



# TRAINING MANUAL

## on Gender and Female Genital Mutilation/ Cutting

UN Women's Ending Violence against Women Section  
and UN Women Training Centre

UN Women 2017

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## FACILITATOR'S GUIDE

# Preface

TRAINING MANUAL

## Gender and Female Genital Mutilation/Cutting



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## OVERVIEW

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The Training Manual on *Gender and Female Genital Mutilation/Cutting (FGM/C)*, developed by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), approaches Female Genital Mutilation/Cutting (FGM/C) from a gender perspective in order to increase participants' understanding of FGM/C as a harmful practice and a form of violence against women and girls (VAWG).

During the training, participants reflect on the unequal power relations between men and women as the root cause of FGM/C. They discuss how gender discrimination creates social expectations about women's bodies and sexuality. They look at the socioeconomic, cultural and institutional factors that maintain the practice of FGM/C. They analyse the role of girls and women, boys and men as change agents for abandonment of the practice as well as sources of resistance and they consider a range of programme approaches that have had varying levels of success.

Each session leads to practical outputs for addressing gender and FGM/C in programming. Participants develop a FGM/C data analysis. They look at ways that FGM/C can be addressed in a similar way to VAWG programming. They discuss how to address harmful beliefs in a culturally sensitive way. They then consider the various aspects involved in developing a project addressing FGM/C from a gender and human rights perspective, which is intended to complement the *Manual on Social Norms and Change* (UNFPA-UNICEF, 2016).

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## CONCEPTUAL FRAMEWORK

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The World Health Organization (WHO, 2012) defines FGM/C as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'. At least 200 million girls and women, living in 30 countries where there is available representative data, have undergone FGM/C. FGM/C is mostly practiced in Africa and the Middle East, although it is also performed in some countries and communities in Asia and Latin America and among some immigrant communities in North America, Europe, Australia and New Zealand where migrants have come from places where the practice still occurs (UNICEF, 2016).

FGM/C is a harmful practice like child, early and forced marriage, and a form of violence against women and girls. FGM/C in all its forms is a violation of women's and girls' human rights and affects their lives in many negative ways. In addition to its grave health consequences, FGM/C has a detrimental impact on the economic and social development of women and girls and prevents them from realising their full personal potential (UNICEF, 2006).

FGM/C is an expression of power and control over women's bodies and their lives. VAWG in general, and FGM/C in particular, are deeply rooted in unequal power relations between women and men. They are embedded in a system that sustains itself through discriminatory gender stereotypes and gender norms, commonly accepted violence, and unequal division of labour, private property ownership, legal and social institutions. This means many women have limited access to land, paid labour, inheritance, education, power or security. Marriage becomes necessary for their survival, and their main access to resources and respect. Ideas about purity, chastity, honour, and cleanliness, physically manifested through FGM/C, are used to reinforce pre-marital virginity and marital fidelity and in this way socially and culturally control women. Further, many mothers are involved in ensuring their daughters are cut because the social approval women and girls receive if they undergo FGM/C and the sanctions they face if they don't outweigh the negative consequences.

Various approaches have been employed in the efforts to abandon FGM/C through health education, sexual rights advocacy, community mobilisation and campaigns, the enactment of human rights legislation, the provision of alternative professions for cutters and various initiatives incorporating all or some of the above. However, for a programme to be successful in the fight to abandon FGM/C, McChesney (2015) suggests that it should become a community-led endeavour, change social norms at the wider level, and empower women.

The *Manual on Social Norms and Change* (UNFPA-UNICEF, 2016) complements this perspective. It builds on UNICEF's work on harmful practices and social norms published in *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting* (UNICEF Innocenti Digest, 2005) and *A Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation* (UNICEF, 2007). The manual promotes an evidence-based approach to the design, implementation and evaluation of interventions that address FGM/C. It recognises that in societies where it is practiced, FGM/C is a self-enforcing, behavioural rule or social norm. It argues that as families and individuals uphold the practice because they believe others expect them to do so, abandonment of FGM/C requires a process of social change that results in new expectations and the emergence of a new norm. This means working with a wide range of government, religious, civil society and individual stakeholders, from across health, education, child protection, media and business sectors. This manual on *Gender and FGM/C* adds the concept that to achieve such a new social norm, gender inequality, discrimination, and patriarchal power and control need to be addressed.

In terms of programming, dealing with FGM/C as a harmful practice, a form of VAWG, and a social norm, requires a theory of change that is holistic, multi-sectoral, gender sensitive, and rights-based. A stakeholder analysis is essential in order to identify influencers – both change agents and sources of resistance. For example, while there is a wide, incorrect belief that FGM/C has a religious base, religion can nonetheless play a critical role in both perpetuating and stopping FGM/C. Programming must also incorporate the principles of Do No Harm. The safety and security of the women and girls who have undergone FGM/C should be prioritised. They should be treated with respect, and their confidentiality should be assured. At the same time boys and men should be included in programming. In addition, the long term goal of changing social norms should go hand in hand with a focus on more immediate results. This approach is closely aligned to key principles of programme design in the DFID Guidance Note for *Shifting Social Norms to Tackle Violence Against Women and Girls* (Alexander-Scott et al., 2016) and widely shared in the global discussion on FGM/C programming.

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## PARTICIPANTS' PROFILE

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The course is intended for programme managers and practitioners from government and civil society organisations, the UN and other international organisations, working in the countries where FGM/C is predominantly practised, including countries where immigrant communities continue to perform the practice. It targets professionals who are already working to address FGM/C or who see opportunities to address FGM/C within their gender equality or elimination of VAWG programmes. Participants should be able to translate the gender analysis for the abandonment of FGM/C promoted by this training, into respectful and culturally sensitive strategies appropriate to the environments in which they work.

The course is designed for a group of 15 to 25 participants working in four to five small discussion groups. This gives everyone the chance to contribute their experience and ideas in order to enrich the participatory outcomes of the sessions.

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## FACILITATOR'S PROFILE

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*Gender and FGM/C* is not intended to be a course for the training of trainers. Therefore facilitators should already be experienced in delivering training on gender, FGM/C and VAWG and be able to judge the level of the participants' knowledge in terms of how much technical terminology to include or avoid. They should have knowledge of the following areas and be able to illustrate the concepts with practical examples:

- FGM/C types 1 - 4, countries of prevalence, international and national FGM/C prevention laws, health and social repercussions;
- the concepts of gender inequality, discrimination, gender stereotypes and harmful masculinities in relation to the societies that endorse FGM/C;
- different approaches and interventions that have been used in programming to end FGM/C including sexual and reproductive health and rights approaches, legal change, educational and economic empowerment, and changing social norms.

In addition, the facilitator should be able to use facilitation skills based on feminist pedagogy and the principles of adult-learning (Knowles et al 2015). They should be familiar with using a communicative, participatory, task based approach to training in order to:

- elicit and check understanding of concepts, facts and ideas;
- avoid teacher-centred lecturing but at the end of each task be able to draw key points together into clear synopses;
- set up and manage tasks with clear instructions to precipitate clear outcomes;

- promote critical thinking for analysing, categorising and detailing problems, root causes and solutions;
- encourage a variety of participant-led initiatives and diversity of opinion;
- give relevant and constructive feedback;
- create a conducive and safe learning space;
- encourage critical self-reflection on issues of gender and power.

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## COURSE OBJECTIVES

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By the end of the course, participants will be able to:

- write a data analysis about gender and FGM/C for a country specific project or programme;
- identify the root causes of FGM/C as unequal power relations between men and women which lead to gender inequality, discrimination and harmful stereotypes and norms;
- explain how societies use FGM/C to control women and girls and why women are also involved in maintaining the status quo;
- define FGM/C as a harmful practice, a form of violence against women and girls (VAWG), and a violation of their human rights;
- explain the importance of a holistic approach to FGM/C programming;
- identify stakeholder support for, and resistance to, ending FGM/C;
- address myths and harmful beliefs about FGM/C;
- explain a range of considerations for gender transformative FGM/C programming and begin to develop a theory of change.

It is important to note that as a three-and-a half day course, *Gender and FGM/C* does not try to cover every aspect of FGM/C. For example, human rights approaches, the role of religion, and regional obligations regarding FGM/C and the law are not covered in detail. However, references to complimentary FGM/C resources are annotated throughout the materials and these are listed in the Sources below.

The social norms perspective is covered in greater detail in the *Manual on Social Norms and Change* (UNFPA-UNICEF, 2016). Guiding principles for addressing survivors of VAWG are covered in greater detail in *A framework to underpin action to prevent violence against women* (UN Women, ILO, UNDP, UNESCO, UNFPA, UNCHR, WHO, 2015), *Essential Services Package for Women and Girls Subject to Violence* (UN Women, UNFPA, WHO, UNDP and UNODC, 2015).

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## COURSE OVERVIEW

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The course comprises three one-day modules and one half-day module as outlined below. ➤ **Module 2** can also be run as an integrated part of the *Manual on Social Norms and Change* (UNFPA-UNICEF, 2016).

### Module 1 — Defining the context of FGM/C

Session	Title	By the end of the module participants will be able to
	<b>Opening</b>	→ complete the pre-course evaluation;
1	<b>Introduction to the course</b>	→ identify skills and experience amongst the group members; → explain the approach and rationale of the course; → agree on ways of working together;
2	<b>Gender data and FGM/C</b>	→ assess the usefulness of data about gender and FGM/C in the countries where participants work; → produce a data analysis about gender and FGM/C for participants' projects/programmes.

### Module 2 — Gender inequality, FGM/C and VAWG

Session	Title	By the end of the module participants will be able to
3	<b>Power and control</b>	→ analyse the root causes of FGM/C in terms of gender inequality, discrimination and harmful gender stereotypes and norms; → explain how FGM/C is a harmful practice; → explain how FGM/C is used to control women and girls;
4	<b>FGM/C as a form of Violence Against Women and Girls</b>	→ define violence against women and girls (VAWG); → define how FGM/C is a harmful practice, a form of VAWG, and a violation of human rights; → begin to use an ecological framework for FGM/C programming.



### Module 3 — Change agents and sources of resistance

Session	Title	By the end of the module participants will be able to
5	<b>Analysing stakeholder influence</b>	<ul style="list-style-type: none"><li>→ identify stakeholder support for and resistance to ending FGM/C;</li><li>→ use an Influence Matrix to find entry points for change;</li></ul>
6	<b>Addressing harmful beliefs</b>	<ul style="list-style-type: none"><li>→ analyse commonly held harmful beliefs that uphold FGM/C;</li><li>→ formulate effective arguments to address them.</li></ul>

### Module 4 — Gender and FGM/C programming

Session	Title	By the end of the module participants will be able to
7	<b>Gender and FGM/C programming</b>	<ul style="list-style-type: none"><li>→ explain a range of considerations for gender transformative FGM/C programming;</li><li>→ begin to develop a theory of change;</li><li>→ describe how participants will use the course content in their own work;</li></ul>
	<b>Closing</b>	<ul style="list-style-type: none"><li>→ complete the post course evaluation.</li></ul>

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## COURSE METHODOLOGY

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The course methodology is participatory and learner-centred in order to draw on participants' personal and professional experience and expertise. Presenting information in a top-down way can sometimes mirror patriarchal power. The methodology therefore seeks to create a non-hierarchical learning environment where participants' beliefs, skills and knowledge are respected and where participants and facilitators work together to generate collective understanding and explore ways forward. The approach is task-based and results-oriented. It uses group work discussion to develop critical thinking, open mindedness, activism and social mobilisation. Participants have the opportunity to engage with the material at a practical level and transfer what they have learnt to their own working contexts. Lecture-based teaching is avoided and the number of power-point presentations is minimal. This format however requires the facilitator to sum up key points clearly. There is also a handout for each session that recaps the main messages for participants' easy reference.

Each session has a series of facilitator-led inputs, and participant-led tasks and outputs. The task types employed comprise the cognitive sub-skills of critical thinking. These include analysing, categorising, prioritising, improving, brainstorming and planning tasks. In addition, session activities balance the four learning styles – visual, auditory, reading-writing and kinaesthetic (VARK) – in order to accommodate the different ways course participants learn and express themselves. Equipment required for the sessions is mainly low-tech: four to six pin-boards or flip-charts (one for each group), flip chart paper, an assortment of coloured Visualisation in Participatory Programming (VPP) cards, permanent markers in four colours, pins or glue-sticks. For Session 2, a laptop-projector-screen-wireless-internet set-up is desirable, and participants should bring their laptops if possible.

## TIMETABLE

	DAY 1	DAY 2	DAY 3	DAY 4
	<b>Defining the context of FGM/C</b>			
8.30	<p><b>Opening</b></p> <p><b>Session 1</b> <b>Introduction to the course</b></p> <p>Getting to know each other and the course components</p>	<p><b>Session 3</b> <b>Power and control</b></p> <p>Identifying harmful practices</p> <p>Analysing gender inequality root causes of FGM/C</p>	<p><b>Session 5</b> <b>Analysing stakeholder influence</b></p> <p>Using an Influence Matrix to analyse resistance to and support for abandoning FGM/C</p>	<p><b>Session 7</b> <b>Gender and FGM/C programming</b></p> <p>Dealing with a range of programming considerations</p> <p>Developing a theory of change</p>
10.30	<b>Morning break</b>			
11.00	<p><b>Session 2</b> <b>Gender data and FGM/C</b></p> <p>Comparing FGM/C data with other development statistics</p>	<p>Defining FGM/C as a tool for power and control</p>	<p>Finding entry points for change</p>	<p>Discussing next steps</p> <p>Completing the post course evaluation</p> <p><b>Closing</b></p>
12.30	<b>Lunch</b>			
13.30	<p>Sharing data associations and contradictions</p>	<p><b>Session 4</b> <b>FGM/C as a form of VAWG</b></p> <p>Defining FGM/C as a form of VAWG, a harmful practice, and a violation of human rights</p>	<p><b>Session 6</b> <b>Addressing harmful beliefs</b></p> <p>Analysing myths and beliefs about FGM/C</p>	
15.00	<b>Afternoon break</b>			
15.30 to 17.00	<p>Developing a gender and FGM/C data analysis</p>	<p>Detailing key FGM/C activities for holistic programming</p>	<p>Using roleplays to develop skills for addressing harmful beliefs</p>	

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## FACILITATOR'S GUIDE

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The Facilitator's Guide for each session is made up of three sections:

### 1. Overview

<b>Learning objectives</b>	a series of 'can do' statements for participants
<b>Main elements</b>	a list of session parts and times
<b>Handouts</b>	a list of titles for referencing the Participants' Handouts
<b>Resources</b>	a list of resource references or links
<b>Key messages</b>	a summary of the main content that will be covered in the session
<b>Equipment and materials</b>	a list of visual aids needed for the facilitator's preparation

### 2. Procedure

The Procedure provides a step-by-step guide for what the facilitator does and what the participants do. It is written as a set of instructions, with time allocated for each step, and where relevant, key input in information boxes.

### 3. Notes for facilitators

Corresponding to each step in the Procedure and the specific tasks in the Participants' Handouts, the Notes for Facilitators provide task rationale, background information, explanations of key concepts, suggested answer keys, and feedback ideas for participant output.

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## PARTICIPANTS' HANDOUTS

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Because this is a task-based course, the Participants' Handouts contain a series of tasks and activities that systematically build understanding, analysis and action related to each topic. Collectively, they form a workbook for participants. Each handout is divided into activities and each activity has a clearly understood rubric that corresponds to the instructions in the Facilitator's Guide. The handouts are intended to be written on. A larger font, and proper spaces for participants to write in are therefore used in the layout.

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## PRE-COURSE PACKAGE

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In order to ensure all participants have a common understanding of key concepts before attending the course, a pre-course package of free e-learning activities (short online courses and reading) on gender and/or FGM/C will be sent to them, which will include:

### **Modular online courses**

UN WOMEN Training Centre (2011-2016). I Know Gender.

Available from: <https://trainingcentre.unwomen.org/course/description.php?id=2>

UNFPA (2014). FGM Prevention for Midwives e-Learning Module.

Available from: <http://fgmprevention.unfpa.org/>

Mediterranean Institute of Gender Studies (2012).

United to End Female Genital Mutilation.

Available from: <http://uefgm.org/index.php/e-learning/>

### **Short online reading**

FGM Education Programme NZ (2016). Female Genital Mutilation Information for health and child protection professionals.

Available from: <http://fgm.co.nz/beliefs-and-issues/>

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Agarwal, Bina (1994). Gender and Command over Property: A Critical Gap in Economic Analysis and Policy in South Asia. <i>World Development</i> , vol. 22, No. 10, pp 1455-1478. Available from: <a href="http://www.binaagarwal.com/downloads/apapers/gender_and_command_over_property.pdf">http://www.binaagarwal.com/downloads/apapers/gender_and_command_over_property.pdf</a>	PH03	5
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Gender and Female Genital Mutilation/Cutting

**Preface**

1

FACILITATOR'S GUIDE

# Introduction to the course

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting





FACILITATOR'S GUIDE

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# Introduction to the course

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# OVERVIEW

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## LEARNING OBJECTIVES



By the end of the session participants will be able to:

- address each other by name and identify particular skills and experience amongst the group members;
- explain the approach and rationale of the course;
- agree on ways of working together in an equitable and responsible working environment.

