2009, the FGM/C prevalence rate decreased from 32 per cent to 27 per cent.¹⁴² Differences in prevalence rates between age groups confirm that the practice has decreased: In 2008-2009, 15 per cent of women aged 15-19 reported that they had been cut, compared to 49 per cent of women aged 45-49. The decrease is found in different degrees across all ethnic groups.

FGM/C PREVALENCE RATES AMONG WOMEN AGED 15-49 IN KENYA, BY PROVINCE, 2008-2009



Note: This map is stylized and is not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The name of the capital city is shown in italics.

Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Kenya DHS 2008-2009.

Historical overview of FGM/C abandonment efforts

In Kenya, efforts to encourage the abandonment of FGM/C began during the early 1900s. During the 1930s, Christian missionaries denounced the practice as 'barbaric' and it was banned.¹⁴³ Cultural and nationalist support for FGM/C, however, dampened initiatives to stop the practice, severely limiting their impact. Kenya's first President, Jomo Kenyatta, wrote that many of the Gikuyu (Kikuyu ethnic group) were suspicious of missionaries and felt they were aiming to attack "this centuries-old custom to disintegrate their social order and thereby hasten their Europeanisation."¹⁴⁴ FGM/C became a powerful symbol of African tradition, according to Kenyatta, "the very essence of an institution which has enormous educational, social, moral, and religious implications."¹⁴⁵

During the United Nations Decade for Women (1976-1985), high-level officials of the Government of Kenya participated in a series of conferences that renewed and reshaped efforts to end FGM/C. The FGM/C abandonment movement continued with the involvement of local partners, government ministries, national and international NGOs and the United Nations.

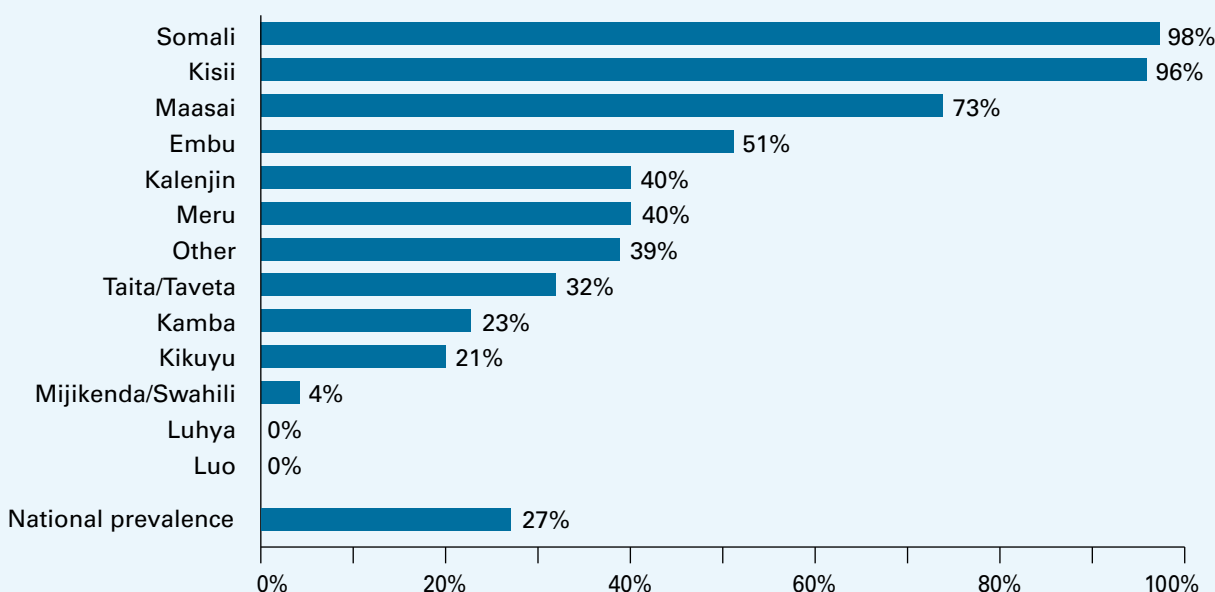
During recent years, efforts to end FGM/C have intensified. A wide range of interventions, strategies and approaches have been implemented by a variety of local organizations and bilateral and multilateral partners.¹⁴⁶ Evidence shows that through school-based and community education programmes, a small but growing number of adolescent girls are realizing that they can resist this practice, when supported by other community members. Bringing about an end to FGM/C, which is nearly universal among some ethnic groups, has become the concern and responsibility of the broader community, including religious groups, and of the State.¹⁴⁷

National policies and legal framework

The Government of Kenya has taken a clear stance on the abandonment of FGM/C and other harmful practices. This is manifested through a number of specific policy guidelines and legislation, as follows:

- The Parliament of Kenya passed the Children Act (No. 8 of 2001), criminalizing the practice of FGM/C on children under 18 years of age. Article 14 of the act states: "No person shall subject a child to female

FGM/C PREVALENCE RATES AMONG WOMEN AGED 15-49 IN KENYA, BY ETHNIC GROUP, 2008-2009



Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Kenya DHS 2008-2009.

circumcision, child marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical and psychological development." The penalty for subjecting a child to FGM/C is 12 months imprisonment, a fine of 50,000 Kenyan shillings (approximately US\$710) or both.¹⁴⁸

- The Ministry of Gender, Children and Social Development was selected in 2005 to coordinate all FGM/C activities implemented by ministries, NGOs, donors and international organizations. It launched the National Plan of Action for Accelerating the Abandonment of FGM/C in Kenya (2008-2012).¹⁴⁹

- In June 2009, the Ministry of Gender, Children and Social Development supported the development of Kenya's policy for the abandonment of FGM/C, which was submitted to the Cabinet.¹⁵⁰

Traditional mores and dictates are also changing, as demonstrated by positions taken in some parts of the country by traditional leaders who exercise a powerful and influential role within ethnic groups. During a public declaration in August 2009, the Njuri Ncheke Supreme Council of Ameru Elders condemned FGM/C and resolved to impose a fine on any member of the community in any of the Meru districts (Eastern Province) who either conducts or participates in the practice.



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Although legal reform is an important step towards ending FGM/C, criminalizing the practice in Kenya has also resulted in adverse effects. Medical complications related to the practice are at times not brought to the attention of health services for fear of prosecution. Furthermore, the trend towards fewer public ceremonies has led to concerns that the practice has been driven underground.¹⁵¹

Limited impact of 'alternative rites of passage'

One of the approaches used in Kenya to promote FGM/C abandonment is commonly referred to as 'alternative rites of passage'. These substitute coming-of-age ceremonies and initiation rites and encompass rituals that preserve tradition while eliminating cutting of girls. The potential impact of this approach is limited to communities that associate FGM/C with ceremonies or other participatory events. It is further curtailed by a trend among many communities towards cutting girls at younger ages and with less ceremony and ritual.

Projects that use alternative rites of passage to promote FGM/C abandonment have been implemented with varying degrees of impact. A 2001 evaluation of this approach concluded that introducing an alternative rite will have limited effect unless it is preceded or accompanied by a process of participatory education that engages the whole community in collective reflection and leads to changes in its members' expectations.¹⁵² Initiatives that engaged only at-risk girls rather than the entire community did not promote collective reflection and changes in social attitudes and norms. Generally, alternative rites of passage adopted in isolation did not address the underlying social values associated with FGM/C. Therefore, the social stigma of being uncut remained, as did the pressure for girls to be cut.

The research conducted in Kenya and presented in this *Innocenti Insight* reviewed a number of experiences that aim to promote abandonment of FGM/C.¹⁵³ The review confirmed the finding of the 2001 evaluation, in that programmes that engaged only at-risk girls in awareness-raising activities and in alternative rites of passage initiatives did not shift the social norm, and the practice persisted within the community. In Narok, for example, rescue centres were established to provide shelter to girls running away to avoid being cut, indicating that a strong social pressure to cut girls continued to exist in the community, even after the girls themselves had made the choice to abandon the practice.

Among the wide range of interventions and approaches implemented in the country, the review identified a project in south-west Kenya that has generated important changes in attitudes towards violence against women and has also led to collective abandonment of FGM/C in the area of intervention. At the time of the study, there was no documented evidence of its effect beyond the geographical area involved

(Mosocho Division). Relevant dynamics of change, however, were set in motion among the population addressed by the project. The key elements of this project are examined in the following sections.

The 'Value-Centered Approach': The experience in Mosocho Division

With approximately 130,000 inhabitants, Mosocho is one of seven divisions within the Kisii Central District in Nyanza Province. Before activities to abandon FGM/C were introduced in the area, the practice was almost universal among the Kisii ethnic group and was usually performed on girls between the ages of 3 and 8.

