

## KEY MESSAGES

### INNOCENTI INSIGHT

#### *The Dynamics of Social Change. Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries*

FGM/C is a human rights violation that causes physical and psychological harm. It stems from gender inequality that is deeply entrenched in the social and economic structures of the countries and communities where it is practised. Simply condemning FGM/C as a human rights violation, however, is not enough to stop the practice.

Understanding the social dynamics that perpetuate FGM/C is key to ending it. In communities where it is practised, FGM/C is not viewed as a harmful act but as a necessary step to raise and protect a girl and, in many instances, to make her eligible for marriage. Failure to carry out or undergo FGM/C can lead to social exclusion and disapproval not only of the girl but of the entire family. Conformity, on the other hand, brings families respect and maintains their social standing. FGM/C is therefore a social norm, held in place by reciprocal expectations. The social rewards and sanctions associated with FGM/C are powerful determinants of both the continuation and abandonment of the practice. When people see that others are prepared to abandon FGM/C it becomes possible for them to do the same. The above is also applicable to other harmful practices, such as forced or child marriage (which also operate as social norms).

FGM/C may also be supported by additional beliefs that are interconnected and mutually reinforcing. Religion, tradition and culture are often cited by families as reasons for cutting their daughters. Many communities, for example, assume that FGM/C is mandated by religious doctrine, despite the fact that no major religion requires it. The practice is also often associated with notions of bodily cleanliness, beauty and chastity, while many communities believe it controls a girl's sexual desire and prevents adultery.

The most effective programmes do not rely on outsiders coming into the community to open a discussion on FGM/C, but engage respected community members to reinforce local values and culture and to frame the discussion on FGM/C in a non-threatening way. Laws, policies and media can enable and support the transformation process.

Linking local values and culture to human rights principles plays a crucial role in bringing about change. This is most effective when abstract human rights ideals are translated into familiar language and illustrated through concrete examples from people's lives. The process encourages individuals to describe and articulate their own values, and come to a consensus on their shared vision and goals.

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Experiences confirm that human rights deliberations are more transformative if they challenge established gender relationships and stereotypes.

The inclusion of human rights deliberations in abandonment initiatives has revealed that one of the key factors that motivates parents to have their children cut – to do what is best for their daughters – may also spur a decision to stop the practice once social norms evolve and social expectations change.

FGM/C is not confined within national borders. Immigrants may wield considerable influence in their home communities and should be involved in the abandonment process. At the same time, abandonment initiatives in industrialized countries can be more effective if they build on local interventions to end FGM/C in countries of origin.

The social dynamics that govern FGM/C also govern other harmful practices and forms of violence against girls and women. Evidence from the report suggests that the approach used to support the abandonment of FGM/C can also promote and contribute to the abandonment of other harmful practices, such as forced and child marriage.

### *Common elements facilitating abandonment*

It is difficult for individual families to abandon FGM/C on their own. Intricate networks of people and villages connected through family and kinship ties, trade, religion and resources influence the decision-making process. Families will abandon FGM/C when they believe that others have made the decision to do so.

Public declarations represent a significant moment in the decision-making process. They follow a long process of deliberation and discussion and are proof of a community's sincerity and commitment to change. Public declarations may take various forms. They may involve a village, a lobby group, such as doctors, religious leaders and youth, or individuals and families. A public declaration does not mean that the declaring village is free from FGM/C, rather it signals the change in social expectations.

The most effective programmes leading to the abandonment of FGM/C contribute to the overall development of a community by offering services, including health centres, education programmes, microcredit schemes and more. This demonstrates that new ideas come with good intentions and with the goal of improving their lives.

Legislation alone is not sufficient for bringing an end to the practice and can even drive it underground. Fear of losing social acceptance and respect drives families to continue the practice even when laws are in place to stop it. Only when accompanied by a broader reform process that involves communities, can legislation effectively protect girls and women.

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National responses are most effective when they complement and reinforce efforts at grass-roots level. 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 and promotes laws and policies that support change.

### *Attitudes and practice*

Although national prevalence rates remain high in Egypt, Ethiopia and Sudan, there has been a significant change in attitudes about FGM/C in all three countries among women aged 15-49. In Egypt, 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. In Ethiopia, reported support for FGM/C was halved – from 60 per cent in 2000 to 31 per cent in 2005. In the Sudan, in 2006, 51 percent of women thought that the practice should continue, compared to 79 per cent in 1989-1990.

Progress towards ending FGM/C cannot be gauged by national prevalence alone. Changes in attitudes towards the practice as well as the number of declarations expressing commitment by communities to end the practice are important indicators of progress. In the five countries studied, there is evidence of some public commitment to abandonment, pressure groups openly advocating to stop the practice, changes in social sanctions and social expectations, government engagement and media involvement. Attitudes towards FGM/C have changed significantly over a relatively brief period of 10 years, indicating that individuals and communities are increasingly questioning the merits of the practice.

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