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## TIME

100 minutes



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## MAIN ELEMENTS



- |  |            |
|--|------------|
| → Pre-course evaluation or test          | 20 minutes |
| → Opening and getting to know each other | 45 minutes |
| → Course overview                        | 20 minutes |
| → Expectations and agreements            | 15 minutes |

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## EQUIPMENT AND MATERIALS

- Workshop folders, notebooks and pens on tables for participants to collect as they enter.
- Scissors, card, glue for the cut-ups; enough to make six sets.
- Projector, screen and laptop.







## KEY MESSAGES

- As a first step, it is important to address everyone by name, and find out what experience they already have in gender analyses for FGM/C programming.
- The course methodology is participatory and learner centred, drawing on participants' personal experience and expertise. It uses tasks and group discussion to develop critical thinking, open mindedness and activism. Participants engage with the material at a practical level and apply what they learn to their own work.
- The topics covered in this course help participants address FGM/C from a gender perspective and analyse how:
  - ✓ unequal power relations between men and women uphold gender discrimination, unequal socio-economic conditions, and can lead to VAWG;
  - ✓ FGM/C is used to control women and girls through beliefs about purity, chastity, and honour to ensure pre-marital virginity and marital fidelity;
  - ✓ FGM/C violates girls' and women's human rights, and has a long term negative impact on their health and wellbeing, education, economic and social status, and personal development;
  - ✓ women are often involved in maintaining FGM/C because the social approval it brings outweighs the negative consequences;
  - ✓ gender sensitive approaches and programming complement a social norms and change approach by addressing root causes as well as their effects.
- Addressing FGM/C from a gender perspective is complex. Root causes, consequences, and ways of addressing the issues are highly integrated. The separation of topics into sessions is simply to accommodate the modular course format.

---

## HANDOUTS



- **Handout 1.1**  
Find Someone who...
- **Handout 1.2**  
Course description
- **Handout 1.3**  
Key points: Introduction to the course

## RESOURCES



- **Resource 1.1A**  
Pre-course evaluation
- **Resource 1.1B**  
Pre-course test
- **Resource 1.2**  
Session cut-ups for arranging the course
- **Resource 1.3 PPT**  
Gender, social norms and FGM/C overview



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# PROCEDURE

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## STEP 1 Pre-course evaluation or test

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20 MINUTES

Distribute the **Pre-course self-evaluation** (↗ **Resource 1.1A**) and/or **the Pre-course test** (↗ **Resource 1.1B**), depending on the desired analysis of achievement at the end of the course. Ask participants to work individually, anonymously (they do not write their names on their papers) and in silence.

For the pre-course test, tell participants to write the last three digits of their mobile phone number as their candidate number in the box provided and fill in the date. Explain that this is a way of comparing pre and post test scores while maintaining participant anonymity.

For the pre-course self-evaluation, tell participants to tick the number *within* its given box, and not between boxes so that they indicate a whole number - 1,2,3 or 4, not a halfway point - 2.5, 3.5 etc.

When they have finished, collect their papers and store them where they can be compared with the post course evaluations or tests at the end of the training.

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## STEP 2 Opening

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15 MINUTES

Give each participant a number from one to six (depending on how many tables you have). Put a number card on each table. Get participants to go to their new table and introduce themselves to their new group.

Welcome the participants and introduce any guests. Invite the course coordinator to give the opening address. Introduce yourself and your training team. Get participants to make or fill in name badges and wear them. Do a quick round of participant introductions where they state their name, position and organisation only.

Get participants to fill in any registration forms and let them know where to sign in every day (if this is needed). Announce break times and lunch times and the locations for each. Point out where the toilets are if participants are unfamiliar with the venue.

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### STEP 3 Getting to know each other

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30 MINUTES

Distribute ↗ **Handout 1.1**. Briefly run through the statements in the handout. Get participants to take the handout and a pen, stand up and move away from the tables into an open space. Tell them they have to mingle and find a different person for each one of the statements. They cannot put the same person's name twice. Once someone has found and filled twelve different names, tell them to stop, go back to their tables, and sit down. Get participants to call out who they found for each statement and collect a few different names for each. Ask the people 'named' to briefly give more details about their personal experience regarding the item they are named for.

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### STEP 4 Course overview

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20 MINUTES

Elicit some of the topics that participants expect to find in the course. Give each table group a set of cards cut up from ↗ **Resource 1.2**. Have participants order the session cards according to how they think the course should flow. In plenary, get them to discuss the logic of their order and their learning priorities.

Distribute ↗ **Handout 1.2**. Get participants to look at the course timetable and compare their order with it. Have them discuss similarities and differences. Explain the course objectives (↗ **Handout 1.2**). Use the power point slides (↗ **Resource 1.3**) and/or distribute the key points (↗ **Handout 1.3**) to emphasise the gender approach and the following points:



The topics covered in this course help participants address FGM/C from a gender perspective. Participants will analyse how

- unequal power relations between men and women uphold gender discrimination, unequal socio-economic conditions, can lead to VAWG, and the subordination of women as individuals and as a social group
- FGM/C, as a harmful practice and a form of VAWG, is used to control women and girls through beliefs about purity, chastity, and honour to ensure pre-marital virginity and marital fidelity;

- FGM/C violates girls' and women's human rights, and has a negative long term impact on their health and wellbeing, education, economic and social status, and personal development;
- women are often involved in maintaining FGM/C because the social approval it brings outweighs the negative consequences.

Explain the UNFPA-UNICEF *Manual on Social Norms and Change* (UNFPA-UNICEF, 2016).

The *Manual on Social Norms and Change* (UNFPA-UNICEF, 2016) promotes an evidence-based approach to the design, implementation and evaluation of interventions that address FGM/C. The manual recognises that in societies where it is practiced, FGM/C is a self-enforcing, behavioural rule or social norm. It argues that as families and individuals uphold the practice because they believe others expect them to do so, abandonment of FGM/C requires a process of social change that results in new expectations and the emergence of a new norm. This means working with a wide range of government, religious, civil society and individual stakeholders, from across health, education, child protection, media and business sectors.



Explain what a social norm is.

A social norm is a practice that is

- widely performed and accepted;
- something people feel proud and/or obliged to conform to;
- usually perpetrated collectively by family and community;
- based on rewards if performed, and sanctions if not performed - driven by fear (of breaking traditions or social rules), guilt (of damaging loved ones' prospects), and shame (of social rejection);



- often without a concrete rationale or history that people can readily explain;
- often upheld publicly even though privately opposed by many ('pluralistic ignorance').

See UNFPA-UNICEF (2016), *Manual on Social Norms and Change*, Handouts, Module 4 page 8, and Bicchieri and Mercier (2014), *Norms and beliefs: how change occurs*.

Explain how this three-and-a-half day course on Gender and FGM/C is linked to the UNFPA-UNICEF training.



To achieve such a new social norm, gender inequality, discrimination, and patriarchal power and control need to be addressed through a gender analysis of root causes that clearly informs holistic planning.

The gender approach to addressing FGM/C complements the social norms and change approach by addressing root causes as well as their effects

Explain that there are several ways the sessions can be combined because root causes, consequences, and programming approaches are highly integrated in real life. The separation of topics into sessions is simply to accommodate the modular course format.

Explain the input-task-output, learner-centred, participatory methodology which limits the use of power point presentations and maximises tasks on handouts, group discussions, participant-led input and practical outputs that lead to programming.

Agree on the role of the participants and the role of the facilitator with the group.

15 MINUTES

At table group level, ask participants to agree on

- a) three expectations they have for the course and
- b) three rules or responsibilities they should adhere to as participants.

Give them a time limit of ten minutes to do this. When the 'bell rings' they have to have come to an agreement on their expectations and responsibilities.

In plenary, get each table to take it in turns to announce *one* of their expectations and *one* of their rules. Build up a list of expectations and responsibilities on a flip chart, avoiding repetitions.

Stick the flip chart list on the wall. Refer to it throughout the course when you meet (or are unable to meet) an expectation, and when they carry out (or fail to carry out) a responsibility.

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# NOTES FOR FACILITATORS

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## Step 1: Pre-course test

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✓ Answer key for ↗ **Resource 1.1B**

**1 d   2 c   3 a   4 d   5 a   6 b   7 b   8 a   9 c   10 d**

## Step 3: Getting to know each other

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The 'Find Someone Who...' mingling activity works both as an ice breaker and a needs analysis. It gives the facilitator a quick overview of who is working on FGM/C issues and what their related gender experience and knowledge is. The facilitator should use the feedback to:

- get participants to talk a little more about themselves and their experience;
- mentally group participants in terms of skills, experience and knowledge.

## Step 4: Course overview

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When explaining the fundamental need for a gender analysis to address FGM/C facilitators can refer to the Conceptual Framework in the Preface for further details.

There is no 'right' way of ordering the sessions. The course has its own internal logic of looking at discrete concepts in each session and then using these as building blocks to reconstruct the whole picture of a systematic gender analysis. The rationale of these building blocks is as follows:

- Participants look at data from six specific FGM/C countries in order to analyse needs and position key issues in real life situations (**Session 2**).
- They then consider the heart of the issue – power, patriarchy and control (**Session 3**) and how FGM/C can be addressed as VAWG (**Session 4**).



- They focus on addressing these issues by analysing the influence of change agents and sources of resistance (**Session 5**), challenging harmful beliefs (**Session 6**), and using a checklist of programming considerations and theory of change (**Session 7**) in order to move to action.

Through this sequence, programming is also ordered systematically. Participants produce:

- a data analysis in Session 2;
- a root cause analysis in Session 3;
- an ecological framework for programming in Session 4;
- a stakeholder analysis in Session 5;
- a personalised communication strategy at micro level in Session 6;
- a programming approach in Session 7.

However, the order of sessions is practical, and should not be seen as a prescriptive way of unpacking the complexity of issues surrounding FGM/C. The sessions are sufficiently stand-alone to make a re-ordering of the timetable possible if participants have a convincing logic for doing so, and reach consensus as a group. Likewise, their pre-test scores may show they are already familiar with some aspects of gender and FGM/C but not with others. If this is the case, the facilitator should try to accommodate their wants or needs. However, this should only be done if the facilitator is experienced, confident about the content and the tasks, and able to delete, expand or rearrange the sessions as required.

When explaining the methodology, the facilitator can refer to the Course Methodology section in the Preface for further details. When agreeing on the role of the participants and the role of the facilitator, the facilitator can refer to the Participants' Profile and the Facilitator's Profile sections in the Preface.

## Step 5: Expectations and agreements

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Agreements should include

- switching mobile phones to silent, closing laptops and tablets and dealing with non-course communications outside the training room;
- showing respect towards each other by listening actively and exercising empathy even when disagreeing;
- upholding confidentiality about what is discussed and ensuring the training room is maintained as a 'safe space';
- being punctual and staying focused, as the timetable is really full.

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# RESOURCES

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## Resource 1.1A: Pre-course self evaluation

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Indicate within the box if you: (1) strongly agree, (2) agree, (3) somewhat disagree or (4) disagree

I can already...	1	2	3	4
1 ... write an FGM/C data analysis for a country specific project or programme.				
2 ... explain how unequal power relations between men and women are the root cause of FGM/C.				
3 ... explain why women in some societies maintain the practice of FGM/C even though it is harmful.				
5 ... define FGM/C as a harmful practice and a form of violence against women and girls (VAWG).				
6 ... explain how FGM/C violates the human rights of girls and women.				
7 ... explain how an ecological framework can be used for holistic programming to address FGM/C.				
8 ... use an Influence Matrix to find entry points for changing the power dynamics around FGM/C.				
9 ... list some harmful beliefs about FGM/C and say how they could be addressed.				
10 ... list some of the considerations for developing a project that addresses gender and FGM/C.				

## Resource 1.1B: Pre-course test

CANDIDATE'S NUMBER

DATE

For each of the ten statements below, circle only one choice. If you do not know the answer, leave it blank.

1 Focusing data analysis on national FGM/C prevalence is problematic when there are strong

- a gender inequalities
- b anti FGM/C laws
- c religious beliefs
- d regional ethnic differences

2 Unequal private property ownership gives men power over women. An example of this is

- a men as providers, women as nurturers
- b women's hyper femininity
- c men's inheritance rights and women's dowry requirements
- d violence against women and girls

3 The root cause of harmful practices like FGM/C should be attributed to

- a unequal power relations between men and women
- b myths and harmful beliefs
- c women's participation in the practice
- d religion

4 When women endorse FGM/C, even though they know it is harmful, they may do so for

- a social acceptance
- b economic survival
- c family honour
- d all of the above

**5 In terms of perpetration and consequences, FGM/C as an act of violence against women and girls is most similar to**

- a** child, early or forced marriage
- b** domestic violence
- c** rape
- d** human trafficking

**6 FGM/C is a violation of women and girls' right to**

- a** pluralistic ignorance
- b** physical, sexual and emotional well-being
- c** sanctions and rewards
- d** all of the above

**7 Beliefs about the necessity of FGM/C are often based on incorrect notions of**

- a** organised diffusion
- b** sexual and reproductive health
- c** alternative rites of passage
- d** all of the above

**8 In designing programmes to address FGM/C, an Influence Matrix can be useful for identifying**

- a** change agents and sources of resistance
- b** gender transformative approaches
- c** practical gender needs
- d** ecological levels


**9 Ensuring Do No Harm in FGM/C programming means**

- a** promoting alternatives
- b** prioritising long-term needs
- c** avoiding negative impact
- d** creating polarisation

**10 An ecological approach which addresses FGM/C at individual, relationship, community and societal levels should be used because**


- a** Violence Against Women and Girls strategies cover all four levels
- b** donors favour working at all four levels
- c** top-down theories of change cover all four levels
- d** FGM/C root causes impact all four levels

**Resource 1.2:** Session cut-ups for arranging the course

<b>ADDRESSING HARMFUL BELIEFS</b>	<b>POWER AND CONTROL</b>	<b>GENDER DATA AND FGM/C</b>	<b>ANALYSING STAKEHOLDERS</b>
<b>GENDER AND FGM/C PROGRAMMING</b>	<b>FGM/C AS A FORM OF VIOLENCE AGAINST WOMEN AND GIRLS</b>	<b>INTRODUCTION TO THE COURSE</b>	

# Resource 1.3: Power point presentation

1



RESOURCE 1.3

## INTRODUCTION TO THE COURSE

Gender and Female Genital Mutilation/Cutting  
Training Manual




### A gender approach and social norms perspective applied to FGM/C

2

**Unequal power relations between men and women uphold gender discrimination, unequal socioeconomic conditions, and can lead to violence against women and girls (VAWG), and the subordination of women as individuals and as a social group.**

Gender and Female Genital Mutilation/Cutting  
Training Manual




### A gender approach and social norms perspective applied to FGM/C

3

**FGM/C, as a harmful practice and a form of VAWG, is used to control women and girls through beliefs about purity, chastity, and honour to ensure pre-marital virginity and marital fidelity.**

Gender and Female Genital Mutilation/Cutting  
Training Manual




### A gender approach and social norms perspective applied to FGM/C

4

**FGM/C violates girls' and women's human rights, and has a negative long-term impact on their health and well-being, education, economic and social status and personal development.**

Gender and Female Genital Mutilation/Cutting  
Training Manual




### A gender approach and social norms perspective applied to FGM/C

5

**Unlike some other forms of violence against women and girls, women are often involved in maintaining FGM/C because the social approval it brings outweighs the negative consequences.**

Gender and Female Genital Mutilation/Cutting  
Training Manual




### A gender approach and social norms perspective applied to FGM/C

6

**A social norm is a practice that is:**

- widely performed and accepted;
- something people feel proud and/or obliged to conform to;
- perpetrated collectively by family and community.

Gender and Female Genital Mutilation/Cutting  
Training Manual



**A social norm is:**

- based on rewards if performed and fear of social sanctions if not performed
- often without a concrete rationale or history that people can readily explain
- upheld publicly even though privately opposed by many ('pluralistic ignorance')

**The *Manual on Social Norms and Change* (UNFPA-UNICEF, 2016) recognises FGM/C is a self-enforcing, behavioural rule or social norm. It argues that as families and individuals uphold the practice, because they believe others expect them to do so, abandonment of FGM/C requires a process of social change that results in new expectations and the emergence of a new norm.**

**To achieve such a new social norm, gender inequality, discrimination, and patriarchal power and control need to be addressed through a gender analysis of root causes that clearly informs holistic project or programme planning.**



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Gender and Female Genital Mutilation/Cutting

**Session 1 — Introduction to the course**



1



**PARTICIPANTS' HANDOUTS**

# Introduction to the course

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting



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# FIND SOMEONE WHO...