The Fulda-Mosocho Project was launched in 2002 by two organizations based in Fulda, Germany, that were conducting activities in Kenya: Vivid Communication with Women in Their Cultures, and the Center for Practice-Oriented Feminist Science (Center for PROFS), Fulda University of Applied Sciences, a research institution that developed the 'Value-Centered Approach'¹⁵⁴ to promote personal development, change attitudes and facilitate community-wide abandonment of FGM/C. The objective of the project was to create a safe environment that supports individuals to make their own decisions to abandon FGM/C, free from judgement and social pressure, in order to bring about cultural change.¹⁵⁵

Credibility and trust

Parents living in Mosocho who were concerned about FGM/C inspired the development of the Fulda-Mosocho Project. They individually and secretly approached the two NGOs and asked for strategies that would support parents in Mosocho to make the decision to not cut their daughters and would also help ensure that those who chose not to do so – both adults and children – continued to be accepted by their families, clan and community.

The project engaged the entire community: girls at risk, as well as other children; women and men; clan elders; leaders of women's groups; former practitioners; teachers; school directors; social workers; nurses; church leaders; area and district education officers; district health officers; and politicians, including provincial commissioners, Members of Parliament and government ministers. Since men control most aspects of women's lives and they make the major decisions in Mosocho, from the very beginning, men and boys were involved in all activities and played an active role.

As part of their activities, the NGOs provided the necessary support to build a communication and health centre that became a well-known gathering point for meetings, seminars and counselling. The structure hosts the project's education programmes and other community initiatives and serves as a resource centre.

Opening up discussion on sexual and reproductive health and rights

The Fulda-Mosocho Project identifies key local leaders who are interested in being involved in community programmes addressing sexual and reproductive health and rights. These leaders participate in a training programme that runs for three-and-a-half years and examines the physical, psychological, social and economic effects of FGM/C.¹⁵⁶ It also encourages reflection on underlying structures and gender relations that support the practice. Knowledge is shared on issues concerning sexual and reproductive health and rights, anatomy, hygiene, HIV and AIDS prevention, human rights and other subjects important to individuals, families and communities. At the conclusion of the education programme, participants complete an examination prior to graduating.

The Value-Centered Approach is used in all of the project's educational initiatives.¹⁵⁷ This is based on the belief that ideas must not be 'forced upon' participants. Through open dialogue, participants are encouraged to make their own informed choices in a non-coercive environment. The approach is based on evidence that cultural change in a community starts with the individual and encompasses individual potential and personal development.¹⁵⁸

By promoting dialogue on FGM/C – as well as on other sensitive issues, including gender-based violence – the Value-Centered Approach encourages communities to respect human rights and guides men to appreciate women as their equals. Respect for women is fostered through reflection on existing patriarchal structures.

In the first educational programme organized, about 210 teachers and school directors (50 per cent male and 50 per cent female), from all 70 schools in the division, were invited to participate in the project's training programme. They were chosen because of their influence and credibility within the community, and because they were well positioned to share newly acquired knowledge with young people through schools. It was also believed that they would become important role models as their attitudes and behaviour changed.

Within three months, the initial group of teachers and school directors had command of accurate and reliable knowledge on sexual and reproductive health and rights, including FGM/C. The teachers and school directors first shared this information with their close family members. They stated their conviction that every girl is born complete and has the right to grow as a woman, physically unharmed.

As the teachers grew more comfortable initiating and leading discussions on ending the practice and were introduced to new topics through the continuing education classes, they disseminated their newfound knowledge through social networks and in schools.

It is reported that many teachers had not only committed to abandoning FGM/C, they had changed their behaviour at home in other respects, with men performing chores that were traditionally considered women's responsibility, including fetching water, taking care of the children and cooking. The knowledge was integrated into the formal curricula at school. Boys and girls from primary and secondary schools became systematically involved in this process of change. Children learned about issues ranging from sexuality and gender roles to personal hygiene and pregnancy prevention to what constitutes respectful behaviour. The teachers also organized meetings with parents and with their colleagues to engage them in the transformation process. The educators then initiated discussions in other public gatherings, focusing on behaviour and attitude change that promoted the physical and emotional well-being of girls and women.

Many teachers spoke about these issues in the *barazas* (public assemblies of clan elders and administrative authorities). Since these leaders exercise a powerful role within each ethnic group in Kenya, engaging them was crucial. Over time, interest grew in abandoning FGM/C and in other topics related to sexual and reproductive health and rights, and about 270 community leaders (administrative authorities, clan elders, FGM/C practitioners, and leaders of women's groups, churches and youth groups) – again roughly half male and half female – became involved in an 18-month non-formal educational programme, with 90 per cent of participants receiving certificates of completion.

The fact that neither men nor the FGM/C practitioners were stigmatized or excluded when addressing the abandonment of FGM/C was especially important. The open dialogue and teaching methods encouraged joint reflection and analysis, which introduced cultural perspectives that had never before been considered within the community.

A practice was also instituted to help ensure that no girl becomes excluded from the community. Girls who have been cut were encouraged to become guardians of girls who chose not to be cut, accompanying them throughout the different phases of the process. Among other benefits, this helped reduce tension in families with older girls who had already undergone the practice.

Organizing public events

Midway through the teachers' training programme, the educators decided to organize a large public event to welcome their daughters into the process of abandoning FGM/C, which became known as "a new growth in our culture." In December 2004, the first public event was held to celebrate acceptance of 2,000 uncut girls as full members of the Kisii community. It culminated in a ceremony attended by 10,000 people, including many notables, and honoured the girls' parents for their decision to embrace, together with their daughters, the abandonment of FGM/C.

The festive celebrations are a form of public social recognition and show of respect for the personal transformation each individual has undergone during the process of abandoning FGM/C. They are attended by provincial and local administrative authorities, clan elders, high-level officials, former practitioners and other community members. During the ceremonies, the girls receive certificates that declare, "You are now Omoiseke!," affirming that the girls have been officially and fully accepted into the Kisii community and may "stay as God created them." This document is so valued by the girls and their parents that it is often kept in a locked metal box, along with the child's birth certificate and other important documents.

At a major event in 2005, before thousands of members of the Kisii ethnic community, almost 50 former FGM/C practitioners involved in the programme took an oath to never again cut girls. They also founded FOCUM (the Former Circumcisers initiative), whose mission is to motivate others to abandon the practice. By the end of 2008, FOCUM membership included some 100 former practitioners.

Between 2002 and 2008, the Fulda-Mosocho Project organized 52 public events that were attended by a wide range of community members. In 2008, on the occasion of the fifth anniversary of the project, public ceremonies were organized in all 14 sub-locations of Mosocho Division. These events also influenced surrounding divisions and played a significant role in drawing attention to gender issues and the approaches being deployed by the project that were successful in turning the cultural tide against FGM/C.

Role of social networks

A key to the project's success is that it spreads the emerging social and cultural changes through a multiplier effect, generating interest and demand for new knowledge and encouraging active engagement from different sectors and at different levels. An initial subset of the community was involved and felt encouraged to spread its new knowledge to others, which stimulated discussion and reflection. The individual changes triggered broader social change, as each person influenced his or her own context through individual social networks.

The initial group of teachers and school directors shared their acquired knowledge and behaviour with family members, students and community leaders. This encouraged community leaders to become involved in educational programmes and further broadened the programme's reach. They became well-informed advocates for the cultural change and felt compelled in turn to transfer their knowledge to their families, neighbourhoods and clans. With the support of these community leaders, 'parents' schools' that teach gender equality to young parents were established in all 14 locations of Mosocho. By November 2008, almost 700 young parents had completed the first six-month-long parents' school programme.

The flexibility of the Fulda-Mosocho Project made it possible to not only initiate change but also to respond to emerging social and cultural issues and adjust activities accordingly. In fact, the desire to spread new knowledge beyond the context of organized seminars and lessons at school came from the participants themselves, who felt the need to help their community see new possibilities. This activity was not planned in advance, but the project was designed in such a way that new elements and initiatives could be introduced to respond to people's needs.

Impact and social dynamics of abandonment

In 2002, the Kisii community was considered to be one of the most resistant in the division to the abandonment of FGM/C. Yet, by early 2009, evidence indicates that approximately 16,500 girls at risk of undergoing FGM/C had not been cut and thousands of families had expressed their commitment to end the practice. This willingness to deviate from the long-standing practice shows that the social norm surrounding the practice in the community had changed; individuals and families realized that there was broader support for their decision not to cut girls and that they would still be accepted members in the community.

The project discovered that Kisii living outside the division were still resistant to giving up FGM/C, although it was reported that abandonment in Mosocho was an inspiration to Kisii communities in surrounding areas.

The Fulda-Mosocho Project benefited the community in many other ways. As it developed, an increasing number of individuals began to take responsibility for development of their communities, for example, through the creation of youth clubs and schools for young parents to support the transformation process and encourage its sustainability.

Conclusion

The approach introduced in Mosocho focuses on individual reflection and personal change that is developed and gradually diffused through discussions throughout the entire community. The awareness-raising activities and educational programmes are holistic, encouraging dialogue, reflection and personal development. The Value-Centered Approach appears to play a crucial role in bringing about social change and gradual abandonment in the project area. Focussing on human rights and local cultural values, and discussing individual and social problems, the deliberation process guides individuals first to consider new perspectives for themselves and then to take responsibility to involve their communities.

Community leaders and citizens, as well as girls who have been cut, are fully involved in the process, allowing them to be vocal and effective promoters of the transformation taking place in their community. This approach expands people's capacity to pursue their own values and aspirations. Through the strategy of engaging social networks, the sphere of change expands from the individual level to the wider community.

SUDAN

Context

The roots of FGM/C are tangled deep in the social and cultural traditions of the northern parts of the Sudan.¹⁵⁹ They also reflect stark inequalities in the status of women and girls. FGM/C is closely linked with a girl's modesty, and morality and family honour; girls who are cut are considered decent, chaste and morally pure. FGM/C is also considered to make girls suitable for marriage. In areas of the country characterized by close kinship systems – where resources, including land, are shared – local values and customs are vitally important, and a complex system of rewards and sanctions exists for those who adhere to or defy them. Historically, girls who break with tradition are shamed and ostracized. Being uncut is often linked to misbehaviour. Pejorative terms are used to disgrace uncut girls, including the word *qulfa*, which is associated with low status and prostitution.

Scope of FGM/C

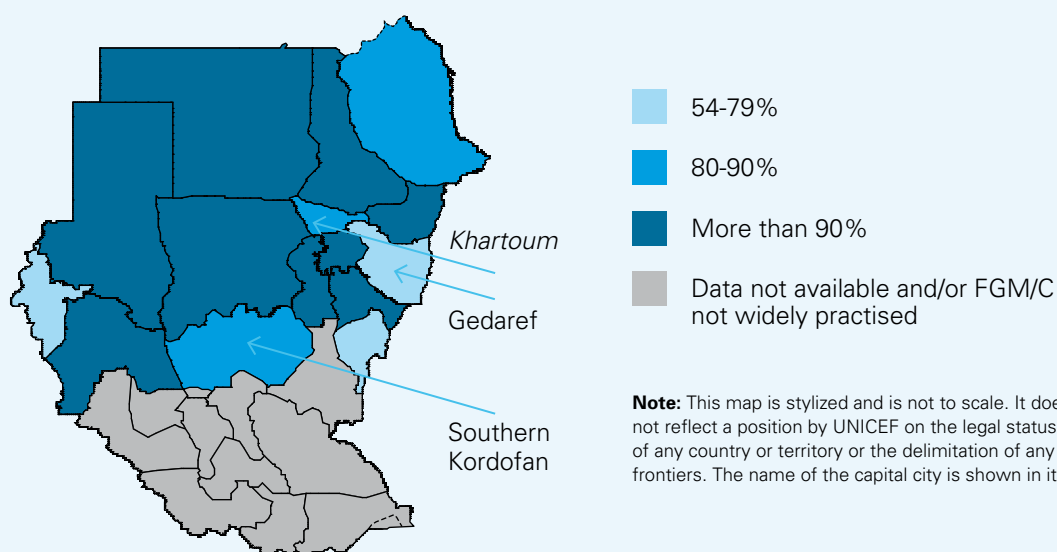
With an 89 per cent prevalence rate, FGM/C is widely practised in all regions of Northern Sudan, often in its most severe form. There are, however, variations in prevalence, type and associated customs across regional and ethnic lines.¹⁶⁰ Girls are usually cut between the ages of 5 and 11. Although data for Southern Sudan are not available, it is believed that the rate of FGM/C is negligible in these states.

Although data indicate that there has been almost no change in FGM/C prevalence in Northern Sudan since 1990, and almost no change across age groups, attitudes appear to be changing and support for FGM/C is on the decline. In 2006, 51 per cent of women between 15 and 49 years of age thought that the practice should continue, compared to 79 per cent in 1989-1990. Women's intention to cut their daughters has also decreased significantly over the past 16 years: 54 per cent of ever-married women in 2006 reported intending to have their daughters cut, compared to 82 per cent of women in 1989-1990.¹⁶¹

Historical overview of FGM/C abandonment efforts

Political and religious leaders, with the support of medical doctors and British colonial officials, initiated the first efforts to promote the abandonment of FGM/C in the Sudan during the 1930s. But it was not until the late 1970s that a social movement to end the practice took form, largely driven by local NGOs and motivated by individual cases of girls who had died while being cut. Most of the groups emphasized the health hazards and medical risks of FGM/C and the impact of their activities was limited. As civil society organizations became involved and drew attention to the dangers of FGM/C, the Government of the Sudan began to show greater interest in the subject and hosted a number of regional conferences that framed FGM/C within the broader context of protecting the

FGM/C PREVALENCE RATES AMONG WOMEN AGED 15-49 IN THE SUDAN, BY STATE, 2006



Source: Adapted by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF, New York, from data in the Sudan Household Health Survey 2006.

rights of children. Since then, the national response has evolved, and during recent years, the government has demonstrated increasing commitment to supporting the abandonment of all forms of FGM/C.

In the Sudan today, FGM/C abandonment is promoted at all levels – community, state and national – as follows:

- Community-level activities use human rights education, community dialogue and service provision to guide communities through participatory processes that involve learning and consensus-building. Trust is built by engaging local leaders and introducing development activities, which communities themselves have identified as priorities.
- A number of national and state policies are in place to protect women's and children's rights more fully, and efforts are under way to pass laws that criminalize all forms of FGM/C. A national media campaign has also been developed to elevate the status of being uncut across the country and change attitudes towards the practice.

Many actors are implementing a wide range of interventions that have contributed to individual and community decisions to abandon the practice. The Government of the Sudan is engaged in FGM/C abandonment primarily through the National Council for Child Welfare, which coordinates all programmes for children, and through the Ministry of Social Welfare, Women and Childhood Affairs.¹⁶² The government's abandonment initiatives operate with the support of United Nations organizations and international donors.¹⁶³ A network that includes NGOs and other groups encourages the involvement of young people, children, women and religious leaders in their activities at both the national and community levels.

National policies and legal framework

FGM/C abandonment has been included in a number of national policies and acts, such as the Government's Population Policy (2002), the Medical Council Resolution No. 366 (2003) that prohibits doctors from practising any form of FGM/C, the Women's Empowerment Policy (2007) and Resolution No. 29 by the National Assembly (2007) that calls for legislation banning FGM/C. The First Lady of the Sudan has played an important leadership role in shaping national policy towards the abandonment of the practice.

The National Strategy for the Abandonment of FGM/C in One Generation (2008-2018) was incorporated into the Government's Five Year National Strategic Plan for Childhood for the period 2007-2011. The strategy expands the time frame for the national plan beyond 2011, places FGM/C in a human rights context and identifies key sectors and partners to undertake activities for the

abandonment of FGM/C. It also established various structures within the ministries of social welfare, education, health and justice to coordinate initiatives.

Advocates for the abandonment of FGM/C successfully introduced an article to ban the practice in the Sudan's Child Act, which was submitted to the Cabinet of Ministers in January 2008. However, the article was not included in the final version of the Child Act, and although it bans and criminalizes child marriage and other negative and harmful cultural and social practices, it does not specifically refer to FGM/C. Other attempts were made to criminalize FGM/C, including incorporating FGM/C into the criminal law (2008) and into the national public health law (2007). But the sections banning FGM/C were deleted by Parliament before it passed both pieces of legislation.

Perhaps the most far-reaching initiative to criminalize FGM/C in the Sudan is the national FGM/C law that was drafted in 2007 by a government-led committee. This law not only deems the practice illegal, it criminalizes promotion of FGM/C and details action for its abandonment. However, the law has not yet been submitted to Cabinet for consideration.

Although FGM/C has not been banned nationally, in November 2008, the first state-level legislation to ban the practice was passed by the government of Southern Kordofan State. It consists of two separate state laws: the Child Law, which contains an article criminalizing FGM/C; and the Female Genital Mutilation/Cutting Law, which makes both the practice and its promotion illegal. In July 2009, Gedaref State also passed a law banning the practice. The enactment of these laws has set a precedent and is expected to encourage the passage of national legislation.

Credibility and trust

While the policy and legal reform process has helped to shape the national debate around the practice of FGM/C, civil society initiatives have sparked a process of change in local communities. The description and analysis of community-level work in this section is based primarily on reports of the experience of two NGOs: Entishar Charity Organization¹⁶⁴ and Rapid Operational Care and Scientific Services (ROCSS).

Community-level interventions in both programmes are introduced within existing community structures. Discussions on FGM/C are led by village chiefs, members of village councils, religious leaders, health-care providers and other influential community members who receive in-depth training to enhance their knowledge about FGM/C and other child protection issues. They are also trained in techniques to facilitate community discussion, especially on how to encourage



dialogue between older and younger generations and between men and women. Relying on trusted community figures to introduce new information and ideas has been important to initiating a dialogue with people who might otherwise have questioned the motives of outsiders.