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Find someone who...	Name
... can explain the four types of FGM/C	
... has worked/is working in a country where FGM/C is widely practiced	
... can explain a social norms and change approach to programming	
... has a problem with the UK government's definition of FGM/C as a form of child abuse <sup>1</sup>	
... regularly works on mainstreaming gender equality in other programmes	
... believes a human rights approach is the key to ending FGM/C	
... can name some other harmful practices like FGM/C that are commonly performed	
... has involved boys and men in gender equality programmes	
... believes a health-based approach is the key to ending FGM/C	
... has worked/is working on public information dissemination at different levels of society	
... has worked/ is working on a prevention of Violence Against Women and Girls (VAWG) programme	
... can explain why a high prevalence of mothers who have undergone FGM/C cut their daughters	

1 Social Care, Local Government and Care Partnerships/Children, Families and Communities/ Maternity and Starting well/24839, 2015 gov.uk. *Female Genital Mutilation Risk and Safeguarding; Guidance for professionals.*

# COURSE DESCRIPTION

## Course objectives

*By the end of the course, participants will be able to:*

- write a data analysis about gender and FGM/C for a country specific project or programme;
- identify the root causes of FGM/C as unequal power relations between men and women which lead to gender inequality, discrimination and harmful stereotypes and norms;
- explain how societies use FGM/C to control women and girls and why women can also be involved in maintaining the status quo;
- define FGM/C as a harmful practice, a form of violence against women and girls (VAWG), and a violation of their human rights;
- explain the importance of a holistic approach to FGM/C programming;
- identify stakeholder support for, and resistance to, ending FGM/C;
- address myths and harmful beliefs about FGM/C;
- explain a range of considerations for gender and FGM/C programming and begin to develop a theory of change.

## Course overview

### Module 1 — Defining the context of FGM/C

Session	Title	By the end of the module participants will be able to
	<b>Opening</b>	→ complete the pre-course evaluation;
1	<b>Introduction to the course</b>	→ identify skills and experience amongst the group members; → explain the approach and rationale of the course; → agree on ways of working together;
2	<b>Gender data and FGM/C</b>	→ consolidate key facts about gender and FGM/C in the countries where participants work; → produce a data analysis about gender and FGM/C for participants' projects/programmes.

## Module 2 — Gender inequality, FGM/C and VAWG

Session	Title	By the end of the module participants will be able to
3	<b>Power and control</b>	<ul style="list-style-type: none"><li>→ analyse the root causes of FGM/C in terms of gender inequality, discrimination and harmful gender stereotypes and norms;</li><li>→ explain how FGM/C is a harmful practice;</li><li>→ explain how FGM/C is used to control women and girls;</li></ul>
4	<b>FGM/C as a form of Violence Against Women and Girls</b>	<ul style="list-style-type: none"><li>→ define violence against women and girls (VAWG);</li><li>→ define how FGM/C is a harmful practice, a form of VAWG, and a violation of human rights;</li><li>→ begin to use an ecological framework for FGM/C programming.</li></ul>

## Module 3 — Change agents and sources of resistance

Session	Title	By the end of the module participants will be able to
5	<b>Analysing stakeholder influence</b>	<ul style="list-style-type: none"><li>→ identify stakeholder support for and resistance to ending FGM/C;</li><li>→ use an Influence Matrix to find entry points for change;</li></ul>
6	<b>Addressing harmful beliefs</b>	<ul style="list-style-type: none"><li>→ analyse commonly held harmful beliefs that uphold FGM/C;</li><li>→ formulate effective arguments to address them.</li></ul>

## Module 4 — Gender and FGM/C programming

Session	Title	By the end of the module participants will be able to
7	<b>Gender and FGM/C programming</b>	<ul style="list-style-type: none"><li>→ explain a range of considerations for gender transformative FGM/C programming;</li><li>→ begin to develop a theory of change;</li><li>→ describe how participants will use the course content in their own work;</li></ul>
	<b>Closing</b>	<ul style="list-style-type: none"><li>→ complete the post course evaluation.</li></ul>

## TIMETABLE

	DAY 1	DAY 2	DAY 3	DAY 4
	<b>Defining the context of FGM/C</b>			
8.30	<p><b>Opening</b></p> <p><b>Session 1</b> <b>Introduction to the course</b></p> <p>Getting to know each other and the course components</p>	<p><b>Session 3</b> <b>Power and control</b></p> <p>Identifying harmful practices</p> <p>Analysing gender inequality root causes of FGM/C</p>	<p><b>Session 5</b> <b>Analysing stakeholder influence</b></p> <p>Using an Influence Matrix to analyse resistance to and support for abandoning FGM/C</p>	<p><b>Session 7</b> <b>Gender and FGM/C programming</b></p> <p>Dealing with a range of programming considerations</p> <p>Developing a theory of change</p>
10.30	<b>Morning break</b>			
11.00	<p><b>Session 2</b> <b>Gender data and FGM/C</b></p> <p>Comparing FGM/C data with other development statistics</p>	<p>Defining FGM/C as a tool for power and control</p>	<p>Finding entry points for change</p>	<p>Discussing next steps</p> <p>Completing the post course evaluation</p> <p><b>Closing</b></p>
12.30	<b>Lunch</b>			
13.30	<p>Sharing data associations and contradictions</p>	<p><b>Session 4</b> <b>FGM/C as a form of VAWG</b></p> <p>Defining FGM/C as a form of VAWG, a harmful practice, and a violation of human rights</p>	<p><b>Session 6</b> <b>Addressing harmful beliefs</b></p> <p>Analysing myths and beliefs about FGM/C</p>	
15.00	<b>Afternoon break</b>			
15.30 to 17.00	<p>Developing a gender and FGM/C data analysis</p>	<p>Detailing key FGM/C activities for holistic programming</p>	<p>Using roleplays to develop skills for addressing harmful beliefs</p>	

# KEY POINTS: INTRODUCTION TO THE COURSE

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The course follows a gender approach to FGM/C. This means it addresses the following issues.

- Unequal power relations between men and women uphold gender discrimination, unequal socioeconomic conditions, and can lead to violence against women and girls (VAWG), and the subordination of women as individuals and as a social group.
- FGM/C, as a harmful practice and a form of VAWG, is used to control women and girls through beliefs about purity, chastity, and honour to ensure pre-marital virginity and marital fidelity.
- FGM/C violates girls' and women's human rights, and has a negative long term impact on their health and well-being, education, economic and social status and personal development.
- Unlike some other forms of violence against women and girls, women are often involved in maintaining FGM/C because the social approval it brings outweighs the negative consequences.

The course complements the UNFPA-UNICEF (2016) *Manual on Social Norms and Change*. UNFPA-UNICEF Joint Programme on Female Genital Mutilation / Cutting: Accelerating change.

Available from: <http://www.unfpa.org/publications/manual-social-norms-and-change>

This approach recognises FGM/C as rooted in social norms and advocates working through multiple channels to create a large-scale 'coalition of networks' - government, religious, civil society and individual stakeholders, from across health, education, gender equality, child protection, media and business sectors - to endorse 'a new norm' of **not** performing FGM/C.

A social norm is a practice that is

- widely performed and accepted; something people feel proud and/or obliged to conform to and usually perpetrated collectively by family and community
- often driven by fear (of traditional law), guilt (moral hurt of loved ones), and shame (of public condemnation/being ostracised) if not performed
- often upheld publicly despite what people may privately believe: done because others are seen to do it; based on the belief that others believe in it. This is known as pluralistic ignorance.

See also Bicchieri and Mercier (2014) *Norms and beliefs: how change occurs*.

Available from: [http://www.academia.edu/1596868/Norms\\_and\\_Beliefs\\_How\\_Change\\_Occurs](http://www.academia.edu/1596868/Norms_and_Beliefs_How_Change_Occurs)

To achieve a new social norm of **not** cutting, gender inequality, discrimination, and patriarchal power and control need to be addressed through a gender analysis of root causes that clearly informs holistic project or programme planning. In this way the gender approach to addressing FGM/C complements the social norms and change approach by addressing root causes as well as their effects.



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Gender and Female Genital Mutilation/Cutting

**Session 1 — Introduction to the course**



# 2



## FACILITATOR'S GUIDE

# Gender data and FGM/C

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting





## FACILITATOR'S GUIDE

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### Gender data and FGM/C

PAGE 2

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Overview

PAGE 5

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Procedure

PAGE 11

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Notes for facilitators

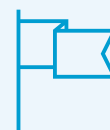
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# OVERVIEW

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## LEARNING OBJECTIVES

By the end of the session participants will be able to



- assess the usefulness of data about gender and FGM/C in countries they work in;
- produce a data analysis about gender and FGM/C for their project/programme.

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## TIME

240 minutes



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## MAIN ELEMENTS



- |   |             |
|---|-------------|
| → Objectives and raising awareness about FGM/C data | 50 minutes  |
| → Comparing FGM/C with other development statistics | 30 minutes  |
| → Sharing data associations and contradictions      | 40 minutes  |
| → Developing an FGM/C data analysis                 | 120 minutes |

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## EQUIPMENT AND MATERIALS

- Two A4 signs saying 'Agree' and 'Disagree' pinned on opposite sides of the room
- Wireless internet connection for at least 5 users (one per group) if possible
- 1 class computer/laptop and as many of the participants' own laptops as possible





## KEY MESSAGES

- FGM/C prevalence should be considered in relation to data on
  - ✓ population distribution, geography, ethnicity, rural-urban and wealth/income;
  - ✓ education attainment and religious background;
  - ✓ gender inequality, the prevalence of violence against women and girls (VAWG), other harmful practices like child, early and forced marriage;
  - ✓ the participation of women in the labour market and politics;
  - ✓ the enactment of human rights and FGM/C prevention laws.
  
- The collection and interpretation of data and the ability to put together a data analysis for FGM/C in the context where participants work, helps them
  - ✓ consider FGM/C in relation to socio-economic factors in order to tailor interventions and advocacy to best suit the context;
  - ✓ question apparent data associations and contradictions;
  - ✓ collate existing data and identify data gaps that need further research;
  - ✓ develop further gender, stakeholder, and target group analyses;
  - ✓ develop a problem statement for programme design.

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## HANDOUTS

- **Handout 2.1** Agree or Disagree
- **Handout 2.2** Population and FGM/C
- **Handout 2.3** Education, religion and FGM/C
- **Handout 2.4** Gender and FGM/C
- **Handout 2.5** Collating key findings
- **Handout 2.6** FGM/C in Sudan: a data analysis
- **Handout 2.7** Developing a data analysis
- **Handout 2.8** Key points: data, gender and FGM/C





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# PROCEDURE

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## **STEP 1** Objectives

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**5 MINUTES**

Go over the session objectives, emphasising the need to interpret and use data not only to write project proposals and reports, but also to guide programming.

The data they collect and analyse will help them consider geography, ethnicity, and key socioeconomic factors in relation to FGM/C prevalence. This will give them a better contextual overview before doing a gender root cause analysis of FGM/C in the following sessions.

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## **STEP 2** Raising awareness about FGM/C data

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**45 MINUTES**

Distribute **Handout 2.1**. Ask participants to tick whether they agree or disagree with each of the four statements. Tell them to be prepared to explain their reasons.

Point out the Agree and Disagree cards stuck at the opposite ends of the room. Read out the first statement. Tell participants to 'vote with their feet' by going and standing next to either the 'agree' or 'disagree' cards. If they are 'not sure' tell them to stand in the middle of the room, between the two cards.

Interview one participant who agrees, one who disagrees and perhaps one who both agrees and disagrees with the statement. Get them to explain why they hold their particular opinion. After hearing their arguments allow other participants to change sides if they want.

Repeat the process for each statement, choosing different participants each time to explain their reasons for agreeing or disagreeing. Don't give any feedback at this stage.

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**STEP 3**

## Comparing FGM/C with other development statistics

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**30 MINUTES**

Put participants into three groups of equal size. Give each group a different handout:

- Group 1** ↗ **Handout 2.2** Population and FGM/C
- Group 2** ↗ **Handout 2.3** Education, religion and FGM/C
- Group 3** ↗ **Handout 2.4** Gender and FGM/C

Explain that



The purpose of the task is to contextualise the practice of FGM/C in seven different countries using available data on demographics, economics, education, religion, and gender.

This is not a root cause analysis but a data analysis.  
The root cause of FGM/C - gender inequality - will be explored in the sessions on Day 2.

Explain that each group has a different data set but they all cover the same seven countries. Ask a few checking questions to ensure they all understand the headings and layout of their particular table. Tell them their task is to identify apparent data associations and contradictions for the seven countries, and to try and explain why these might be so.

Elicit the following information to give the groups a clear example of an apparent association and an apparent contradiction.

There is an apparent association between wealth, education, urban settings and reduced FGM/C prevalence in most of the countries listed. This is probably due to the urban setting that provides more economic opportunities, greater diversity of people and a loosening of closed community ties. Parents can afford more secondary education for their children. Boys and girls have more opportunities to develop their literacy, numeracy and critical thinking skills, plus knowledge of human rights. Girls are less prone to early marriage pressures, have greater access to the job market and more freedom to exercise their rights. They are then more likely to understand the harmful nature of FGM/C and perhaps not perform it on their children in later life.

However, there is an apparent contradiction between wealth, education, urban settings and higher FGM/C prevalence in Sudan. Unlike most of the other countries in the list, those in the wealthiest quintile do not have a lower prevalence of FGM/C. This is probably because the elite in Sudan practice FGM/C and use it as a status symbol to exact a high dowry price. As elites, they tend to be wealthier, stay in education longer and live in more prosperous urban areas.



Reassure them that if they cannot explain apparent associations or contradictions that they find in the data, they should still make a note of them and indicate the reasons their findings need further research and analysis. Facilitate each group. Ensure they all discuss and interpret the data, and are able to explain, in their own words, any associations or contradictions they have found. Use the analysis in the Notes for Facilitators (Step 3) to elicit or point out key findings, if they do not naturally arise in the group discussions.

While they are talking, distribute ↗ **Handout 2.5**. Ensure that everyone fills in the relevant section in the table in the handout, according to the group's conclusions. Inform them that in the next step they will all go to different groups where they will have to share the conclusions of their original group, so they all need to write something in the table.

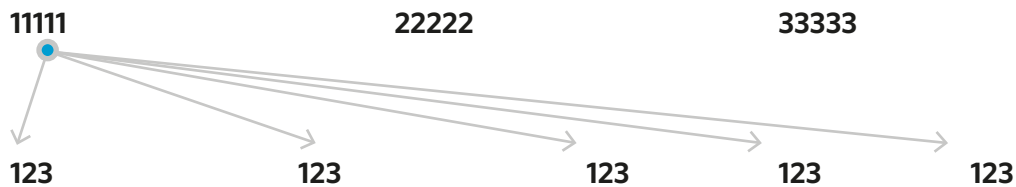


**STEP 4**

## Sharing data associations and contradictions

40 MINUTES

Cross group the original three groups into several new groups of three, so that there is at least one representative from each of the original groups in each of the new groups.



Get each participant to brief the members of their new group about the associations and contradictions they have found and what the possible explanations for these can be. Allow each 'ambassador' five minutes to talk and five minutes to answer questions or discuss further. Get participants to summarise each peer input and fill in their notes in [Handout 2.5](#).

In plenary, go over their main findings and conclusions. Explain that this is the sort of information and analysis that would be included in an FGM/C data analysis.

In conclusion, explain the following.



- There is a danger of relying too heavily on apparent links and associations in the data and making universal conclusions about the prevalence of FGM/C.
- For each situation it is important to get a more accurate picture of variables and risk factors. This will involve further research and analysis of socio economic factors, stakeholders, gender and social norms in relation to FGM/C.
- The task that follows - writing a data analysis - is therefore imperfect, as the full research for a data analysis cannot be done out of context or within the time restraints of the training course. Nonetheless it has been included so that participants get some hands-on experience.

Get participants to work individually or in pairs according to their own project or programme. Tell them they are going to compile data for the context in which they currently work and then use it to write up their own data analysis.

Explain or elicit the usefulness of a data analysis:

- It makes programme staff use existing gender and FGM/C related data as a starting point and do further research.
- It highlights information gaps and additional data needed.
- It leads to more in-depth research: a gender analysis, a stakeholder analysis, a social norms analysis, and then to target groups and entry points for programming.
- It helps devise a 'problem statement' that will guide programme design.



Distribute [↗ Handout 2.6](#) and tell participants to use the text about Sudan as an example of how to write a data analysis for FGM/C programming that focuses on gender. While reading, ask participants to distinguish which information comes from the data tables in [↗ Handouts 2.2 - 2.4](#) and which data comes from the writer's own knowledge of the situation. Get them to underline sentences that show an *analysis* rather than a description of the data - for example, an explanation for an apparent association or contradiction.

Highlight the following text features and tell participants to try to use them when they write their own data analysis.

- The text is detailed enough but not overly lengthy.
- It goes beyond *describing* the data to analysing and interpreting it.
- It uses a simple cause and effect structure in the paragraphs.
- It explains apparent associations and contradictions with evidence or knowledge of the real situation.