Trust is also built through development projects that address a community's basic needs. Before the subject of FGM/C is introduced, communities are asked to identify priorities and development projects that will benefit the entire community, as well as individual members, in multiple areas of their lives. A special focus is often given to projects that help women develop skills and generate income. New development projects bring benefits including clean water, electricity, health services, microcredit and childcare centres. The provision of much needed services that are identified by the community members fosters ownership and trust, so that when discussions on FGM/C are initiated, they are perceived as another way to improve the well-being of communities rather than a means to undermine traditions.

Opening up the discussion on FGM/C

During recent years, it has been observed that in many parts of the Sudan, FGM/C is no longer a taboo topic for discussion. People are raising questions about FGM/C in public forums, including on the radio, and in private conversations within families, between husbands and wives and between elders and young people.

The Entishar and ROCSS programmes use participatory human rights education to increase knowledge about FGM/C and to bring the issue out into the open. Although the interventions differ in their details, both are designed to help promote community dialogue and examination of beliefs and values. Community dialogue encourages discussions about the advantages and disadvantages of current practices and enables participants to explore possible alternatives. The goal of both programmes, which usually last between two and three years, is to guide communities to find their own solutions by increasing awareness and collective commitment to human rights. Sessions are conducted at the community level in schools, displaced persons camps and youth centres. They are held three to four times each week for two to three hours and are attended by men and women, boys and girls, separately or together, according to the NGO's approach.

The programmes address FGM/C within a wider learning package that covers a range of issues, including health and hygiene, nutrition, maternal health, child care, HIV and AIDS, child marriage, human rights and other subjects important to the community. Participants are also offered classes in accounting, literacy, small-business management and income generation. Before being discussed, sensitive issues – such as FGM/C, HIV and AIDS, and women's participation and empowerment – are often introduced through role

playing, songs, stories, poems, folklore, dancing and other non-threatening methods.

Initially, FGM/C was only talked about within classes or during public gatherings such as events or workshops, with conversations instigated and guided by facilitators. Participants were also encouraged to stimulate discussion within their family and during various public gatherings with peers and trusted community leaders. Over time, the discussions became more widespread. Conversations can be spontaneously sparked by news or local events, such as the death of a girl caused by the practice, or by an imam during prayers. In other cases, people talk about FGM/C after hearing a community radio broadcast that has highlighted the issue in its programming. The ongoing dialogue encourages people to express their ambivalence and ask questions, enabling new points of view and behavioural options to emerge.

Proposing an alternative: The Saleema campaign

Identifying a positive term to be associated with uncut girls was a crucial step in proposing a viable alternative to cutting. With this as a first objective, the Government of the Sudan designed and launched a national communication campaign. Poets, artists and NGOs collaborated with the government in designing the campaign and in the search for a new term to describe the alternative. The Arabic word *saleema*, meaning whole, undamaged, unharmed, complete, was eventually chosen to describe the uncut female. An added advantage was that *saleema* could also be used as a girl's name.

The national Saleema campaign was launched in March 2008. The campaign uses local culture, including traditional language, music, poetry, songs, dance and painting, to reinforce positive social values that favour the well-being of children. Building on local tradition, it highlights the importance of parental care, tenderness and family pride. It also raises FGM/C within a broader framework of child protection and gender equality.

The Saleema campaign began with a preparatory stage (2008-2009) during which information, education and communication materials such as posters, T-shirts and shawls were widely distributed. Media, NGO focal points and other key personnel were trained for the new campaign and learned how to promote the use of multimedia materials. In December 2009, the campaign was launched on national television and community radio.

Centred on a single key concept, 'Every girl is born saleema. Let her grow saleema', the campaign introduces new terminology without explicitly linking it to FGM/C. This simple statement asserts *saleema* as the natural and normal state for girls and is communicated in combination with several different artwork images, featuring infant girls wrapped in a traditional colourful cloth. During subsequent phases of the campaign, the

issue of FGM/C will progressively become more explicit and the campaign will introduce a wide range of reasons why it is important to protect girls from the practice. The 'saleema because...' messages, which were developed through focus group discussions, will echo and reflect the everyday speech of parents who have already abandoned the practice. A series of images featuring women, men and children of all ages will convey a range of 'saleema because...' ideas, with the colours, design and visual concept carrying over and repeating from the earlier phase.

Saleema is being celebrated countrywide through radio and television, with new songs and poems that elevate the value of being uncut. An accompanying signature campaign being carried out in villages reinforces the commitment of people to join the Saleema campaign and to abandon FGM/C by making their decision public and explicit.

Articulating and reinforcing community commitment: Public declarations

Public commitment is important in the Sudan, where collective decisions are respected. Manifested as oaths, signed statements or declarations by political, community or religious groups, public commitment to abandon FGM/C is a visible sign of progress.

At first, declarations were difficult to organize in the Sudan, since some families, fearful that they were acting alone and without community support, were resistant to changing their behaviours. Over time, however, communities came together to publicly declare their commitment to ending the practice. Thousands of signatures have been collected on traditional *taga* cloth, printed with the same vibrant colours being used in the media campaign. Seeing others express their commitment to abandon FGM/C encourages families to join the movement and end the practice. The signature campaign is one of a number of important ways in which communities make their decision public.

Collective consensus to abandon FGM/C in the Sudan takes different forms:

- **Village declarations:** This process takes place over a period of time and unfolds in stages. Once a core group of community members (particularly individuals who have participated in the education classes), leaders and larger groups reach a consensus, they make their position explicit and announce their commitment to end the practice before the entire community. Local and national media, officials, civil society and guests from neighbouring villages participate in the celebrations, where a graduation ceremony is usually held for those who participated in the classes and signatures are collected from those who pledge to abandon the practice.
- **Group commitments:** Many social and professional groups have taken a clear stand against the practice. This helped to create an environment

favourable to positive change and mass abandonment: Midwives signed oaths, university students and youth groups joined their voices against FGM/C, and transport drivers and the taxi union helped disseminate advocacy materials to promote abandonment.

- **Religious statements:** Numerous religious scholars and religious leaders have clearly delinked FGM/C from religion in public statements, books and popular religious songs. These individuals are highly respected and have the ability to influence decisions within families and to build consensus within communities.
- **Family declarations:** The Sudan has a number of influential extended families who gained wide acceptance and power because of their role during the war against the colonialists; such families as the Al-Mahdis and Al-Badris count thousands of living members. They abandoned FGM/C within their ranks as early as the 1930s.

In Gedaref State, the ROCSS programme, which works in collaboration with the Ministry of Welfare, gives certificates of recognition to families choosing not to cut their daughters and announces an honour list of such families in a communal celebration. The introduction of new social rewards has helped uncut girls overcome the exclusion and ostracism often associated with their status and has further supported families wanting to abandon FGM/C.

Impact and dynamics of social change

A great deal of progress has been made in bringing FGM/C out into the open. The subject is now explicitly discussed in many areas of the Sudan. The government has demonstrated its commitment to promoting the abandonment of all forms of FGM/C, and a broad range of influential public figures, civic groups and activists call for abandonment of the practice. There is great hope that the national Saleema campaign will transform the way FGM/C is discussed so that being uncut will generate a sense of pride and be considered the socially accepted way to bring up girls.

The experiences analysed demonstrate that in the communities studied, FGM/C is no longer perceived as a universal practice, attitudes have changed, and prevalence rates have declined among some groups and in some areas. But prevalence rates generally remain high and the practice is often performed in its most severe form (infibulation). There are also reports that in some cases medical doctors, supported by some religious groups, still perform and advocate for a milder form of cutting (clitoridectomy). This has been perceived by those who are still hesitant to abandon the practice as a viable alternative to infibulation.

The experiences also reveal important information about the abandonment process, confirming the findings of previous studies.¹⁶⁵ First, age appeared to play

a role in decision-making: Older people took much more time to come to terms with those advocating for abandonment and tended to be against complete abandonment of the practice, while younger people were less rigid but needed assurances by religious leaders that FGM/C was not prescribed by Islam.

Some groups played particularly important roles in influencing communities. In villages where community and religious leaders were actively engaged, communities became open to change at a faster rate than in those where projects targeted only women and young people. It is noteworthy that information provided locally on health and human rights appeared to have more impact when communities were also exposed to the messages through television, radio and theatre.

Conclusion

The Sudan has made significant progress in opening up public discussion on FGM/C, changing attitudes towards the practice and garnering support for its abandonment. Government, community and NGO efforts and initiatives have been key to promoting these changes, as has incorporation of FGM/C discussions in a broad learning and awareness-raising package.

Although it is still in its early stages of implementation, the Saleema campaign highlights the promising role that the media can play to support local interventions and promote social change. Nevertheless, while important steps have been taken, momentum must be taken further, and actions at the village level expanded to promote widespread abandonment of FGM/C in the Sudan.