Distribute ↗ **Handout 2.7**. Get participants to

- collect country/situation specific data using the same or similar data headings as those in ↗ **Handouts 2.2 - 2.4**, their own knowledge about the specific context, and if possible, online research, using the links listed in the handouts as a starting point; if they don't have enough knowledge or experience of the context to do this, or if there is no internet access to do research on line, they can develop a data analysis from the data given for one of the seven countries included in the handouts;
- analyse the data to find and explain possible associations, contradictions and explanations;
- write up a gender and FGM/C data analysis using the Sudan example in ↗ **Handout 2.6** as a model and the suggested outline provided in ↗ **Handout 2.7**.

Facilitate the data gathering and writing process. Allow enough time. Assist with the organisation of ideas in the text they produce and ensure they go beyond description to provide an analysis.

Get them to present their situational analyses. This can be done

- in small groups where they peer review each other's work;
- on posters in a 'market place' where they move around the room and comment on each;
- through one or two good examples presented by individuals to the whole group;
- as a recap at the start of ↗ **Module 2**.

Wrap up the session by revisiting participants' opinions and how they voted with their feet in the 'Agree' or 'Disagree' exercise at the beginning. See if anyone has changed their position or opinion as a result of the session.

Distribute ↗ **Handout 2.8** for participants' consolidation of key points.

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# NOTES FOR FACILITATORS

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## Step 2: Raising awareness about FGM/C data

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The purpose of this exercise is to raise awareness about the complexity of the issues, because there is something to agree and disagree with in all of the statements. By getting participants to 'vote with their feet', and interviewing them as to why they agree or disagree, the facilitator is able to analyse what participants think at the outset of the course, what knowledge they have to offer and what new inputs they might need.

It is not necessary to influence participants' opinions or 'correct' them if you think they have the 'wrong' opinion at this stage. But the facilitator should make a note of any opinions that could be better informed by what the data describes in ↗ **Handouts 2.2 - 2.4**, and return to these opinions at the end of the session. See the notes for this at the end of Step 5 below.

The statements have been written in such a way that participants can be 'right' about agreeing or disagreeing or both, in each case. Arguments that support agreeing, disagreeing, or agreeing and disagreeing with each statement are detailed in ↗ **Handout 2.8**.

## Step 3: Comparing FGM/C with other development statistics

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The seven countries that appear in the data tables (↗ **Handouts 2.2 - 2.4**) have been selected from UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, because they represent a spread of the countries where data is available to show that FGM/C is practised. Somalia, Egypt and Sudan have been selected from the very high prevalence country list; Ethiopia from the moderately high prevalence country list; Kenya and Nigeria from the moderately low prevalence country list; and Iraq from the very low prevalence country list.

UNICEF has updated its data on FGM/C in its UNICEF 2016 publication. However, the new publication does not have the same level of analysis for all the categories needed for the tasks in this module, so the UNICEF 2013 publication has been used, plus other regularly updated global databases. A note to this effect has been added to ↗ **Handouts 2.2 - 2.4**.

The data sources for the data in the tables are from reports and databases listed on the back of each of the ↗ **Handouts 2.2 - 2.4** so that participants can access these sources and use them to research their own country-specific gender and FGM/C data (see Step 5). Complete data sets and analyses for the seven countries have been prioritised for consistency's sake even though more recent data is available for some of the countries. A note to this effect has been added to ↗ **Handouts 2.2 - 2.4**.

While monitoring the initial group work discussions, the facilitator should guide participants to discover examples of some of the key points summarised in ↗ **Handout 2.8**, which participants receive at the end of the session. Additional information explaining Sudan's higher prevalence of FGM/C amongst its elites can be found in ↗ **Handout 2.6**.

In addition it is important to point out that the root cause of FGM/C — gender inequality — cuts across ethnic, economic, educational, religious and cultural backgrounds. Kenya, Nigeria and Iraq show significantly less prevalence in the wealthiest quintile but this does not mean wealthier, more educated urbanites are somehow 'better'. Economic development or urbanisation do not necessarily address the root cause of gender inequality, and the example of the elites in Sudan and immigrant communities in Europe, North America and Australia who continue to practice FGM/C show this.

## **Step 4:** Sharing data associations and contradictions

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Participants should fill in enough of their first group's discussion in ↗ **Handout 2.5** to prompt them to speak with relevance and in detail in their second group. They should not write complete text, but fill in their ideas in note form. This will prevent them from reading aloud what they have written, and should promote a better discussion in the second group.

For example:

### Suggested answer key for Handout 2.5

Data area	Main findings	Apparent associations	Apparent contradictions
<b>Population and FGM/C</b>	<ul style="list-style-type: none"> <li>• Very high national FGM/C prevalence = FGM/C performed across the country</li> <li>• Lower % can still mean high concentrations in ethnic areas e.g. Kenya, Iraq</li> <li>• Numbers more persuasive than percentages e.g. Nigeria's 25% = 20 million</li> </ul>	<ul style="list-style-type: none"> <li>• Higher FGM/C in Rural areas</li> <li>• Wealthier households, less FGM/C</li> </ul>	<ul style="list-style-type: none"> <li>• Nigeria</li> <li>• Sudan</li> </ul>
<b>Education, religion and FGM/C</b>	<p>Education for mothers; girls cut too young to benefit from anti FGM/C education messages</p> <ul style="list-style-type: none"> <li>• Ethnic, religious and FGM/C identity often inseparable</li> <li>• Many believe FGM/C is a religious requirement</li> <li>• Need to engage with religious leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Education →, paid labour/job market share → migration to cities → less FGM/C</li> <li>• Majority of FGM/C amongst Muslim women and girls</li> <li>• N.b. Muslim communities have denser populations</li> </ul>	<p><u>Education</u></p> <ul style="list-style-type: none"> <li>• Sudan – higher education, higher FGM/C prevalence</li> </ul> <p><u>Religion</u></p> <ul style="list-style-type: none"> <li>• Nigeria – Christian community highest prevalence</li> <li>• Ethiopia – traditional religion</li> </ul>
<b>Gender and FGM/C</b>	<ul style="list-style-type: none"> <li>• Association between FGM, IPV, early marriage and unpaid work → high vulnerability of child and adolescent brides &amp; mothers</li> <li>• Need to address root causes of FGM/C, which are the same as VAWG: gender inequality, discrimination, harmful stereotypical attitudes and beliefs</li> </ul>	<ul style="list-style-type: none"> <li>• Somalia, Sudan, Ethiopia, Nigeria high FGM/C, high IPV, high early marriage, low share of paid labour market</li> <li>• National laws follow international laws a decade or two later</li> </ul>	<ul style="list-style-type: none"> <li>• High FGM/C prevalence despite early ratification of CEDAW &amp; CRC in most countries</li> <li>• IPV is a prevalent issue worldwide</li> </ul>

When participants share the apparent associations and contradictions they have found, the ensuing group discussion should then produce possible explanations for their observations.

## Step 5: Developing an FGM/C data analysis

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In [Handout 2.6](#) the example data analysis based on the data for Sudan is to guide participants' own writing. The task of identifying *analysis* rather than *description* in the text emphasises the importance of interpretation of data. It shows participants that they must add their own knowledge and experience to the facts in order to create a rationale for programming.

### Suggested answer key for [Handout 2.6](#)

- But in Sudan the elite use FGM/C as a status symbol... This influences other social groups... In terms of numbers, however, this means the majority of girls affected by FGM/C come from economically disadvantaged backgrounds.
- In a country where only 23 per cent of women are involved in paid labour, women's economic vulnerability leads to a dependency on marriage, and contributes to mothers continuing to cut their daughters.
- This indicates the majority of people have not studied life skills or biology and as a result may not know about reproductive health or how their bodies function. They do not develop the knowledge and skills they need to understand why FGM/C is a harmful practice, or how to prevent it from happening to the next generation.
- In addition, instead of finishing school, many girls are being cut and married early, which restricts their personal, social and professional development.
- ... indicate that many Sudanese women and girls are at risk to discrimination and violence
- ... the rights of girls and women are not being upheld.

The purpose of participants writing their own data analysis is to practice the process of data collection, summary, interpretation and writing, rather than produce a rigorously researched document that has direct use.

If participants are unable to draw on information or experience from their own programme or country, or if there is no internet access to conduct online research, they can write a data analysis based on the data in [Handouts 2.2 - 2.4](#) for one of the other seven countries.

The writing framework provided in [Handout 2.7](#) can also be used for assessment criteria, if the written work is to be evaluated.

Getting participants to return to the 'Agree/Disagree' vote-with-your feet activity at the very end of the session is a good way to do the wrap up. Participants can share any 'revised' opinions as a result of the data analysis, the group discussions and writing their own situational analyses. The extent to which participants are able to accept both the 'agree' and 'disagree' perspectives for each statement can be used as an informal evaluation. The points listed in [↗ Handout 2.8](#) can be used with participants to sum up.





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Gender and Female Genital Mutilation/Cutting

**Session 2 — Gender data and FGM/C**

2



**PARTICIPANTS' HANDOUTS**

# Gender data and FGM/C

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting



# AGREE OR DISAGREE

For each statement indicate if you agree or disagree. Be prepared to say why.

	Agree	Disagree
National percentages showing the prevalence of FGM/C in the whole country are useful.		
Education is the key to addressing FGM/C		
Violence against women and girls is higher in countries where FGM/C is practiced.		
Islam is the reason why FGM/C is so prevalent.		

## HANDOUT 2.2

# POPULATION AND FGM/C

- 1 Discuss the data in the table and what it means for each country.
- 2 Find apparent associations and contradictions. Discuss possible explanations.

Country	National FGM/C prevalence 15 – 49 years old		FGM/C prevalence by subnational variation (%)		FGM/C prevalence by residence (%)		FGM/C prevalence by household wealth (%)	
	Percentage	Numbers (millions)	Highest prevalence region	Lowest prevalence region	Urban	Rural	Richest quintile	Poorest quintile
Somalia	98%	6.5m	99	94	97	98	96	98
Egypt	91%	27.2m	99	21	85	96	78	95
Sudan	88%	12.1m	99	65	84	90	91	90
Ethiopia	74%	23.8m	97	27	69	76	71	73
Kenya	27%	9.3m	98	1	17	31	15	40
Nigeria	27%	19.9m	73	0.2	33	24	12	31
Iraq	8%	3.8m	58	0	9	6	4	10

Data column	Reference
<b>National FGM/C prevalence 15 - 49 years old</b>	UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change.  Available from: <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>
<b>FGM/C prevalence by subnational variation (%)</b>	UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change.  Available from: <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>
<b>FGM/C prevalence by residence (%)</b>	UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change.  Available from: <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>
<b>FGM/C prevalence by household wealth (%)</b>	UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change.  Available from: <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>

## Notes

- Sources of data for this activity include regularly updated global databases that make it possible to obtain comparable data across the seven countries the activity focuses on. Although more recent data may exist for some of the activity categories for some of the countries, if they are not included in the global databases referenced, they have not been included here, as this would breach the integrity of the data set.
- Reference years for the different indicators/ data and across countries vary.
- More recent data exist for Egypt (DHS, 2015), Sudan (MICS, 2014), Kenya (DHS, 2014) and Nigeria (DHS, 2013) but have not been disaggregated according to FGM/C prevalence at subnational, residence, or household wealth level which this activity requires. Therefore the UNICEF (2013) analysis remains the main source and is based on the following: Somalia (MICS, 2006), Egypt (DHS, 2008), Sudan (SHHS, 2010), Ethiopia (DHS, 2005) Kenya (DHS, 2008-09), Nigeria (MICS, 2011) Iraq (MICS, 2011).
- For the most recent prevalence data on FGM/C, see UNICEF (2016) Female Genital Mutilation/Cutting: A Global Concern.  
Available from: [http://www.unicef.org/media/files/FGMC\\_2016\\_brochure\\_final\\_UNICEF\\_SPREAD.pdf](http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf)

# EDUCATION, RELIGION AND FGM/C

- 1 Discuss the data in the table and what it means for each country.
- 2 Find apparent associations and contradictions. Discuss possible explanations.

Country	Population aged 25 and older with at least some secondary education (%)		FGM/C prevalence (%) among girls and women aged 15 - 49 by their level of education				FGM/C prevalence (%) by religion					
	Women	Men	No education	Primary	Secondary or Higher	Muslim	Roman Catholic	Other Christian	Traditional	Other	No religion	
Somalia	-	-	98	97	96	-	-	-	-	-	-	
Egypt	43.9	60.6	97	89	87	92	-	74	-	-	-	
Sudan	12.1	18.2	84	91	92	-	-	-	-	-	-	
Ethiopia	7.8	18.2	77	71	64	89	77	69	49	74	-	
Kenya	25.3	31.4	38	26	19	51	29	24	-	-	38	
Nigeria	-	-	15	35	32	19	-	34	-	29	24	
Iraq	27.8	50.2	16	7	6	-	-	-	-	-	-	

Data column	Reference
<b>Population aged 25 and older with at least some secondary education (%)</b>	UNDP (2015). Human Development Report 2015, Work for Human Development, Table 5, <i>Gender Inequality Index</i> . Available from: <a href="http://hdr.undp.org/en/composite/GII">http://hdr.undp.org/en/composite/GII</a>
<b>FGM/C prevalence (%) among girls and women aged 15 - 49 by their level of education</b>	UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. Available from: <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>
<b>FGM/C prevalence (%) by religion</b>	UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. Available from: <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>

### Notes

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- Reference years for the different indicators/ data and across countries vary.

# GENDER AND FGM/C

- 1 Discuss the data in the table and what it means for each country.
- 2 Find apparent associations and contradictions. Discuss possible explanations.

Country	National Prevalence of FGM/C 15 - 49	% women aged 20-24 married / in a union before 18	% women ever experienced physical and /or sexual IPV	% women agree partner violence is somewhat justified	Date CEDAW ratified	Date CRC ratified	Date FGM/C legislated against nationally	% of women in lower house/ single parliament	% in paid labour force	
									Women	Men
Somalia	98%	45	-	75	Not yet	2015	2012	13.8%	37	76
Egypt	91%	17	25.6	39	1981	1990	2008	14.9%	22	70
Sudan	88%	33	-	47	Not yet	1990	2008, 2009 <sup>1</sup>	30.5%	23	73
Ethiopia	74%	41	-	68	1981	1991	2004	38.8%	57	71
Kenya	27%	23	41	53	1984	1990	2001, 2011	19.7%	62	72
Nigeria	27%	43	16	43	1985	1991	2015	5.6%	48	64
Iraq	8%	24	-	55	1986	1994	2011 <sup>2</sup>	26.5%	14	69

- no available data  
 1 State of Kordofan, 2008;  
 State of Gedaref, 2009  
 2 Kurdistan region

IPV Intimate Partner Violence  
 CEDAW Convention of the Elimination of all forms of Discrimination Against Women  
 CRC Convention on the Rights of the Child



Data column	Reference
<b>National Prevalence of FGM/C, ages 15 - 49</b>	UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>
<b>% women aged 20-24 married/in union before 18</b>	UNICEF. Global Databases. Child protection. Child marriage. Accessed on 17 October 2016. <a href="http://data.unicef.org/child-protection/child-marriage.html">http://data.unicef.org/child-protection/child-marriage.html</a>
<b>% women ever experienced physical and or sexual IPV</b>	UN Women. Global Database on Violence against Women. Accessed on 17 October 2016. <a href="http://www.evaw-global-database.unwomen.org/en">http://www.evaw-global-database.unwomen.org/en</a>
<b>% women agree partner violence is somewhat justified</b>	OECD Development Centre. Social Institutions and Gender Index: Country Profiles. Accessed 17 October 2016. <a href="http://www.genderindex.org/">http://www.genderindex.org/</a>
<b>Date CEDAW ratified</b>	United Nations Treaty Collection (ADD YEAR). Chapter IV Human Rights, 8. Convention on the Elimination of All Forms of Discrimination against Women. Accessed on 17 October 2016. <a href="https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&amp;mtmsg_no=IV-8&amp;chapter=4&amp;clang=en">https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&amp;mtmsg_no=IV-8&amp;chapter=4&amp;clang=en</a>
<b>Date CRC ratified</b>	United Nations Treaty Collection. Chapter IV Human Rights, 11. Convention on the Rights of the Child. Accessed 17 October 2016. <a href="https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&amp;mtmsg_no=11&amp;chapter=4&amp;clang=en">https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&amp;mtmsg_no=11&amp;chapter=4&amp;clang=en</a>
<b>Date FGM/C legislated against nationally</b>	UNFPA. Female Genital Mutilation. Frequently asked questions. In which countries if FGM/C banned by law. Accessed 17 October 2016. <a href="http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#banned_by_law">http://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#banned_by_law</a>  UNICEF (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. <a href="http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf">http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf</a>
<b>% of women in lower house/ single parliament</b>	Inter-Parliamentary Union. Women in National Parliaments. Accessed on 17 October 2016. <a href="http://www.ipu.org/wmn-e/classif.htm">http://www.ipu.org/wmn-e/classif.htm</a>
<b>% in paid labour force</b>	For Egypt, Sudan, Ethiopia and Iraq: International Labour Organisation. Statistics and Databases, Country Profiles. Accessed on 17 October 2016. <a href="http://www.ilo.org/ilostat/faces/home/statisticaldata/ContryProfileId?_adf.ctrl-state=cyf9780oa_154&amp;_afLoop=437792488497834#!">http://www.ilo.org/ilostat/faces/home/statisticaldata/ContryProfileId?_adf.ctrl-state=cyf9780oa_154&amp;_afLoop=437792488497834#!</a>  For Somalia, Kenya and Nigeria: UNDP (2015). Human Development Report 2015, Work for Human Development, Table 5, Gender Inequality Index. <a href="http://hdr.undp.org/en/composite/GII">http://hdr.undp.org/en/composite/GII</a>

## Notes

Sources of data for this activity include regularly updated global databases that make it possible to obtain comparable data across the seven countries the activity focuses on. Although more recent data may exist for some of the activity categories for some of the countries, if they are not included in the global databases referenced, they have not been included here, as this would breach the integrity of the data set.