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5 TOWARDS ABANDONMENT AND IMPLICATIONS FOR OTHER HARMFUL PRACTICES

The experiences from the five countries documented in this report highlight local interventions and national programmes at different stages of implementation. Each, in different ways, provides evidence and insights that contribute in varying degree to understanding the complex social dynamics of abandonment of FGM/C. Their impact and results differ, and the path to change varies within and across the countries. The differences are partially due to the context and to its specific socio-cultural and political characteristics. However, as most evident in the analysis of different interventions in Ethiopia, the results and impact also depend on the design of the programmes.

Evidence from Senegal demonstrates how human rights education can be transformative and how organized diffusion through intramarrying communities goes beyond national borders to engage and influence neighbouring countries and immigrants in countries much further away. The analysis of Egypt shows how working at the local and national levels simultaneously can create a powerful synergy that helps to expand and sustain collective abandonment. The experience in four locations of Ethiopia brings thoughtful insights on community dialogue and participatory human rights education. The case of Kenya explores the limitations of introducing alternative rites of passage and presents a comprehensive approach that promotes change within communities while also being attentive to the transformation process at an individual level. Finally, the Sudan case study demonstrates how campaigns that consider social norms can effectively support local interventions and promote social change.

An analysis of the key findings, as illustrated in the following sections, reveals a number of common elements of the process of abandonment of FGM/C and its social dynamics. Further, it suggests that these social dynamics can also lead to the decline and end of other harmful practices and other forms of violence, especially those that reflect deep-rooted gender inequalities.

Common elements of the social dynamics of abandonment

Despite the differences within and across countries, the experiences examined in this report share a number of common elements that appear critical to create the necessary conditions for the abandonment of FGM/C. This analysis of the experiences confirms that the decision-making process with regard to FGM/C is complex and does not only rely on individuals' preferences but also depends on reciprocal expectations. Change requires an environment that enables and supports shifts in these expectations.

Due to the complex nature of FGM/C, it has been found that the most effective programmes are those incorporating a number of these elements within coordinated and comprehensive strategies. It has been observed that these elements are not individually sufficient to instigate the desired change, but together, they lead to a transformation process.

- *Interdependent decision-making and readiness for change.* The experiences analysed confirm that decision-making with respect to FGM/C is interdependent and that sustainable change depends on the decisions of multiple stakeholders. The countries analysed are all characterized by intricate networks of people and villages connected through family and kinship ties, trade, religion and local resources. Utilizing these ties is central to influencing how individuals and communities arrive at a consensus to abandon FGM/C and how these decisions are sustained through a new set of social rewards and sanctions. Therefore, while an analysis of individual decision-making processes to abandon FGM/C provides important perspectives, when considering abandonment on a large scale, the role of communities and expanded networks needs to be a main focus of analysis.
- *Communities feel that change is in their best interest.* For families to be open to ideas that initially appear to challenge their long-held beliefs and traditions, they must trust that the new information will benefit their communities, improve their lives and be widely accepted. Of the experiences studied, the most successful programmes did not bring outsiders into communities to initiate a discussion on FGM/C, but instead, engaged respected community members to promote transformation, including religious and local leaders, representatives of local women's and youth associations, and others. When communities were provided with information from credible sources and with possibilities to reflect, discuss and act, they were encouraged to find viable alternatives. Trust was also built through implementation of community development projects that addressed local needs identified by the communities themselves. When health centres, education programmes, microcredit schemes and other development projects were introduced, communities had concrete, credible evidence that new information and ideas came with good intentions and with the goal of improving their lives.
- *Reinforcing the positive aspects of local culture.* Rather than simply presenting traditional behaviours as negative and new ideas as positive, effective programmes support deliberations that enable

communities to identify alternative mechanisms to signal adherence to shared community values. This frames the discussion surrounding FGM/C in a non-threatening way. Focusing on families' desire and responsibility to secure healthy and productive lives for their children can help frame the discussion surrounding FGM/C in the context of the communities' own aspirations, while reaffirming the intention to do what is best for children.

- *Human rights education linked to local values and aspirations.* The findings presented in this report show that successful initiatives that lead to abandonment of the practice address FGM/C within a broader framework of human rights, social justice and community development. Whether it is described as value-based education (Kenya and the Sudan), community dialogue and conversation (Ethiopia), human rights and democracy (Senegal) or a sociocultural approach (Egypt), programmes are more effective when they make reference to people's daily lives, point to concrete concerns within the community and associate human rights principles with local values, using familiar language and images. This study suggests that by promoting human rights in this way, programmes play an instrumental role in changing social expectations surrounding FGM/C because they provide men and women, girls and boys with tools to deal critically with the reality surrounding them and to discover how to participate in the transformation of their world. Experiences confirm that human rights deliberations are more transformative if they challenge established gender relationships and existing assumptions and stereotypes.
- *Engaging the media to promote social change.* The media, as well as traditional forms of communication, such as music, poetry and drama, are powerful tools to instigate social change. They can portray a new vision whereby girls and women can maintain their traditional values without being cut. The experiences analysed suggest that the media do this most effectively when they complement interventions at the grass-roots level and policy measures at the national level and when they do not simply transmit information but also provide forums for discussion and debate. These include talk shows, documentaries, cinema and educational programmes for radio and television.
- *Engaging influential social networks and institutions both at the local and national level.* Evidence from the five countries shows that approaches that promote social change need not be limited to villages and expanded networks at the local level. They can be applied at the national level by working with a variety of social and professional groups and work best with a combination of local and national activities that are mutually reinforcing. Engaging social and professional groups and institutions and providing them with knowledge on FGM/C and on human rights helps encourage abandonment within their own social circles and beyond. These groups are able to influence their peers and others to question FGM/C and make it possible for those who were not willing to abandon the practice on their own to do so. Gaining the support of associations and organizations, as well as influential individuals, can free their members from their perceived obligations.
- *Interconnection between the national and local levels.* The examples of Egypt and Senegal demonstrate that national responses are most effective when they are shaped to complement and reinforce efforts at the grass-roots level. This creates the opportunity for grass-roots movements to act with greater coherence and coordination. Evidence shows that government commitment is essential to address FGM/C and must be translated into action that enables people to access services and receive accurate and consistent information, favours multi-sectoral and coordinated responses, and promotes laws and policies that support change. In both Egypt and Senegal, the government has been actively engaged in ending FGM/C – and this commitment attracted the necessary financial resources to initiate scaling up existing initiatives that arose from the local level.
- *Legislative reform as part of a broader transformative process.* Evidence shows that, if not complemented with appropriate policy measures and actions, legislation alone will do little to stop the practice and may be resisted if introduced at an early stage before other strategies are being pursued. If support for the practice is high, legal measures that are solely punitive and criminalize FGM/C can hardly be enforced. Legislative reform intended to protect girls and women from FGM/C and other harmful practices must be part of a broader reform process that involves communities, promotes protection and is based on human rights. The country studies show that the expected loss of social rewards and family honour for no longer complying with a social norm can be a more persuasive motivator than legal sanctions. Legislation is an important tool because it signals changed expectations by a government regarding the practice. It can be powerful if it complements educational, administrative and social measures and mandates appropriate services and budget allocation. When

it is not combined with other strategies, legislation can drive the practice underground.

- *Develop linkages beyond national borders.* Evidence confirms a close link between ethnicity and the practice of FGM/C.¹⁶⁶ Because of this, national efforts and strategies should take into account the fact that ethnic groups are not confined by national boundaries but live in neighbouring countries or countries of immigration. Fostering links across national borders can enable the positive social change to extend across members of the ethnic group, including those living in countries of immigration. When the growing social consensus includes members of this larger group, it is believed that change is likely to be greater in scale and sustained.

Implications for other harmful practices

As with FGM/C, other harmful practices and forms of violence against girls and women are influenced by culture and traditions. They are embedded in cultural understandings of gender, sexuality, marriage and family. They adversely affect women more than men and assign an inferior position to women in the family and society. Although harmful practices are often intended as a form of protection for girls and women, they impose controls over them with varying degrees of harm. These understandings influence how violence against girls and women is viewed and tolerated in different contexts.

Although this study focuses primarily on the social dynamics around the practice of FGM/C in five countries, examples provided from Ethiopia and Senegal also refer to two other harmful practices: forced marriage and child marriage. The analysis suggests that these are governed by social norms that are similar to those linked with FGM/C. Like FGM/C, they are influenced by expectations of rewards (approval, respect and admiration) and sanctions (shame, exclusion, disapproval and rebuke) associated with conforming or not conforming to a socially accepted norm.

Conclusions

Efforts to end FGM/C began decades ago. Although initiatives brought national and international attention to this issue, they were often carried out as a 'fight' against local traditions. Communities have viewed such interventions as an attack on their culture and values, which has made them resistant to change.

The recent experiences from Egypt, Ethiopia, Kenya, Senegal and the Sudan documented in this study provide evidence that abandonment of FGM/C is more likely to occur and be sustained when programmes address the complex social dynamics associated with the practice. An understanding and appreciation of these social dynamics is transforming the ways in which FGM/C abandonment is approached. Rather than passing negative judgement on the individuals and communities that uphold the practice, effective programmes reinforce community values, make them explicit and

stimulate discussion of how these are better upheld by finding alternatives to harmful practices. This frames the discussion surrounding FGM/C in a non-threatening way.