Reference years for the different data and across countries vary. For example, for Ethiopia FGM/C prevalence data are from the DHS conducted in 2005, whereas data on labour force participation are from 2014; these are the most recently available data in the country for both indicators. For Iraq, reference years are 2011 and 2009, respectively.

# COLLATING KEY FINDINGS

- 1 Fill in the relevant section with the ideas and information from your first group.
- 2 Complete the table with the ideas and information from the other groups.

Data area	Main findings	Apparent associations	Apparent contradictions
Population and FGM/C			
Education, religion and FGM/C			
Gender and FGM/C			

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# FGM/C IN SUDAN: A DATA ANALYSIS

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- 1 Underline the sentences that show an *analysis* rather than a description of the data.

Female genital mutilation/cutting (FGM/C) is widely performed across Sudan with a very high national prevalence of 88 per cent and more than 12 million women and girls are affected. Prevalence ranges from 99 per cent in River Nile State, where the Ja'alin and Shaigiya mostly live, to 65 per cent in the Darfur region, where the Bagara and Fur mostly live.

In nearly all other countries where FGM/C is performed, secondary education, urban dwelling and wealth significantly reduce its prevalence. But in Sudan the elite use FGM/C as a status symbol; there is 91 per cent prevalence in the wealthiest quintile. This influences other social groups; there is 90 per cent prevalence in the poorest quintile. In terms of numbers, however, this means the majority of girls affected by FGM/C come from economically disadvantaged backgrounds.

Socially, uncut girls are seen as unclean or impure and as a result have fewer opportunities to get married. In a country where only 23 per cent of women are involved in paid labour, women's economic vulnerability leads to a dependency on marriage, and contributes to mothers continuing to cut their daughters.

More than 1.25 million girls are out of school at primary level and more than 80 per cent of the population aged 25 and older have not completed secondary school. This indicates the majority of people have not studied life skills or biology and as a result may not know about reproductive health or how their bodies function. They do not develop the knowledge and skills they need to understand why FGM/C is a harmful practice, or how to prevent it from happening to the next generation. In addition, instead of finishing school, many girls are being cut and married early which restricts their personal, social and professional development.

Very high prevalence of FGM/C (88 per cent), early marriage (33 per cent of women aged 20 to 24 are married before the age of 18), and a high rate of women who agree intimate partner violence is somewhat justified (47 per cent), indicate that many Sudanese women and girls are at risk of discrimination and violence. Without the ratification of CEDAW in Sudan and only sub national laws in the states of Kordofan and Gedaref to prevent FGM/C, the rights of girls and women are not being upheld.

A gender analysis of root causes leading to gender transformative changes are therefore fundamental to addressing FGM/C in Sudan.

# DEVELOPING A DATA ANALYSIS

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- 1 Use the same or similar sources listed on the back of each of the data tables (→ **Handouts 2.2 - 2.4**) to compile gender and FGM/C data for the country or context where you work. Add other gender information from your own work experience that you know affects FGM/C.
- 2 Write a data analysis for a project proposal that addresses gender and FGM/C in the country or context where you work. Use the following outline, the example in → **Handout 2.6** and the data you have compiled to plan and write up your analysis.

## Outline

### FGM/C data analysis for...

- Analysis of national and regional prevalence
- Analysis of population distribution, ethnic and cross border groups
- Analysis of economic data with reference to prevalence
- Analysis of religious data with reference to prevalence
- Analysis of education data with reference to prevalence
- Analysis of violence against women and girls data
- Analysis of legal and human rights data
- Conclusion

## KEY POINTS: DATA, GENDER AND FGM/C

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FGM/C prevalence should be considered in relation to data on:

- population distribution, geography, ethnicity, rural-urban and wealth/income;
- education attainment and religious background;
- gender inequality, the prevalence of violence against women and girls (VAWG), other harmful practices like child, early and forced marriage;
- the participation of women in the labour market and politics;
- the enactment of human rights and FGM/C prevention laws.

The following points can help with the collection and interpretation of data for a data analysis for FGM/C in a specific context.

- Consider FGM/C in relation to socioeconomic factors in order to tailor interventions and advocacy to best suit the context.
- Question apparent data associations and contradictions.
- Collate existing data and identify data gaps that need further research.
- Develop further gender, stakeholder, and target group analyses.
- Develop a problem statement for the programme's design.

The following analysis is drawn from the data tables in **Handouts 2.2 - 2.4**.

The data references are listed in those handouts. Where additional data is included below, supporting references have been added.

## Population and FGM/C

**Refer to the statistics and references in ↗ Handout 2.2**

Numbers of girls and women affected by FGM/C are often more powerful than percentages, just as worldwide figures are more powerful than numbers of countries where FGM/C is performed: there is more impact in the phrase 'at least 200 million girls and women' than in the phrase '30 countries'.

(UNICEF, 2016 Female Genital Mutilation/Cutting: A Global Concern.

Available from: [http://www.unicef.org/media/files/FGMC\\_2016\\_brochure\\_final\\_UNICEF\\_SPREAD.pdf](http://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf)).

Furthermore, numbers help support the argument that "one is one too many".

A very high national percentage of FGM/C prevalence usually means FGM/C is performed fairly evenly across sub national regions, which means it is a problem for the whole country. The high percentage makes the country very visible in ranked statistic tables – like Somalia.

Understanding the geographical and ethnic spread of prevalence is highly important for programming; data showing big discrepancies between highest and lowest prevalence by region indicates FGM/C practices pertaining to certain ethnicities or groups to be targeted.

A low-looking national percentage of FGM/C prevalence can mask very high numbers of girls and women who have been cut, in a highly populated country – for example, Nigeria's 27 per cent prevalence looks comparably low but masks nearly twenty million girls and women affected – one of the highest absolute numbers per country worldwide. In Kenya there is a 98 per cent prevalence amongst groups living in the north east, where mostly ethnic Somalis live and only a 1 per cent prevalence in western Kenya, amongst the Luhya and Luo tribes. In Kurdish Iraq there is a 58 per cent prevalence while in the majority of the rest of the country is reported at 0 per cent.

There is an apparent association between higher prevalence of FGM/C in rural areas, lower in urban areas. One reason is that kinship-based communities are more likely to remain strong in rural settings; stronger peer pressure and limited cultural diversity make it hard to break away from social norms and traditional practices.

However there is a higher FGM/C prevalence in urban areas in Nigeria and Iraq. Further research needs to reveal if the Kurdish Iraqis live in urban areas or if the Nigerian urban prevalence is similar to that in Sudan, where elite groups practice FGM/C and as elites, tend to live in urban areas.

## Education and FGM/C

**Refer to the statistics and references in ↗ Handout 2.3**

Education is certainly one of the keys to addressing FGM/C and in many countries there seems to be an association between lower education levels and higher prevalence rates. Uneducated mothers who have been cut themselves are more likely to cut their daughters than mothers who have been through secondary or tertiary education and are

a) more likely to understand the harmful consequences, b) can rely on status through education and the job market rather than status through being cut, c) may have more opportunities to be part of social networks and/or communicate with their partners on a more equal footing about why they support abandoning FGM/C.

However it depends on what is meant by education. The quality of formal education depends on the integrity of curricula and the number of effectively trained teachers. Community education and training for women's social and economic empowerment, or non-formal education for adolescent boys and girls may be more helpful in imparting skills in critical thinking and understanding human rights and therefore more 'key' to ending FGM/C than outdated or under resourced formal primary and secondary school education.

Education – particularly from religious schools – may reinforce support for FGM/C with messages of purity and social conformity for girls and gender stereotypes that reinforce the traditional power and control of male authority.

In some countries higher levels of education don't seem to significantly reduce FGM/C prevalence. In Somalia, there is little difference in prevalence between educated and uneducated groups, and in Sudan and Nigeria, the higher the levels of education, the higher the prevalence of FGM/C. In Sudan elite ethnic groups are generally better educated and have a great deal of wealth and political power. At the same time they strongly endorse FGM/C because they use it as a status symbol to exact a high dowry price. As a result, in the wealthier River Nile state, prevalence is 99 per cent while in the poorer Darfur region prevalence is 65 per cent. In addition, migrant communities in the USA, Europe, Australia and New Zealand (where there are plenty of formal and informal education opportunities) still send their daughters 'back home' to be cut.

Some education statistics in the activity focus on adults because cutting usually occurs at an early age – before education can empower girls not to be cut. By educating mothers and elders, and girls who have already been cut, education can hopefully play a key role in ending FGM/C for the next generation.

## Religion and FGM/C

**Refer to statistics and references in ↗ Handout 2.3**

It is more accurate to describe FGM/C as a harmful practice rooted in social norms that affect a wide range of communities, cultures and religions, rather than rooted in religion.

In most FGM/C countries, the majority of girls and women who are cut are Muslim. This is primarily due to population density in African Muslim ethnic groups where FGM/C is practiced, but the powerful influence of Muslim religious leaders, and the widespread misinformation about certain hadiths endorsing FGM/C, must not be underestimated. Many Muslim communities and religious leaders in Egypt, Eritrea, Guinea, Mali, and Mauritania and Somalia believe FGM/C is a religious requirement mandated by these hadiths. They associate FGM/C with upholding Islamic requirements of cleanliness, chastity before marriage, and fidelity within marriage. In Somalia, FGM/C is referred to as Sunnah – an Islamic way of life.

On the other hand there are many Muslim communities and leaders, in Egypt, Sudan and Senegal, who support ending FGM/C with religious texts and fatwahas. In Sudan, instead of supporting FGM/C as Sunnah, there is a campaign to promote Saleema (happy and healthy) without FGM/C (Asmani, IL and Abdi MS. (2008) for USAID. De linking FGM/C from Islam. Available from: <https://www.unfpa.org/sites/default/files/pub-pdf/De-linking%20FGM%20from%20Islam%20final%20report.pdf>).

In very Islamic countries like Saudi Arabia (Sunni Muslim majority) and Iran (Shia Muslim majority), the practice is seemingly rare (Abu Daia, Jihad M. (2000). Female circumcision. *Saudi Medical Journal*, vol. 21, No. 10, pp. 921-923. Available from: <http://smj.psmmc.med.sa/index.php/smj/article/viewFile/3154/928>).

In many communities ethnic identity, religious identity and FGM/C identity cannot be separated. In Ethiopia FGM/C is prevalent amongst followers of all religions - Islam, Catholicism, other Christian denominations, traditional religions and 'other' religions. In Nigeria, FGM/C is more prevalent amongst Christians than Muslims. In Egypt FGM/C prevalence is very high in both Muslim and Coptic Christian communities (Boles, D (2013). 'On Coptic Nationalism' in Prevalence of and Support for Female Genital Mutilation within the Copts of Egypt. Available from: <http://copticliterature.wordpress.com/2014/03/12/prevalence-of-and-support-for-female-genital-mutilation-within-the-copts-of-egypt-unicf-report-2013/>).

It is important to engage with religious beliefs and religious leaders regardless of denomination. Religion clearly plays a role in continuing or abandoning FGM/C.

### **Violence against women and girls and FGM/C**

**Refer to the statistics and references in ↗ Handout 2.4**

It is helpful to see how the prevalence of FGM/C is related to prevalence of violence against women and girls (VAWG) because the root causes are the same: gender inequality and discrimination, men's power and control of women's bodies and the acceptance of harmful practices as social norms.

High levels of intimate partner violence, acceptance by a high proportion of women and girls that men are justified in beating their partners, and other harmful practices such as child/early/forced marriage, and virginity tests often occur alongside high FGM/C prevalence. For example in Nigeria, 43 per cent of women aged 20 to 24 are married or in a marital union before the age of 18, while FGM/C prevalence is 73 per cent in its southern regions. In Somalia, Ethiopia, and Sudan FGM/C prevalence, intimate partner violence and acceptance of violence are all extremely high. These countries are also where Type 3 FGM/C infibulation is widely practiced (WHO (2016). Sexual Reproductive Health: Female Genital Mutilation (FGM) Available from: <http://www.who.int/reproductivehealth/topics/fgm/prevalence/en/>). Infibulation considerably narrows the vaginal opening; in combination with intimate partner sexual violence, the implications are particularly harsh.

However it is inaccurate to state that high levels of violence against women is linked to high prevalence of FGM/C in every context, even though they share the same root causes of gender inequality. Intimate partner violence is a world-wide problem, and occurs irrespective of FGM/C beliefs or practice.



## Human rights, the law and FGM/C

Child brides and adolescent mothers are particularly vulnerable in Sudan and Somalia where the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) is still not ratified.

However there may be a link between international laws paving the way for the passing of national or sub-national laws several years later (Egypt, Ethiopia, Sudan, Nigeria, Iraq). In addition, Sudan, Ethiopia, Kenya and Iraq have higher representation of women in parliament than the other countries and this may be why laws to criminalise FGM/C have been passed in those countries in recent years. For example in Sudan, Amira Elfadil, Minister for Welfare and Social Security, championed a law that helped to criminalise FGM/C at state level. This prepared the ground for a national law, even though she was forced to step down as a result of her efforts.

Given that FGM/C prevalence is related to ethnicity at regional (sub national) level, it is also important to gather data and analyse the level of women's participation in local and regional government.

## Division of labour

Somalia, Egypt, Sudan and Iraq have significantly lower levels of paid labour for women. If the majority of women's work is unpaid, then their dependence on FGM/C for status and marriageability is also increased.



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Gender and Female Genital Mutilation/Cutting

**Session 2 — Gender data and FGM/C**

# 3



FACILITATOR'S GUIDE

## Power and control

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting





## FACILITATOR'S GUIDE

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# OVERVIEW

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## LEARNING OBJECTIVES



By the end of the session participants will be able to:

- analyse the root causes of FGM/C in terms of gender inequality, discrimination and harmful gender stereotypes and norms;
- explain how FGM/C is a harmful practice;
- explain how FGM/C is used to control women and girls.

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## TIME

120 minutes



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## MAIN ELEMENTS



- |  |            |
|--|------------|
| → Objectives                                   | 5 minutes  |
| → Gender aspects of harmful practices          | 25 minutes |
| → Gender inequality as the root cause of FGM/C | 50 minutes |
| → FGM/C as a tool for power and control        | 40 minutes |

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## EQUIPMENT AND MATERIALS

- Four flip charts with flip chart paper or four pin boards
- VIPP cards and pins or glue sticks
- A set of permanent markers in four different colours for each group





### KEY MESSAGES

- Inequalities in gender norms, division of labour, private property ownership, the use of violence, and social institutions (marriage, business, religion, the state and the law), subordinate women and allow men to monopolise sex, economic resources and power.
- Traditional, cultural and religious notions about purity, chastity, and honour are used to ensure pre-marital virginity and marital fidelity. Harmful practices like early, forced or child marriage, virginity testing and FGM/C allow the control of women and girls by reducing their access to, or desire for, extramarital sex.
- For many women, the social approval FGM/C brings can outweigh its negative consequences so mothers continue to cut their daughters. Others become socialised in the system and, either knowingly or unknowingly, uphold its expectations, attitudes and behaviours. As a result, the power dynamics of FGM/C are complex and need to be considered carefully in gender sensitive programming.

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### HANDOUTS

- **Handout 3.1** Analysing harmful practices
- **Handout 3.2A** Inequality in gender stereotypes and gender roles
- **Handout 3.2B** Harmful masculinity and violence
- **Handout 3.2C** Inequality in division of labour and private property ownership
- **Handout 3.2D** Inequality in social institutions
- **Handout 3.3** FGM/C as a tool for power and control
- **Handout 3.4** Key points: FGM/C as power and control





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# PROCEDURE

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## **STEP 1** Objectives

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**5 MINUTES**

Go over the session objectives. Emphasise that this session will look at gender inequality as the root cause of FGM/C and other harmful practices and one of the main reasons why they continue to be performed. Explain that the next session will look at gender inequality as the root cause and maintenance of all forms of Violence Against Women and Girls.

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## **STEP 2** Gender aspects of harmful practices

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**25 MINUTES**

Distribute ↗ **Handout 3.1**. Put participants into four groups and get them to appoint a secretary who will take notes for the group. Get them to:

- analyse what the four practices have in common with FGM/C and how they differ;
- explain why they are harmful.