The analysis of social dynamics also proves that a harmful and rights-violating practice such as FGM/C can be changed without disrupting the positive underlying social values that it represents. Where strategies that are consistent with an understanding of these dynamics are defined and consistently applied, progress towards complete abandonment can accelerate rapidly.

Documentation and programme evaluation in the five countries examined show that, over a relatively brief period of 10 years, coordinated and effective interventions report abandonment of the practice in intervention areas and beyond, and that attitudes towards FGM/C have shifted. These successes build on the work of many actors over the years, which achieved pockets of success but overall resulted in slow decreases in prevalence. In many cases, the recent changes are significant and indicate that individuals are questioning the merits of these practices and would prefer, circumstances permitting, not to have their daughters, wives, sisters and cousins undergo FGM/C.

Significant changes within society have also been reported. Progress was gauged by monitoring public commitments of abandonment, by recognizing the increasing number of pressure groups openly advocating to stop the practice, by observing changes in social sanctions and social expectations, by acknowledging the different degrees of governments engagement and by assessing the level and nature of media involvement. Additional work is necessary to systematize monitoring of the interventions and more effectively identify and measure trends and the sustainability of abandonment efforts.

Moreover, there is a need to intensify and expand efforts working towards the complete abandonment of FGM/C, taking into account the fact that practicing groups are not confined by national boundaries but also live in neighbouring countries or countries of immigration.

It is recommended that the role of social norms and how they affect the decision-making processes of individuals, families and communities be further explored in order to inform policies and strategies, to scale up interventions and to make these efforts sustainable.

Evidence presented in this study demonstrates that framing FGM/C as a matter of gender discrimination and challenging existing assumptions and stereotypes about gender relationships and power structures can pave the way for social change. When programmes are holistic, community-based and incorporate human rights discussion and deliberation, transformation of social norms and conventions can occur. They not only address the practice of FGM/C, the evidence also suggests that they may promote and contribute to the abandonment of other harmful practices, directly supporting advancement of the broader goals of reducing gender inequality and violence against girls and women.

ACRONYMS

AIDS	acquired immune deficiency syndrome	OHCHR	Office of the United Nations High Commissioner for Human Rights
Center for PROFS	Center for Practice-Oriented Feminist Science (Germany)	ROCSS	Rapid Operational Care and Scientific Services (Sudan)
CEOSS	Coptic Evangelical Organization for Social Services (Egypt)	SNNPR	Southern Nations, Nationalities and People’s Region (Ethiopia)
CNN	Cable News Network	UNAIDS	Joint United Nations Programme on HIV/AIDS
COSEPRAT	Comité Sénégalais sur les Pratiques Traditionnelles Ayant Effet sur la Santé de la Mère et de l’Enfant (National Committee for the Abandonment of Harmful Practices Affecting Women and Children), Senegal	UNDAF	United Nations Development Assistance Framework
DHS	Demographic and Health Surveys	UNDP	United Nations Development Programme
ECA	Economic Commission for Africa (United Nations)	UNESCO	United Nations Educational, Scientific and Cultural Organization
FGM/C	female genital mutilation/cutting	UNFPA	United Nations Population Fund
FOCUM	Former Circumcisers Initiative (Kenya)	UNHCR	United Nations High Commissioner for Refugees
HAPCO	HIV/AIDS Prevention and Control Office (Ethiopia)	UNICEF	United Nations Children’s Fund
HIV	human immunodeficiency virus	UNIFEM	United Nations Development Fund for Women
IRC	Innocenti Research Centre (UNICEF)	UNV	United Nations Volunteers
NCCM	National Council for Childhood and Motherhood (Egypt)	WAO	Women’s Affairs Office (Ethiopia)
NGO	non-governmental organization	WHO	World Health Organization

ENDNOTES

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CHAPTER 2

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- 87 Hadi, Amal Abdel, *Empowerment: From theory to practice – CEOSS experience in the area of the eradication of female genital cutting*, Ceopress, Cairo, 2003, pp.100-109; and Hadi, Amal Abdel, 'A Community of Women Empowered: The story of Deir El Barsha', chapter 5 in *Female Circumcision: Multicultural perspectives*, edited by Rogaia Mustafa Abusharaf, University of Pennsylvania Press, Philadelphia, 2006, pp. 104-124.
- 88 The FGM-Free Village Model project was initiated in 2003 by NCCM and UNDP in partnership with 20 non-governmental partners, UNV, UNIFEM, UNFPA and, since 2006, Plan International. The Supporting FGM/C Abandonment and Protecting Children from Violence project is supported by UNICEF in partnership with governmental and non-governmental partners; it began as the Female Genital Mutilation Abandonment Programme in 2003, under the auspices of NCCM. In 2009, the two interventions were merged into a joint programme to support the Ministry of Family and Population towards abandonment of FGM/C in Egypt.

- 89 This *Innocenti Insight* draws from the findings of the following evaluations and documentation conducted by the Population Council in 2007: Barsoum, Ghada, et al., *Mid-Term Evaluation and Documentation of the FGM-Free Village Model Project*, Population Council, West and North Africa Office, Cairo, 3 June 2008; Amin, Mona, Vivian Fouad and Magdy Helmy, *Documentation of the FGM-Free Village Model: Summary report*, Population Council, Cairo, December 2008; and Refaat, Nadia, and Amal A. Hadi, *Female Genital Mutilation Abandonment Programme: Evaluation summary report*, Population Council, West and North Africa Office, Cairo, 24 April 2008.
- 90 As of December 2009, the FGM-Free Village Model project covered 120 villages in 10 governorates. Supporting FGM/C Abandonment and Protecting Children from Violence covered 18 villages (85 communities) in four governorates, and Plan International covered 23 villages in six governorates.
- 91 For more detailed information on educational activities, see: Barsoum, Ghada, et al., *Mid-Term Evaluation and Documentation of the FGM-Free Village Model Project*, Population Council, West and North Africa Office, Cairo, 3 June 2008, pp. 36-45; and Refaat, Nadia, and Amal A. Hadi, *Female Genital Mutilation Abandonment Programme: Evaluation summary report*, Population Council, West and North Africa Office, Cairo, 24 April 2008, pp. 31-33.
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- 94 *Ibid.*, pp. 84-85; and Refaat, Nadia, and Amal A. Hadi, *Female Genital Mutilation Abandonment Programme: Evaluation summary report*, Population Council, West and North Africa Office, Cairo, 24 April 2008, p. 39.
- 95 Barsoum, Ghada, et al., *Mid-Term Evaluation and Documentation of the FGM-Free Village Model Project*, Population Council, West and North Africa Office, Cairo, 3 June 2008, pp. 83-84, 116-120; and Refaat, Nadia, and Amal A. Hadi, *Female Genital Mutilation Abandonment Programme: Evaluation summary report*, Population Council, West and North Africa Office, Cairo, 24 April 2008, pp. 26, 33-35.
- 96 For more information, see the Positive Deviance Approach in the *Female Genital Mutilation Abandonment Programme: Refaat, Nadia, and Amal A. Hadi, Female Genital Mutilation Abandonment Programme: Evaluation summary report*, Population Council, West and North Africa Office, Cairo, 24 April 2008, pp. 12-15, 60.
- 97 Barsoum, Ghada, et al., *Mid-Term Evaluation and Documentation of the FGM-Free Village Model Project*, Population Council, West and North Africa Office, Cairo, 3 June 2008, pp. 49-52; and Refaat, Nadia, and Amal A. Hadi, *Female Genital Mutilation Abandonment Programme: Evaluation summary report*, Population Council, West and North Africa Office, Cairo, 24 April 2008, p. 38.
- 98 Data to assess the impact of the two FGM/C abandonment initiatives were collected by the Population Council before the summer of 2007, when two girls died as they were being cut by doctors and prior to the passing of legislation that criminalized FGM/C. It is therefore likely that the changes that have occurred in Egypt to date are more significant than the data indicate. (Barsoum, Ghada, et al., *Mid-Term Evaluation and Documentation of the FGM-Free Village Model Project*, Population Council, West and North Africa Office, Cairo, 3 June 2008, p. 61). All quantitative data in this section are taken from the mid-term evaluation of the FGM-Free Village Model project (pp. 57-82). All qualitative data, findings, quotations and other information come from the midterm evaluation of the FGM-Free Village Model Project and the FGM Abandonment Project.
- 99 Barsoum, Ghada, et al., *Mid-Term Evaluation and Documentation of the FGM-Free Village Model Project*, Population Council, West and North Africa Office, Cairo, 3 June 2008, pp. 95-96.
- 100 A high-level action committee is chaired by the First Lady of Egypt, with representatives from the Ministries of Health, Information, Justice, Religious Affairs, Education, Higher Education and Social Solidarity; heads of Islamic institutions; and representatives from the Orthodox Church and the Medical Syndicate. The committee has played a key role in developing and implementing a number of initiatives, including: the statement by the Egyptian Medical Syndicate reaffirming that anyone who performs FGM/C is violating the Egyptian code of medical ethics; free broadcasting time on national and local TV channels and on the radio, provided by the Ministry of Information for programmes and advertisements on FGM/C; the booklet 'FGM/C Is Not an Islamic Ritual', published by the Ministry of Religious Affairs, which declares that Islamic institutions in Egypt are unified against the practice.
- 101 Barsoum, Ghada, et al., *Mid-Term Evaluation and Documentation of the FGM-Free Village Model Project*, Population Council, West and North Africa Office, Cairo, 3 June 2008, p. 59.
- 102 *Ibid.*, p. 74.
- 103 *Ibid.*, pp. 60-61.
- 104 *Ibid.*, p. 62. The *Egypt Demographic and Health Survey 2008* also reports that 97 per cent of men and 96 per cent of women in Egypt received information about FGM/C on television (El-Zanaty, Fatma, and Ann Way, *Egypt Demographic and Health Survey 2008*, Ministry of Health, El-Zanaty and Associates, and Macro International, Cairo, 2009, p. 208).
- 105 *Ibid.*, pp. 62-67.
- 106 *Ibid.*, pp. 70-71, 75-76.