Ask group secretaries to summarise their group's ideas in plenary. Get them to take it in turns to describe the similarities, then the differences. Avoid repetition. Use the discussion to emphasise the following points:





- Traditional, cultural and religious notions about purity, chastity, and honour are used to ensure pre-marital virginity and marital fidelity. Harmful practices like early, forced or child marriage, virginity testing and FGM/C allow the control of women and girls by reducing their access to, or desire for, extramarital sex.
- Any shift in belief and social status about being cut or not cut can only come about if the gender inequality root causes and social expectations of FGM/C are addressed. However, confronting these root causes in a very direct manner can lead to antagonism and be counter-productive.
- For many women, the social approval FGM/C brings may outweigh its negative consequences so mothers continue to cut their daughters. Others become socialised in the system and, either knowingly or unknowingly, uphold its expectations, attitudes and behaviours. As a result, the power dynamics of FGM/C are complex because women as well as men are involved in maintaining the status quo. Gender sensitive programming is needed in order to address this complexity.

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**STEP 3**

## Gender inequality as the root cause of FGM/C

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50 MINUTES

Put participants into four groups and give each group a different handout:

- Group 1** ↗ **Handout 3.2A** Inequality in gender stereotypes and gender roles
- Group 2** ↗ **Handout 3.2B** Harmful masculinity and violence
- Group 3** ↗ **Handout 3.2C** Inequality in division of labour and private property ownership
- Group 4** ↗ **Handout 3.2D** Inequality in social institutions

Ask participants to read the text and

- underline the example(s) of FGM/C;
- discuss further examples, from their own work experience, of how FGM/C is used to enforce the aspect of gender inequality described;
- think of how messages about the aspect of gender inequality described can be presented to boys and men, as well as women and girls, in a way that does not create antagonism or defensiveness.

Distribute poster paper and coloured pens to each group. Get participants to

- make a poster that illustrates the key points and examples; they can use any combination of words and pictures, but there should be sufficient detail to distinguish the key aspects of patriarchy that they are illustrating;
- give the poster a title that clearly defines the aspect of power and control they are illustrating;
- nominate a presenter.

Get the groups to stick up their posters around the room. Do a 'gallery walk':

- get the whole class to stand in front of the first poster;
- ask the presenter to summarise the main ideas;
- facilitate the audience's reactions and clarifications, and elicit further examples or ideas;
- have the whole group walk to the next poster and repeat the process, until all four posters have been covered.

Summarise their ideas about how they would explain gender inequalities to boys and men in a constructive way.

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**STEP 4**

## FGM/C as a tool of power and control

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**40 MINUTES**

Reiterate that FGM/C is used to control women and girls through traditional, social and religious notions.

Distribute ➤ **Handout 3.3**. In table groups, get participants to read the beliefs and practices related to FGM/C. Let them identify any examples that are the same as the ones they used in their presentations.

Get them to do activity one. Tell them to indicate in the table which aspect of gender inequality (unequal gender stereotypes and gender roles, harmful masculinity, unequal division of labour and private property ownership, and unequal social institutions) each statement pertains to. Tell participants that for each statement they can tick more than one column. Facilitate the groups to ensure they are working together to complete the table. Make a note of any of the statements or categories the groups disagree on. In plenary just focus on these 'problem' statements until consensus is found.

Get the participants to discuss and fill in the columns about what women and men stand to gain and lose by maintaining FGM/C (activity 2). In plenary gather their ideas

by asking a group representative on each table to add one idea at a time. Avoid repetition of ideas. Get feedback on the 'power gained' for women, then men. Get feedback on the 'power lost' for women, then for men.

Distribute → **Handout 3.4**. Use the key points in it to summarise the session and conclude that FGM/C serves as a tool to uphold patriarchy at relationship, family, community, institutional and sociopolitical level.

Sum up by saying that



FGM/C serves as a tool to uphold patriarchy across the layers of society, at individual, relationship, community, and society levels.

- At individual level, a woman's feeling of self-worth is linked to 'belonging to a man'.
- At relationship level, a good wife or daughter should be subservient and boys in the family are valued more than girls.
- At community level, women are often denied access to economic opportunities and community decision-making processes.
- At society level, laws implicitly and explicitly favour men over women in terms of inheritance, marriage and divorce. The media reinforces negative stereotypes about women while at the same time influencing their attitudes and beliefs.

Identifying these gender inequality root causes of men's power and control over women at the different levels of society is captured in the 'ecological framework' approach that will be explored in → **Session 4**.

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# NOTES FOR FACILITATORS

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## Step 2: Gender aspects of harmful practices

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The purpose of this task is to get participants to think about how the traditional practices described in [Handout 3.1](#) have evolved as systems within patriarchal societies to control women's bodies. Instigated by men they are sometimes condoned by women, often for their own social or financial survival, some knowingly, some unknowingly upholding social expectations, attitudes and behaviours. The power dynamic is complex and perpetration becomes shared between men and women. Women's compliance, maintenance, and in some cases promotion, of physical controls on their bodies, is part of the gender issue at the heart of addressing FGM/C.

### ➤ Handout 3.1 Suggested answer key

#### 1. Discuss what the practices have in common and how they are different.

##### Similarities

They all seek power over women's bodies – either to control or to promote women's sexual behaviour. FGM/C, breast ironing, early marriage and honour killing control sexuality; lip disks and in some contexts FGM/C to promote femininity and sexuality. They are all connected to marriage or marriageability and most of them to preserving virginity before marriage.

They are enforced through patriarchal power, economic necessity, traditions, and sometimes condoned by women for social and economic survival or because, as a social norm they are enforced through powerful social sanctions.

They are mostly performed on children or adolescents who do not have much say in the matter.

Mothers often do these things to protect their daughters.

##### Differences

Different countries have different social norms and expectations, which dictate different practices. Breast ironing is performed in Cameroon. Lip disks are worn in a range of countries in Africa, South America, and amongst the Inuit in Northern Canada. Honour killing is predominant in South Asia.

They are usually banned or illegal but prosecuted to varying degrees, depending on how much the practice is a social norm, or socially tolerated. For example, honour killing has been prosecuted with greater severity in Europe or the US than in Pakistan, and FGM/C is legally defined as a form of child abuse in the UK (Social Care, Local Government and Care Partnerships/Children, Families and Communities/ Maternity and Starting well/24839, 2015 gov.uk. *Female Genital Mutilation Risk and Safeguarding; Guidance for professionals*).

Some of the practices are performed on infants and children, some on adults. They differ in terms of agency – how much the recipient of the practice is involved in making the decision that her body will be altered: how much she consents versus how much she is coerced.

The practices vary in degrees of severity, pain, and violence. (Honour killing is obviously the most extreme and the most violent.) Some of the wearers of lip disks say they do not hurt at all; FGM/C, child marriage and breast ironing, on the other hand, have severe short and long-term physical and mental effects.

## **2. Explain why they are harmful.**

In most cases they seek to curb women's power, influence or independence. The practices that involve cutting, stretching, or pressing, compromise women's bodily integrity by physically controlling shape and function, enhancing, diminishing or distorting bodily features (enlarging lips, reducing breasts or labia).

FGM/C, child marriage and breast ironing can be painfully performed on very young girls, often by close and trusted relatives, and often with traditional, unsterilized instruments: conditions that often exacerbate physical and emotional trauma.

They not only interfere with the physical and emotional development of girls and women, but also with their social and political development. They impact on girls' and women's dignity, self-esteem and identity.

For all of the above reasons they are forms of violence against women and girls.

## **Step 3: Gender inequality as the root cause of FGM/C**

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The paper *Norms and beliefs: how change occurs* (Bicchieri and Mercier, 2014) contains a good explanation of how the wrong kind of advocacy can backfire and entrench rather than change beliefs about social norms. Their advice can be applied to the problem of explaining gender inequalities to boys and men, as well as women and girls, in a way that does not create antagonism, defensiveness or polarisation.

### ➤ Handout 3.2 Suggestions for explaining gender inequality in a non-confrontational way

- Acknowledge men as the decision makers in the community in order to
  - ✓ get them to use their power to 'do the right thing' and become positive role models in support of women and girls' equality;
  - ✓ lighten their burden and reduce the stress of their responsibilities by bringing women into their decision making processes.
- Get men and boys to talk about respectful and equal relationships and the benefits of ending FGM/C: 'wanting the best for our wives, daughters, sisters and mothers'.
- Identify 'early adopters' and 'change champions' among the boys and men who are not threatened by messages that criticise patriarchy and work through them to persuade other boys and men.
- Communicate messages at different levels and in different types of community meetings – through midwives, teachers, agricultural officers and NGO community development staff.
- Integrate messages about gender equality in other types of training – for example, talk about the benefits of double income families during agricultural meetings with men, and in this way address issues about division of labour and equal pay.
- Build collective responsibility between men and women. For example, get the traditional or tribal leader to be the co-signatory of women's business development.
- Mobilise women to function as a group so they become less vulnerable to power and control.
- Focus on persuading the whole community and building a catalyst, rather than one or two individuals. Do this by:
  - ✓ being inclusive and ensuring women and men, girls and boys have equal space, respect, opportunity and protection to voice their ideas;
  - ✓ maximising discussion in homogenous groups first, for example using the 'generation dialogue' approach: let elders, grandmothers, parents, young men and women discuss FGM/C in separate groups in safe spaces first before bringing them to talk together;
  - ✓ not lecturing, using gender equitable methodology and facilitation in conversations, meetings, discussions and training;
  - ✓ using non-accusatory language and a 'guided discovery' approach to win trust.

- Don't challenge beliefs head on, don't present strong logical arguments that may leave listeners in disagreement but defensive because they can't come up with a counter argument at the time.
- Tackle the 'periphery' first before challenging core issues of power and control. Start with misconceptions or inconsistent beliefs that can be disproven - for example the argument that FGM/C is mandated by Islam, or that the uncut clitoris will grow into a penis.
- Use positive religious texts from the Koran and the Bible that support women and girls' equality.
- Work on improving the physical environment first. For example improve girls' toilets so they function properly and also become safe spaces for girls. Address harmful masculinity through the process: how the toilets are no longer a place for sexual harassment and why this kind of VAWG is unacceptable in school society. (Session 7 pursues this idea of addressing practical gender needs first in order to address longer-term strategic gender needs.)

## Step 4: FGM/C as a tool of power and control

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This categorising task makes participants attribute beliefs and practices around FGM/C to the different aspects of gender inequality and discrimination. It is also a concept check to see if participants can identify examples of gender stereotypes and harmful masculinity, division of labour/private property ownership and unequal social institutions. This is intended to help them to distinguish a set of inter-connected gender inequality root causes in order to begin to deal with the results: harmful practices like FGM/C which subordinate women and maintain a power imbalance.

The statements in [Handout 3.3](#) are a synthesis of beliefs and practices taken from a range of articles and training manuals that appear in the Sources section in the Preface of the Facilitator's Guide: beliefs and practices that perpetrate the practice of FGM/C can be found in AIDOS (2006), Module 3, pages 61 - 70, the section in WHO 2001's curricula for FGM/C nursing and midwifery on classifying traditions in terms of beneficial, neutral and harmful, p.11 and addressing value systems p.40 - 42. In many societies these statements are not articulated in the way they appear here on the page but may exist as an unexpressed belief, fear or social expectation that underpins common practice.

➤ Handout 3.3 Suggested answer key

1. Tick which aspect of gender inequality each statement relates to.

		Gender stereotypes and Gender roles	Harmful masculinity and violence	Division of labour and private property ownership	Unequal social institutions
1	FGM/C ensures a girl's virginity; virginity ensures her purity, her family honour, and her marriage prospects.	✓			
2	Wealth belongs to the male line; unmarried women cannot inherit.			✓	
3	FGM/C makes girls belong to their ethnic or social group and strengthen those ties.	✓		✓	✓
4	A daughter's economic and social well-being is more important than her health or bodily integrity.	✓		✓	✓
5	Taboo subjects like FGM/C are not discussed in the family. It is not masculine for men or feminine for women to talk about such things.	✓			
6	Uncut women are unclean, unfeminine and promiscuous.	✓			
7	Uncut women cannot participate in community decisions.	✓			✓
8	FGM/C must be performed because it is mandated by God.	✓			✓
9	The school system doesn't teach women and girls about the harmful consequences of FGM/C.				✓
10	Real men assume power and authority over their wives, even if this requires violence.		✓		✓



## 2. Discuss what women and men gain by maintaining FGM/ C and what they lose.

### **Power gained by maintaining FGM/C**

*FGM/C provides women and girls with*

- dignity, family and personal honour and respectability, social status, dowry, marriage
- a sense of belonging, becoming a woman
- food security, financial stability, wealth, land inheritance
- access to elders, participation in family and community decisions

*And men and boys with*

- confirmation of male privilege, entitlement, leading to condoning of VAWG
- confirmation of male private property ownership: men gain wealth, position, land, and increase their family's reputation
- confirmation of access to and control over women's and girls' bodies
- a polygamous marriage strategy: when FGM/C impairs sexual satisfaction or conception they take another wife

### **Power lost by maintaining FGM/C**

*For women and girls, in physical and emotional terms, FGM/C creates*

- physical and mental long term health complications for girls and women
- problems with reproductive health, complications with childbirth
- loss of bodily integrity and well-being
- increased medical costs, loss of productive working days and income
- loss of education, aspirations and skills (through 'becoming a woman' and earlier marriage)
- loss of economic and personal development opportunities
- loss of self-esteem and identity

*For both men and women FGM/C exacerbates*

- enslavement to culture and tradition
- loss of sexual health, pleasure, libido (sexual dysfunction in the relationship because of FGM/C is not always attributed to FGM/C because of lack of education)
- the search for alternative partners
- the break-down of the marriage as a relationship; partners are happier away from each other

*For men FGM/C increases*

- the likelihood of seeking out more satisfying sex with sex workers and as a result increased risks of HIV and STDs



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Gender and Female Genital Mutilation/Cutting

**Session 3 — Power and control**

# 3



**PARTICIPANTS' HANDOUTS**

## Power and control

TRAINING MANUAL

**Gender and Female Genital Mutilation/Cutting**



# ANALYSING HARMFUL PRACTICES

- 1 Read the definition FGM/C.

**Female genital mutilation or cutting** — all the procedures that partially or totally remove the external genitalia of infants, girls and women for non-medical reasons. WHO (2016) classifies FGM/C in four major types:

1. Clitoridectomy – partial or total removal of the clitoris
2. Excision – partial or total removal of the clitoris and labia minora
3. Infibulation – significant reduction of the vaginal opening by cutting and re-stitching the labia over it, and usually removing the clitoris. 'De-infibulation' is often required to allow intercourse and childbirth and 're-infibulation' after childbirth
4. Other forms of pricking, piercing, scraping and cutting the genital area

WHO (2016). Media Centre Fact Sheets. Female genital mutilation

Available from: <http://www.who.int/mediacentre/factsheets/fs241/en>

- 2 Discuss the similarities and differences of the following practices in relation to FGM/C and explain how they are harmful.

- a. **Child, early and forced marriage** — marriage of pre-pubescent and adolescent girls, often to older men. Almost 39,000 girls become child brides every day. Girls who complete secondary school are six times less likely to become child brides. Forty per cent of girls in Sub Saharan Africa are married as children. (Care International, 2015, Vows of poverty. 26 countries where child marriage eclipses girls' education. Available from: [http://www.careinternational.org.uk/sites/default/files/VOP%202015%20Report\\_CARE.pdf](http://www.careinternational.org.uk/sites/default/files/VOP%202015%20Report_CARE.pdf))

- b. Honour killing** — murder by a family member - usually a girl or woman - for bringing dishonour to the family or group through involvement in an unapproved relationship. Honour killing is prevalent in India and Pakistan and some countries in the Middle East and North Africa (MENA) region where often the killers get let off with light jail sentences because they had 'honourable motives'.
  
- c. Lip disk or lip plate** — worn by the Suma women in Ethiopia, recently banned by the government. The disk is usually inserted in adolescent girls and involves removing the front two teeth. Lip plates indicate wealth and marriageability. Women who wear them say they are not painful.
  
- d. Breast ironing or breast flattening** — performed on nearly one in four girls in Cameroon. It involves massaging or pounding girls' breasts when they reach puberty (which can be as early as ten years old) with hot spatulas, stones or pestles, in an attempt to stop their breasts developing so that they are less sexually attractive and teenage pregnancies are reduced.

# INEQUALITY IN GENDER STEREOTYPES AND GENDER ROLES

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- 1 Read the following text and highlight the example about FGM/C.
- 2 Discuss how gender stereotypes and gender roles are linked to FGM/C in the context in which you work.
- 3 Discuss how these issues can be presented to boys and men, as well as women and girls, in a way that does not create antagonism.

## Gender stereotypes

Gender stereotypes are generalizations about men and women, boys and girls, which are perpetuated by society to keep people 'in their place'. For example, girls are expected to be neat and well behaved, while untidiness and 'rough and tumble' is tolerated in boys. Some examples of how gender stereotypes promote FGM/C include the belief that women are emotional, irrational, and need to be controlled, and that uncut women are promiscuous.