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- 107 National Committee on Traditional Practices in Ethiopia, *Baseline Survey on Harmful Traditional Practices in Ethiopia*, Addis Ababa, September 1998, pp. 16-18.
- 108 Central Statistical Agency Ethiopia and ORC Macro, *Ethiopia Demographic and Health Survey 2005*, ORC Macro Calverton, MD, September 2006, pp. 252-254.
- 109 For more information on disaggregated data, also see: Central Statistical Agency Ethiopia and ORC Macro, *Ethiopia Demographic and Health Survey 2005*, ORC Macro, Calverton, MD, September 2006, p. 225.
- 110 The level of practice among daughters declined from 52 per cent in 2000 to 38 per cent in 2005, according to the Ethiopia DHS 2005.
- 111 Article 16 of the Constitution of Ethiopia states: "Every one has the right to protection against bodily harm." Article 35, para. 4, specifies: "The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress and cause bodily or mental harm are prohibited."
- 112 See: 'The Criminal Code of the Federal Democratic Republic of Ethiopia', Proclamation No. 414/2004, articles 565, 566, 567 and 569.
- 113 All of the data, findings, quotations and other information presented in the following sections are derived from: Dagne, Haile Gabriel, 'Ethiopia: Social dynamics of abandonment of harmful practices – Experiences in four locations', *Innocenti Working Paper* No. 2009-07, UNICEF Innocenti Research Centre, Florence, 2010. This *Innocenti Working Paper* compiled information collected from two studies conducted in 2006 and 2008 by Professor Haile Gabriel Dagne, who worked in close collaboration with the UNICEF Ethiopia Country Office and local NGOs. Data were collected in a number of districts in four different locations. Focus group discussions and in-depth interviews were conducted among a wide variety of stakeholders, including elders, youth, men and women, community members, community organizations, clan members, dialogue facilitators, uncut girls, NGO staff, teachers, students, government officials and religious leaders. Closed-format questionnaires were prepared, pretested and administered in local languages by trained data collectors, especially young people familiar with the areas.
- 114 Federal Democratic Republic of Ethiopia Population Census Commission, *Summary and Statistical Report of the 2007 Population and Housing Census – Population size by age and sex*, Addis Ababa, December 2008, p. 63.

- 115 Information about the intervention in the Yilmanadensa District derived from: Dagne, Haile Gabriel, 'A Study on Community Dialogue Leading towards Abandoning of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Early Marriage and Marriage by Abduction, Conducted in Yilmanadensa Woreda/Amhara, Gewane/Afar and Wolayta Zone' (internal publication), UNICEF Ethiopia, Addis Ababa, December 2006.
- 116 Ibid., pp. 26, 27.
- 117 Ibid., p. 26.
- 118 Federal Democratic Republic of Ethiopia Population Census Commission, *Summary and Statistical Report of the 2007 Population and Housing Census – Population size by age and sex*, Addis Ababa, December 2008, p. 77.
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- 120 Ibid., p. 43.
- 121 Data provided for men aged 15-59 and women aged 15-49. Source: Macro International Inc., *Ethiopia Atlas of Key Demographic and Health Indicators*, 2005, Macro International Inc., Calverton, MD, September 2008, p. 3.
- 122 Central Statistical Agency Ethiopia and ORC Macro, *Ethiopia Demographic and Health Survey 2005*, ORC Macro, Calverton, MD, September 2006, pp. 252, 253.
- 123 Information about the intervention in the Gewane District derived from: Dagne, Haile Gabriel, 'A Study on Community Dialogue Leading towards Abandoning of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Early Marriage and Marriage by Abduction, Conducted in Yilmanadensa Woreda/Amhara, Gewane/Afar and Wolayta Zone' (internal publication), UNICEF Ethiopia, Addis Ababa, December 2006.
- 124 Federal Democratic Republic of Ethiopia, Population Census Commission, *Summary and Statistical Report of the 2007 Population and Housing Census – Population size by age and sex*, United Nations Population Fund, Addis Ababa, December 2008, p. 59.
- 125 Dagne, Haile Gabriel, 'A Study on Community Dialogue Leading towards Abandoning of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Early Marriage and Marriage by Abduction, Conducted in Yilmanadensa Woreda/Amhara, Gewane/Afar and Wolayta Zone' (internal publication), UNICEF Ethiopia, Addis Ababa, December 2006, p. 64.
- 126 Federal Democratic Republic of Ethiopia Population Census Commission, *Summary and Statistical Report of the 2007 Population and Housing Census – Population size by age and sex*, Addis Ababa, December 2008, p. 76.
- 127 Information about the intervention in the Kembatta Tembaro Zone draws from: Dagne, Haile Gabriel, 'A Study on Social Dynamics Leading to Abandonment of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Kambatta and Tembaro Zone. Kembatti Menti Gezzima – Toppe Project' (internal publication), UNICEF Ethiopia, October 2008.
- 128 See: KMG Ethiopia, Addis Ababa, <www.kmgselfhelp.org>, accessed 6 September 2010.
- 129 Dagne, Haile Gabriel, 'A Study on Social Dynamics Leading to Abandonment of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Kambatta and Tembaro Zone, Kembatti Menti Gezzima – Toppe Project' (internal publication), UNICEF Ethiopia, Addis Ababa, October 2008, p. 21.
- 130 The name of this community discussion tool is Community Capacity Enhancement through Community Conversation (CCE-CC); it is an adaptation of the Community Capacity Enhancement programme, developed with the support of UNDP to address HIV and AIDS. For more detailed information about CCE-CC, see: Gueye, Moustapha, et al., *Community Capacity Enhancement Handbook*, United Nations Development Programme, New York, 2005.
- 131 Dagne, Haile Gabriel, 'Ethiopia: Social Dynamics of Abandonment of Harmful Practices – Experiences in four locations', *Innocenti Working Paper* No. 2009-07, UNICEF Innocenti Research Centre, Florence, 2010, pp. 19-21. As Professor Dagne explains in his research, the Fuga are potters who have traditionally been ostracized and discriminated against by the rest of society: "The Fuga do not mix socially or intermarry with other groups. Because some Fuga also perform circumcision, it was considered important to engage them in the discussions about harmful traditional practices."
- 132 Dagne, Haile Gabriel, 'A Study on Social Dynamics Leading to Abandonment of Harmful Traditional Practices with Special Reference to Female Genital Cutting, Kambatta and Tembaro Zone, Kembatti Menti Gezzima – Toppe Project' (internal publication), UNICEF Ethiopia, Addis Ababa, October 2008, pp. 22-23.
- 133 Ibid., pp. 25-34.
- 134 Ibid., pp. 34-36.
- 135 Ibid., pp. 42.
- 136 Ibid., pp. 40-41.
- 137 Ibid., pp. 41-45.

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- 138 Evelia, Humphres, et al., 'Contributing towards Efforts to Abandon Female Genital Mutilation/Cutting in Kenya: A situation analysis', Population Council, Nairobi, June 2007, p. 5.
- 139 Kenya National Bureau of Statistics and ICF Macro, *Kenya Demographic and Health Survey 2008-09*, Kenya National Bureau of Statistics and ICF Macro, Calverton, MD, 2010, p. 266.
- 140 See, for example: Committee on the Elimination of All Forms of Discrimination against Women, Convention on the Elimination of All Forms of Discrimination against Women, Seventh period report of States parties, Kenya, CEDAW/C/KEN/7, Office of the United High Commissioner for Human Rights, Geneva, 24 March 2010, para. 48, p.14.
- 141 Kenya National Bureau of Statistics and ICF Macro, *Kenya Demographic and Health Survey 2008-09*, Kenya National Bureau of Statistics and ICF Macro, Calverton, MD, 2010, pp. 264-268.
- 142 Source for 2003 data: Central Bureau of Statistics, Ministry of Health, and ORC Macro, *Kenya Demographic and Health Survey 2003*, Central Bureau of Statistics, Ministry of Health [Kenya], and ORC Macro Calverton, MD, 2004, p. 250. Source for 2008-2009 data: Kenya National Bureau of Statistics and ICF Macro, *Kenya Demographic and Health Survey 2008-09*, p. 264.
- 143 Natsoulas, Theodore, 'The Politicization of the Ban of Female Circumcision and the Rise of the Independent School Movement in Kenya: The KCA, the missions and government, 1929-1932', *Journal of Asian and African Studies*, vol. 33, no. 2, April, 1998, pp. 137-158.
- 144 Kenyatta, Jomo, *Facing Mount Kenya: The tribal life of the Gikuyu*, Vintage Books, New York, 1965, p. 130.
- 145 Ibid., p. 128.
- 146 Evelia, Humphres, et al., 'Contributing towards Efforts to Abandon of Female Genital Mutilation/Cutting in Kenya: A situation analysis', Population Council, Nairobi, June 2007, pp. 12-18. The 2007 national situation analysis identified 10 strategies being used to support abandonment of FGM/C: (1) health risk/harmful traditional practice approach, (2) addressing the health complications of FGM/C, (3) educating traditional FGM/C practitioners, offering alternative income, (4) alternative rites of passage, (5) religious-oriented approach, (6) legal approach, (7) human rights approach, (8) intergenerational dialogue, (9) promotion of girls' education to oppose FGM/C and (10) supporting girls escaping from child marriage and FGM/C.
- 147 Shell-Duncan, Bettina, 'Between Law, Religion, and Tradition: Contesting female genital cutting in Kenya', Paper presented at the annual meeting of the American Anthropological Association, Washington, D.C., 28 November-1 December 2007, p. 3.
- 148 *Laws of Kenya, The Children Act, 2001, No 8 of 2001*, revised edition 2007 (2001), published by the National Council for Law Reporting with the Authority of the Attorney General, articles 14 and 20.

- 149 Committee on the Elimination of Discrimination against Women, Convention on the Elimination of All Forms of Discrimination against Women, Seventh periodic report of States parties, Kenya, CEDAW/C/KEN/7, Office of the United Nations High Commissioner for Human Rights, Geneva, 24 March 2010, paras. 45-47, pp.12,13. In 1999, the National Plan of Action for the elimination of Female Genital Mutilation in Kenya (1999-2019) was launched by the Ministry of Health. With the new appointment of the Ministry of Gender, Children and Social Development as coordinator of FGM/C activities in Kenya, the plan was reviewed to deal with FGM/C from a broader and more rights-based perspective.
- 150 Committee on the Elimination of Discrimination of All Forms of Discrimination against Women, Convention on the Elimination of All Forms of Discrimination against Women, Seventh periodic report of States parties, Kenya, CEDAW/C/KEN/7, Office of the United Nations High Commissioner for Human Rights, Geneva, 24 March 2010, para. 47, p.13; and Mathenge, Esther Murugi, 'Speech by Minister during the Public Declaration on "The Abandonment of Female Genital Mutilation"' by the Njuri Ncheke Council of Elders of Meru', Government of Kenya, Ministry of Gender, Children and Social Development, Nairobi, 29 August 2009.
- 151 Federation of Women Lawyers, *Protection Against Female Genital Mutilation: A review of the implementation of the Children's Act: Lessons from Samburu and Garissa Districts*, FIDA Kenya, Nairobi, 2009, pp. 22-23.
- 152 Chege, Jane Njeri, Ian Askew and Jennifer Liku, 'An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya', *FRONTIERS Final Report*, Population Council, Washington, D.C., September 2001, pp. 42-44.
- 153 Khasakhala, Anne, 'Final Report for a Study on Social Dynamics of Abandonment of Harmful Practices Relating to Alternative Rite of Passage (ARP) and Intergenerational Dialogue (IGD) as Strategies Aimed at Eliminating Female Genital Mutilation/Cutting (FGM/C) in Kenya' (internal publication), Presented to the UNICEF Kenya Country Office and submitted to UNICEF IRC, Florence, 2008.
- 154 The Value-Centered Approach was developed by Professor Muthgard Hinkelmann-Toewe, Director of the Center for PROFS. Further information can be found in: Hinkelmann-Toewe, Muthgard, 'Women's Power in Africa: From appreciating women's value to the creation of value – The economic implications of the Value-Centered Approach', *KONSENS [CONSENSUS]*, nos. 1 and 2, 2007.
- 155 The information included in the section related to the Fulda-Mosocho Project is from: Khasakhala, Anne, 'Final Report for a Study on Social Dynamics of Abandonment of Harmful Practices Relating to Alternative Rite of Passage (ARP) and Intergenerational Dialogue (IGD) as Strategies Aimed at Eliminating Female Genital Mutilation/Cutting (FGM/C) in Kenya' (internal publication), Presented to the UNICEF Kenya Country Office and submitted to UNICEF IRC, Florence, 2008, pp. 18-22. Further documentation was mainly provided by: Ritva Siemers, Chairperson of VividCom, and Ulrike Maschke, Executive Director of the Center for Practice-Oriented Feminist Science (Center for PROFS), Fulda University of Applied Sciences. For more information, refer to: the Fulda-Mosocho Project website: <www.fulda-mosocho-project.com>.
- 156 This programme was developed by the Center for PROFS and was recognized by the District Education Officer as a formal further-education programme. The Center for PROFS developed two types of education programmes based on the Value-Centered Approach: a formal further-education programme for professionals (in this case, for teachers and social workers) and a non-formal education programme for other community members.
- 157 All educational initiatives are conducted in English (the official language in Kenya) or in Gusii language, when necessary. Lessons are conducted by a German project manager, usually an expert in pedagogy qualified in the Value-Centered Approach, with support of the Kenyan staff and volunteers.
- 158 Hinkelmann-Toewe, Muthgard, 'Women in Kenya: Cultural structures and special characteristics of the Luo, Kisii and Kuria and their effects on the lives and developmental prospects of women, reflected and analysed from the viewpoint of these very women', 1987, published in *One World for All Women: Innovative approaches to development work*, Göttingen, 1994.
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- 159 The information contained in the section on the Sudan is derived from a country paper developed for this *Innocenti Insight*. Ahmed, Samira, S. Al Hebshi and B. V. Nylund, 'Sudan: An in-depth analysis of the social dynamics of abandonment of FGM/C', *Innocenti Working Paper* No. 2009-08, UNICEF Innocenti Research Centre, Florence, 2008. The country paper was developed drawing from various sources, including government and development partner reports, national surveys, assessments and evaluations undertaken during the period 2001-2006.
- 160 Sudanese Government of National Unity and Government of Southern Sudan, *Sudan Household Health Survey 2006*, Sudanese Central Bureau of Statistics/Southern Sudan Commission for Census, Statistics and Evaluation, Sudan, 2006, pp. 188-196. The 2006 Sudan Household Health Survey collected information on the status of all women aged 0-50+ living in the household. The global prevalence rate of FGM/C for this broader age group in the Sudan is 69 per cent. For comparability with previous surveys and in accordance with UNICEF's standard indicators, the final prevalence rate was recalculated for women aged 15-49 and found to be 89 per cent.
- 161 Department of Statistics and Ministry of Economic and National Planning, *Sudan Demographic and Health Survey 1989-1990*, Institute for Resources Development/Macro International Inc., Columbia, MD, May 1991, pp. 117-130.
- 162 The National Council for Child Welfare develops policies and advocates for the protection of children's rights; it works at the state level through its State Councils for Child Welfare.
- 163 The 2009-2012 United Nations Development Assistance Framework (UNDAF) includes FGM/C as an integral component of its gender equality and violence against women campaign and programming. The United Nations agencies involved are UNICEF, UNFPA, UNDP, UNHCR, UNIFEM and UNV (United Nations Sudan, *United Nations Development Assistance Framework 2009-2012*, Khartoum/Juba, 2008, pp. 25, 50).
- 164 *Entishar* means 'diffusion' in Arabic. At the initial stage of its operations, Entishar staff were trained by Tostan (Tostan's experience is documented in the section of this publication on Senegal, chapter 4). Entishar selected this name following the example of Tostan, which means 'spreading and sharing' as well as 'break-through' in Wolof, the most widely spoken language in Senegal.
- 165 Gruenbaum, Ellen, *FGM in Sudan: Knowledge, Attitudes and Practices. Qualitative research on female genital mutilation/cutting (FGM/C) in West Kardofan and Kassala States*, UNICEF Sudan, Khartoum, 2004.
- ## CHAPTER 5
- 166 United Nations Children's Fund, *Progress for Children: A report card on child protection*, Number 8, UNICEF, New York, September 2009, p. 14.



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