*See AIDOS, Rainbo (2006). FGM/C as a Development Issue: Programming tools to mainstream the abandonment of FGM/C into development programs and projects. See also Oyefara, John Lekan (2014). Socio-cultural Dimensions and Attitude of Women and Community Stakeholders towards Continuation of FGM in Lagos Metropolis, Nigeria. African Research Review, vol.8, No. 2, pp. 19-37.*

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## Gender roles

Men and women are assigned different gender roles in society. Women's roles mainly confine them to the private domain (preparing food, taking care of children, cleaning the house) while men's roles take them into the public domain (paid labour, leadership and politics, the military...). Keeping women in a nurturing, reproductive role stops them from competing with men in the labour market. In this way gender stereotypes maintain male privilege and control. Some examples of how gender roles promote FGM/C include expectations for women to marry, care for their children, husbands and the elderly, and maintain the home. They also include expectations for men to manage the family finances, and defend the family honour by controlling their wives, daughters, and sisters.

*See FGM Education Programme NZ (2016). Female Genital Mutilation Information for health and child protection professionals. Available from: <http://fgm.co.nz/beliefs-and-issues/>*

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# HARMFUL MASCULINITY AND VIOLENCE

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- 1 Read the following text and highlight the example about FGM/C.
- 2 Discuss how harmful masculinity and violence is linked to FGM/C in the context in which you work.
- 3 Discuss how these issues can be presented to boys and men, as well as women and girls, in a way that does not create antagonism.

Men's sense of entitlement, when taken to the extreme, allows them to use violence to exercise power and control over weaker social groups, and in particular over women. Extreme gender stereotyping leads to hyper masculinity, which views violence as a 'natural' male trait and when male violence is promoted through culture, state, police, military, and media, it becomes 'justifiable'. Some contemporary research describes violence as a global, predominantly male behaviour.

See Wojnicka, Katarzyna (2015). *Men, Masculinities and Physical Violence in Contemporary Europe*. *Studia Humanistyczne AGH Tom 14/2*, 15-16. Available from: <http://gup.ub.gu.se/records/fulltext/225205/225205.pdf>

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On the other hand, men may resort to violence not so much because of a sense of entitlement, but more because of a fear of failure to meet social expectations about masculinity.

See Schwalbe, Michael (1992). *Male Supremacy and the Narrowing of the Moral Self*. *Berkeley Journal of Sociology*, vol. 37, pp. 29-54.

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Some examples of how false beliefs about extreme masculinity can lead to violence in relationships and the perpetration of FGM/C have been described by the World Health Organisation as follows:

- *A man has a right to assert power over a woman and is considered socially superior.*
- *A man has a right to physically discipline a woman for 'incorrect' behaviour.*
- *Physical violence is an acceptable way to resolve conflict in a relationship.*
- *Sexual intercourse is a man's right in marriage.*
- *A woman should tolerate violence in order to keep her family together.*
- *There are times when a woman deserves to be beaten.*
- *Sexual activity (including rape) is a marker of masculinity.*
- *Girls are responsible for controlling a man's sexual urges.*

World Health Organization (2012). *Understanding and addressing violence against women: Female genital mutilation*. Available from: [http://apps.who.int/iris/bitstream/10665/77432/1/WHO\\_RHR\\_12.36\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf)

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# INEQUALITY IN DIVISION OF LABOUR AND PRIVATE PROPERTY OWNERSHIP

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- 1 Read the following text and highlight the example about FGM/C.
- 2 Discuss how inequality in division of labour and private property ownership is linked to FGM/C in the context in which you work.
- 3 Discuss how these issues can be presented to boys and men, as well as women and girls, in a way that does not create antagonism.

## Division of labour

Division of labour refers to men's tasks that are predominantly performed in the public sphere as paid labour ('productive' work) and women's tasks that are mainly restricted within the private sphere of the family, household or homestead as unpaid labour ('reproductive work'). Paid and acknowledged work is valued by society and bestows men with power and status. Unpaid and unacknowledged work is undervalued by society. Women continue to perform essential tasks without getting any credit for it. This makes their social contribution invisible and reduces their social status. The long hours that women work, and the lack of recognition of the value of their work can undermine both women's physical and mental health.

*See AIDOS, Rainbo (2006). FGM/C as a Development Issue: Programming tools to mainstream the abandonment of FGM/C into development programs and projects. Module 2.*

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## Private property ownership

Private property ownership is a crucial factor in gender inequality and gender power relations. A clear gap exists between men and women in regard to control of private property. Men ultimately own and control most economic resources because they dominate the labour market and in many societies ensure patrilineal inheritance rights are enshrined in the law. Private property economies then evolve where men monopolise land ownership, commodity transfers, inheritance, marriage, and dowry rights. Because FGM/C makes women and girls marriageable, it increases their 'value' in this system. But many women have little control over the shared economy because they are confined within the private domain of unpaid labour and male-line inheritance. The economic gender gap translates into further gender inequalities in terms of economic well-being, social status and empowerment.

*See Agarwal, Bina (1994). Gender and Command over Property: A Critical Gap in Economic Analysis and Policy in South Asia. World Development, vol. 22, No. 10, pp 1455-1478.*

Available from: [http://www.binaagarwal.com/downloads/apapers/gender\\_and\\_command\\_over\\_property.pdf](http://www.binaagarwal.com/downloads/apapers/gender_and_command_over_property.pdf)

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# INEQUALITY IN SOCIAL INSTITUTIONS

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- 1 Read the following text and highlight the example(s) about FGM/C.
- 2 Discuss how inequality in social institutions is linked to FGM/C in the context in which you work.
- 3 Discuss how these issues can be presented to boys and men, as well as women and girls, in a way that does not create antagonism.

Many social institutions - family, business, education, religion, the economy, public administration, and the law - institutionalise gender inequality. They are dominated opportunities that privilege men and subordinate women.

See *Social Institutions and Gender Index (2014). Synthesis Report. OECD.*

Available from: <http://www.oecd.org/dev/development-gender/BrochureSIGI2015-web.pdf>

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## Examples of how inequalities in social institutions promote FGM/C

Food security, marital status (for example widowhood: it is often widows who have to 'give up' their daughters as they cannot afford to keep them), and the lack of paid labour for women makes marriage a financial transaction.

*For a woman living in a patriarchal society with no access to land or education and no effective power base, marriage is her main means of survival and access to resources - and FGM is her pre-requisite for marriage. With the beliefs surrounding FGM deeply embedded from childhood, the social approval associated with FGM and the sanctions women face if they don't undergo FGM - the benefits of FGM would seem to outweigh the physical difficulties. FGM is inevitably viewed in a very positive light and this can explain why women continue to cling to the tradition, colluding in their own daughters' circumcision.*

FGM Education Programme NZ (2016). *Female Genital Mutilation Information for health and child protection professionals.*

Available from: <http://fgm.co.nz/beliefs-and-issues/>

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Weak legal sanctions on intimate partner violence within marriage, and the absence of equitable divorce laws favour men. Lack of gender-sensitive school access and facilities (adequate transport and toilets for example) contribute to girls dropping out of school and not learning about their own reproductive health and rights. The 'medicalisation' of FGM/C takes the operation away from traditional women cutters and puts it in the 'safe hands' of mostly male doctors. The main religions are dominated by male religious leaders; as a result, religion is interpreted from a masculine, patriarchal standpoint. Male-dominated parliaments and judiciaries prioritise 'more pressing' issues on the development agenda than FGM/C.

# FGM/C AS A TOOL FOR POWER AND CONTROL

- 1 Tick the aspects of gender inequality each statement relates to. You can tick more than one column.

	Practice or belief	Gender stereotypes and Gender roles	Harmful masculinity and violence	Division of labour and private property ownership	Unequal social institutions
1	FGM/C ensures a girl's virginity; virginity ensures her purity, her family honour, and her marriage prospects.				
2	Wealth belongs to the male line; unmarried women cannot inherit.				
3	FGM/C makes girls belong to their ethnic or social group and strengthen those ties.				
4	A daughter's economic and social well-being is more important than her health or bodily integrity.				
5	Taboo subjects like FGM/C are not discussed in the family. It is not masculine for men or feminine for women to talk about such things.				
6	Uncut women are unclean, unfeminine and promiscuous.				
7	Uncut women cannot participate in community decisions.				
8	FGM/C must be performed because it is mandated by God.				
9	The school system doesn't teach women and girls about the harmful consequences of FGM/C.				
10	Real men assume power and authority over their wives, even if this requires violence.				

- 2 Discuss what women and men gain by maintaining FGM/C and what they lose. Fill in the table.

Power gained by maintaining FGM/C	Power lost by maintaining FGM/C

# KEY POINTS: POWER AND CONTROL

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Inequalities in gender norms, division of labour, private property ownership, the use of violence, and social institutions (marriage, business, religion, the state and the law), subordinate women and allow men to monopolise sex, economic resources and power.

Traditional, cultural and religious notions about purity, chastity, and honour are used to ensure pre-marital virginity and marital fidelity. Harmful practices like early, forced or child marriage, virginity testing and FGM/C allow control of women and girls by reducing their access to, or desire for, extramarital sex.

*Many groups that practice FGM come from patriarchal societies. In these societies, resources and power are passed down and held solely under male control, with a woman's access to land and to economic resources being exclusively through her husband (or the male members of her family). In order for a woman to be eligible for marriage it is essential that she is a virgin. The association between virginity and FGM is so strong, that an uninfibulated or unexcised girl has virtually no chance of marriage, regardless of her virginity. Her access to land and future resources are therefore dependent on her having undergone FGM.*

*Many societies practising FGM are also patrilineal, whereby a woman represents and retains her father's lineage and her marriage is not only a union of two people, but an alliance of two lineages. This alliance strengthens clans and clan relationships with other groups and a woman who has not undergone FGM brings great shame and dishonour to her father's lineage. FGM is therefore vital not only to a husband as proof of his future bride's virginity - but also to the bride's family or lineage.*

*FGM Education Programme NZ (2016). Female Genital Mutilation. Information for health and child protection professionals. Beliefs and issues. Available from: <http://fgm.co.nz/beliefs-and-issues/>*

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FGM/C serves as a tool to uphold this patriarchy across the layers of society, at individual, relationship, community and society levels.

- At individual level, a woman's feeling of self-worth is linked to 'belonging to a man'.
- At relationship level, a good wife or daughter should be subservient and boys in the family are valued more than girls.
- At community level, women are denied economic access.

- At society level, laws implicitly and explicitly favour men over women in terms of inheritance, marriage and divorce. The media reinforces negative stereotypes about women while at the same time influencing their attitudes and beliefs.

Any shift in belief and social status about being cut or not cut can only come about if the gender inequality root causes and social expectations of FGM/C are addressed. However, confronting these root causes in a very direct manner can lead to antagonism and be counter-productive.

For many women, the social approval that FGM/C brings can outweigh its negative consequences so mothers continue to cut their daughters. Other women become socialised in the system and, either knowingly or unknowingly, uphold its expectations, attitudes and behaviours. As a result, the power dynamics of FGM/C are complex and need to be considered carefully in gender sensitive programming.



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Gender and Female Genital Mutilation/Cutting

**Session 3 — Power and control**

# 4

FACILITATOR'S GUIDE

## FGM/C as a form of Violence Against Women and Girls

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting







## FACILITATOR'S GUIDE

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# FGM/C as a form of Violence Against Women and Girls (VAWG)

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# OVERVIEW

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## LEARNING OBJECTIVES



By the end of the session participants will be able to:

- define violence against women and girls (VAWG);
- explain FGM/C is a harmful practice, a form of VAWG, and a violation of human rights;
- begin to use an ecological framework for FGM/C programming.

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## TIME

180 minutes



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## MAIN ELEMENTS



- |  |            |
|--|------------|
| → Objectives                           | 15 minutes |
| → FGM/C as VAWG                        | 60 minutes |
| → FGM/C as a violation of human rights | 50 minutes |
| → An ecological framework for FGM/C    | 40 minutes |
| → Wrap up                              | 15 minutes |

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## EQUIPMENT AND MATERIALS

- Poster sized versions of the VAWG mind-map (↗ **Handout 4.1**), and the ecological framework (↗ **Handout 4.3**).
- Printed A4 cards, cut up from Resource 4A; VPP cards, tape or glue





## KEY MESSAGES

- Violence against women and girls (VAWG) means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence against women shall be understood to encompass, but not be limited to, the following: (i) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; (ii) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; (iii) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. (UN General Assembly 1993, Articles 1 and 2).
- FGM/C is considered VAWG because it violates bodily integrity, health and well-being, sexual and reproductive rights, other rights, and ultimately prevents girls and women from realising their full potential, personally, socially, economically and politically.
- FGM/C should be addressed like other forms of VAWG through an 'ecological', programming approach. This means key interventions are interlinked across individual, relationship, community, organisational and societal levels – to stimulate change in a holistic way.

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## HANDOUTS

- **Handout 4.1** Mapping it out
- **Handout 4.2** FGM/C as a form of VAWG
- **Handout 4.3** An ecological framework for FGM/C holistic planning
- **Handout 4.4** Key points: FGM/C as a form of VAWG
- **Resource 4A** Intervention cut-ups for the ecological framework poster





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# PROCEDURE

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STEP 1

## Objectives

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15 MINUTES

Introduce the session objectives and connect this session with the previous one by explaining the following:

To maintain privilege and hold onto power, some men use violence to ensure gender norms and expectations are met. FGM/C can also be seen as VAWG because it coerces women and girls to conform to social expectations.

However, some forms of violence against women and girls intend to inflict harm, while the underlying rationale for FGM/C is to assure a girl's social acceptance and inclusion.



Get participants to copy down the following table:

Violence Against Women and Girls (VAWG)		
K	W	L

Explain that

- the first column 'K' stands for 'Know'. In this column they should write notes about what they already know about the topic, VAWG;
- the second column 'W' stands for 'Want' as in 'want to know'. In this column they should write notes about what more they want to know about VAWG;

- the third column 'L' stands for 'Learn'. They will fill this column in at the end of the session with notes on what they have learnt.

Give participants a few minutes to complete the first two columns. Monitor and find out what they already know, so that you can tailor the inputs accordingly and draw on the more knowledgeable participants during the next task.

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**STEP 2**

## FGM/C as a form of violence against women and girls (VAWG)

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60 MINUTES

Elicit some examples of violence against women that will be known to all participants – rape, sexual harassment, domestic violence. Elicit if these acts of violence are public or private, perpetrated by intimate partners and known people or strangers, by individuals or groups, by men or women or both, whether they are condoned or condemned by society and whether they are legislated against or not.

Conclude that:

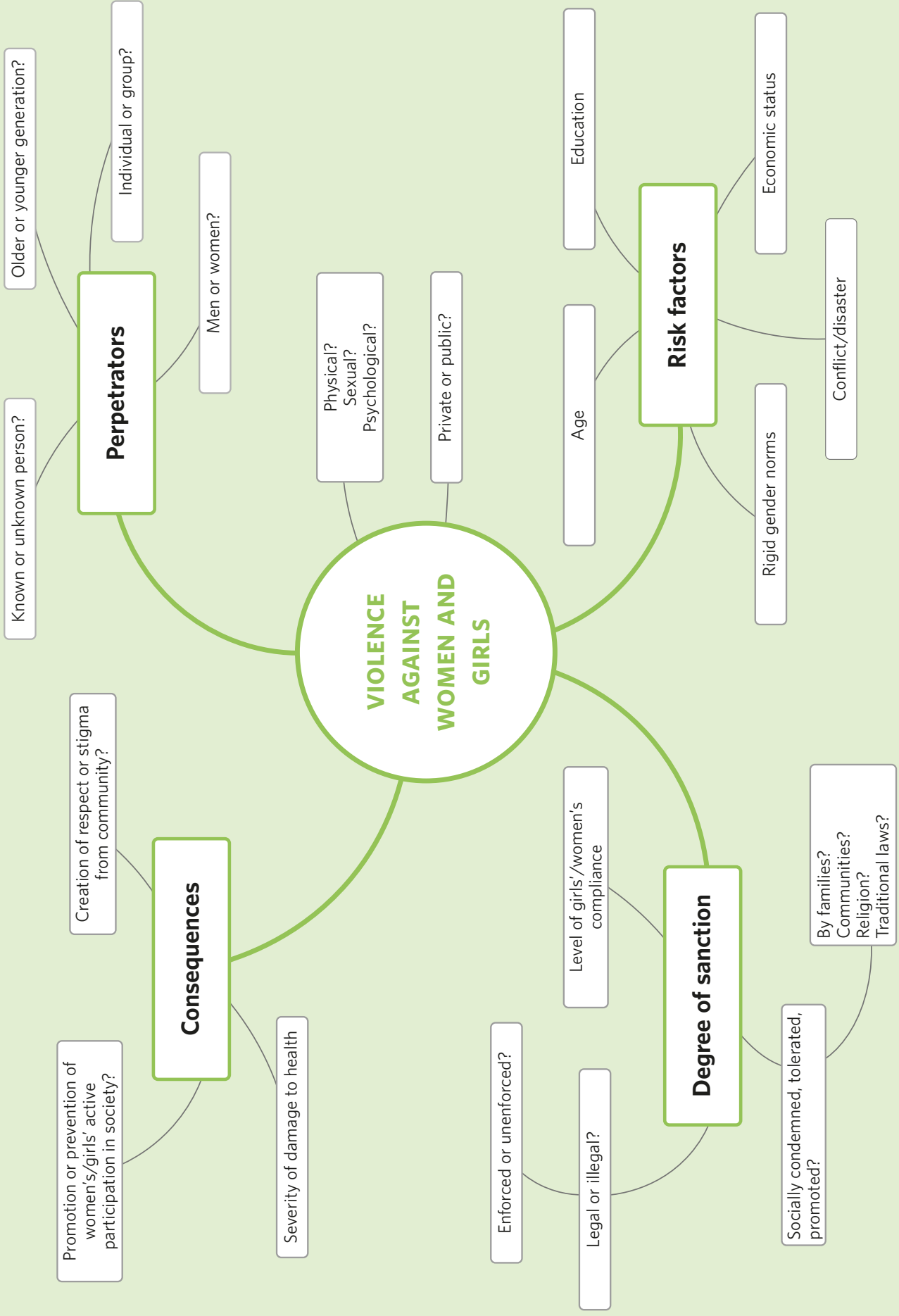


Each act of violence against a woman or girl can stem from, and be maintained by, different actors, social practices, structures and norms. Root causes, risks, consequences, perpetrators and degree of sanction of violence need to be considered in terms of mutually reinforcing factors at individual, family, community and public levels.

Explain that for this reason the group will now work together to visualise these interconnecting factors. Build up the following mind map on the board or flip chart.

Use the questions provided below to elicit the key concepts as you map it out. Add other boxes, examples, connecting arrows as necessary.

Tell participants they don't need to copy it as you will give them a handout with the complete diagram later.



## Types of violence against women and girls

Use these questions to elicit the types and forms of violence included in a definition of VAWG.



*What kind of acts of violence do you normally think about when someone says 'Violence against women and girls'? Give some examples.*

*Apart from physical violence, what other types of violence exist? (psychological, sexual... )*

*Sexual violence is physical too – so why is it in a separate category?*

Add the 'Physical? Sexual? Psychological?' box to the map and elicit some examples for each. Use the UN General Assembly 1993, Articles 1 and 2 information (listed in **Handout 4.4** and in the Overview above for a comprehensive list).

## Perpetrators

Use these questions to elicit and add the 'perpetrator' labels to the map. Use a concrete example such as rape to clarify questions and answers. Use a contrasting example such as forced marriage to show the differences in perpetrators.



*Where does VAWG – for example rape – happen?  
What about forced marriage?*

*Does it happen in private or public spaces?  
(family, the street, in institutions like school and work)*

*By someone known or unknown – is it an intimate associate of the victim (IPV) or a stranger?*

*By men or women? By people the same age?*

*By individuals or groups?*

*In a random or organised way?*

*Is it a single act or does it continue? Who makes it continue?*



## Degree of sanction

Use these questions to elicit and add the 'degree of sanction' labels to the map.

*Which acts of VAWG are strongly censored or silenced in society?  
Rape?*

*Which acts are more tolerated or go unaddressed? Forced marriage?*

*Why are there varying degrees of tolerance?*

*Which institutions are involved in influencing these different degrees  
of tolerance of VAWG? (the family, the law, religion...)*

*To what extent is the act of violence legal or illegal?*

*If illegal, to what extent is the law enforced and perpetrators  
prosecuted? Why? Why not?*

*How responsible are the perpetrators for their own actions?*

*How aware are the perpetrators that they are doing harm? Is  
the violence intended to harm the victim or is it done for another  
reason? (IPV vs. FGM/C)*

*Does the subject have any control of what is done to her? Which  
acts of violence involve the victim's compliance? How does this  
affect trying to find legal solutions?*



## Consequences

Use these questions to elicit and add the 'consequences' labels to the map.

*As a result of the [rape] / [forced marriage], how is the woman or  
girl viewed by other members of her community? With greater or  
less respect?*

*Is she ostracised or allowed to participate in community matters?*

*How severe are her injuries? To her physical and/or reproductive  
health? To her psychological well-being and development?*



## Root causes

Use the following questions to check understanding of root causes from the previous module on power and control. Add a new branch to the diagram if you feel it is necessary to review these issues.



*What are the gender-based economic root causes of VAWG?  
(Inheritance laws and property ownership in the male line, marriage as an economic necessity)*

*What are the harmful gender stereotype root causes? (Notions of girls' and women's purity, chastity, and honour; male privilege and harmful notions of masculinity that produce expectations about sex, money and power, subordination of women and girls)*

*What role do gender-discriminating social institutions play?  
(Predominantly male law enforcement and business protects men; traditional, religious and cultural edicts, media control and disempowerment of girls and women)*

*Do FGM/C and VAWG share the same root causes in terms of gender inequality, discrimination and harmful gender stereotypes?*

Distribute ➤ **Handout 4.1**. Put participants into four groups. Assign each group a different set of VAWG examples listed in the handout as follows:

- Group 1**    Trafficking, conflict-related sexual abuse and exploitation
- Group 2**    Sexual harassment at work, sexual harassment in school, sexual harassment in the street
- Group 3**    Marital rape, domestic violence
- Group 4**    Virginity testing, child, early, or forced marriage, FGM/C

Get them to use the factors in the mind map to analyse the examples, using the questions and categories to build up a definition for the group of violent acts they have been assigned.

Have them discuss which of the examples of VAWG have become, in certain contexts, social norms. Get them to work out which combination of factors therefore characterise a social norm. Gather their feedback in plenary.

50 MINUTES

Elicit that FGM/C is also a form of violence against women and girls by the way it violates girls and women's rights.

Emphasise that

FGM/C makes girls and women suffer physically, sexually, and psychologically, in the way they are cut, and in the short and long term repercussions of being cut or not being cut. But it also prevents them from realising their full personal potential and their full participation in society

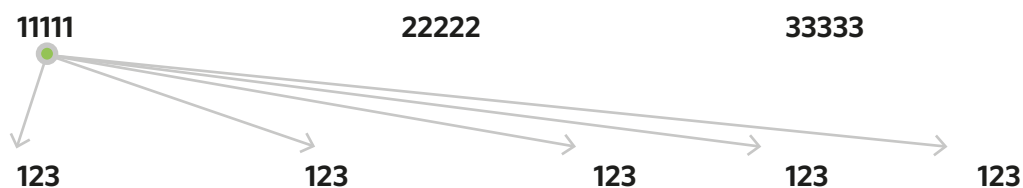


Put participants into three groups. Distribute [Handout 4.2](#). Appoint each group one section of the table as follows:

- Group 1** Infant and girl child development
- Group 2** Sexual and reproductive health
- Group 3** Personal and professional development

Get groups to list the negative effects FGM/C has on the aspect of girls' and women's lives that they have been assigned. Get them to fill in their section of the table and try to name which fundamental freedoms and human rights have been violated. Make sure everyone takes notes and writes something down so they are prepared to share key points accurately in the next stage of the activity.

Cross group the original three groups into several new groups of three, with one representative from each of the original groups in each of the new groups.



Get each participant to share the ideas and have each group complete the table together. Monitor to check if all the main points have been covered.

In plenary, sum up the negative results and human rights violations they have collated which are caused by FGM/C. Distribute [Handout 4.4](#). Get participants to read the official definition of VAWG and summarise the discussion on violation of rights with the following points.



### **FGM/C impairs women and girls' fundamental freedoms and violates their rights to**

- physical integrity, agency and autonomy
- the highest standards of health
- life itself when the practice leads to death
- freedom from cruel, inhuman or degrading treatment or punishment
- a satisfying, safe and pleasurable sexual life
- equality and non-discrimination based on sex
- full participation in education, employment, politics, and society

Point out the list of human rights violations in [Handout 4.4](#) for participants' future reference.

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#### **STEP 4**

## An ecological framework for FGM/C

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40 MINUTES

Explain why working to prevent all forms of VAWG requires a holistic approach to programming. Talk about how isolated health or legal initiatives have not worked in the past. (See Facilitator's Notes for details).

Display an enlarged version of the ecological framework on a poster. Explain the four levels of the ecological approach – individual, relationship, community/organisational, and societal (Lori Heise, 1998; UN Women et al., 2015). Explain how these levels reflect the complexity of factors explored in [Handout 4.1](#) and how they also relate to the layered root causes of gender inequality and discrimination discussed in Session 3.

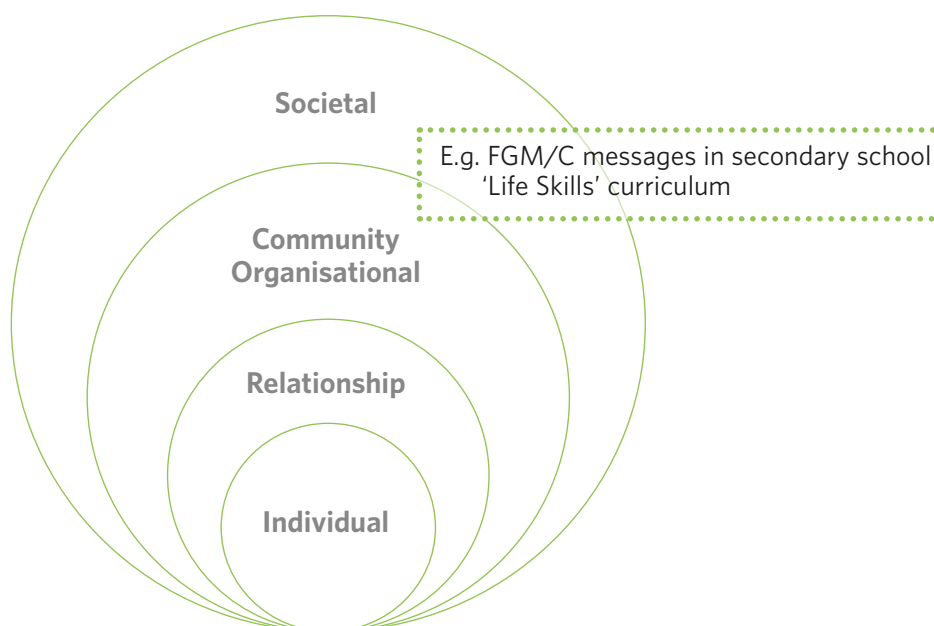


The root causes and risk factors of FGM/C are interlinked across different levels of society in a mutually reinforcing way. Key interventions therefore also need to be interlinked. This will stimulate change across individual, relationship, community, organisation and society levels in a holistic, top-down, bottom-up way.

Show participants the card with the following example of an intervention for addressing FGM/C (cut up from [Resource 4A](#)).

**FGM/C messages in secondary school 'Life Skills' curriculum**

Elicit where in the ecological framework this intervention would be **a)** implemented and **b)** have impact. Stick it on the poster where it would be *implemented*.



Elicit one or two more examples of interventions from participants (making sure they do not all target or need to be implemented at community/organisational level). Distribute [Handout 4.3](#). Working in table groups, get participants to write in the 20 interventions on the ecological framework according to where they would be implemented from. Get them to discuss 'coverage' and if they think there are any gaps. Have them come up with any additional interventions needed to strengthen the holistic approach.

Distribute approximately four intervention cards, printed and cut up from ↗ **Resource 4A**, to each table group. Get a group representative from each table to come and stick or pin their intervention cards on the poster sized ecological model, according to where their group agreed to place it on ↗ **Handout 4.3**.

Deal with any disagreements and adjust card positions as necessary. Ask groups to write any new interventions they came up with on cards and have them stick these on the framework too.

In a brief round, get them to say at which level their own organisations are working. Stress the importance of coverage, and how inter-agency coordination and harmonization of activities is supposed to support this. Tell participants that they will analyse some of the interventions further in ↗ **Session 7**.

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**STEP 5**

## Wrap up

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15 MINUTES

Have participants revisit their KWL tables, tick off the things in their 'want' column that the session has adequately addressed, and fill in the final column, what they have learned. Do a quick round of reactions and feedback from them, including aspects of VAWG that they'd wanted but weren't addressed. Make a note of any key points that need to be discussed further.

Get participants to add an analysis of gender root causes to the data analyses they developed in ↗ **Session 2**.

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# NOTES FOR FACILITATORS

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## Step 1: Objectives

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KWL is a good needs-analysis tool. By finding out how much participants already know about the Violence Against Women and Girls (VAWG) and what they want to learn about it, the facilitator can tailor the session to the real needs of the participants. The final column is filled in by participants at the end of the session to summarise what they have learned. It can also be completed the next day as a recap if time is short.

## Step 2: FGM/C as a form of violence against women and girls (VAWG)

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The purpose of 'Mapping it out' is to familiarise participants with the range of different types of violence against women and girls, and to help them understand the multi-faceted drivers in terms of perpetrators, risk factors, sanctions, and consequences. The activity is not intended to make any kind of finite classification, rather to show participants how the same act of violence can be classified in different ways according to context, beliefs, and socioeconomic situation. Grouping the acts of violence and getting participants to relate them to the criteria on the 'map' provides an example of one way programmers might use criteria to address and prevent violence.

In the case of FGM/C and the other harmful practices it is grouped with on **Handout 4.1**, factors that distinguish community (rather than the individual), women as perpetrators as well as men, older-to-younger generation, socioeconomic compliance, public, religious and private endorsement, public and family issues of respect and honour despite health and personal development consequences are important for understanding social norms.

The facilitator should elicit that many of the harmful practices have been legislated against yet remain prevalent. In general it takes a long time for harmful practices to become viewed as no longer acceptable, and to be prosecuted under the law. If the political will is absent then either FGM/C does not become criminalised (e.g. Sudan), or it becomes law but in name only (e.g. Somalia). To address VAWG from a legal perspective requires allocating resources for enforcement, for example to establish judicial protocols, guidelines and training for prosecutors and the police, and training, resources and support for health and social services. But working from a legal

perspective alone will not change the social norm, and interventions concerning rights and laws have to go hand in hand with interventions at all levels of society – through education, community mobilisation, the media etc. This is why it is important to address FGM/C, like other forms of violence, using a holistic, ecological framework approach (step 3 activity, ↗ **Handout 4.3** and ↗ **Session 7**).

**Suggested factors that (tend to) characterise the grouped acts of violence,**  
 ↗ **Handout 4.1**

Group	Perpetrators	Degree of sanction	Consequences	Risk factors
<b>trafficking</b>  <b>conflict-related sexual abuse and exploitation</b>	Organised groups usually of men (women can be involved in trafficking), usually on a larger scale; usually by unknown perpetrators	Illegal, also at an international level due to cross border activity and the scale of violence; difficult to enforce due to lack of governance, power or resources; not socially endorsed; usually without victim or family compliance (except trafficking which may involve family)	Usually lowers esteem/respect  It can have serious health consequences	Conflict and emergency situations  Lack of rule of law  Geographical displacement (cross border, from rural to urban settings...)  Vulnerability to exploitation: youth and lack of education - if trafficking is the result of voluntary recruitment
<b>sexual harassment at work</b>  <b>sexual harassment at school</b>  <b>sexual harassment in the street</b>	Mostly individual men or boys who are not partners, to a varying degree known/unknown, outside the family in a more public sphere	The degree of violence varies so sometimes there is a tendency to socially minimise these acts  If laws to protect exist they are often not enforced  Hierarchical power relations in work and educational institutions often silence plaintiffs	Psychological damage not often recognised unless physical harm is also reported	Young age  Isolation (classrooms, toilets, offices)  Hierarchical structures  Harmful gender stereotypes and harmful masculinity



<p><b>marital rape</b></p> <p><b>domestic violence</b></p>	<p>Mostly individual men partners, family members (but the neighbours also usually know)</p>	<p>In some countries not illegal, perhaps socially disapproved of but socially tolerated, if legal then hard to enforce without strong support structures due to involvement of family members; social norm which can make women complicit</p>	<p>Physical, sexual and psychological damage are often hidden – either out of shame, or because of the social belief that ‘it is a wife’s role’.</p> <p>If made public it can lead to social stigmatisation</p>	<p>Isolation – behind closed doors</p> <p>Poverty</p> <p>Unemployment</p> <p>Substance abuse</p> <p>Harmful gender stereotypes and harmful masculinity</p> <p>Domestic violence is quite universal</p>
<p><b>virginity testing</b></p> <p><b>child, early, or forced marriage</b></p> <p><b>FGM/C</b></p>	<p>Mostly perpetrated by family and community not individuals; women as well as men; older to younger generation; known perpetrators</p>	<p>Can be legislated against but not often enforced; socially endorsed, some also endorsed by religion and traditional law; social norm</p>	<p>A range of often severe physical problems</p> <p>Taboo sexual dysfunction</p> <p>Marital dysfunction (see Power Lost, ↗ <b>Session 3</b>)</p> <p>Public and familial affirmation and approval</p>	<p>Economic and social pressure to get married</p> <p>Rigid and harmful beliefs</p> <p>Lack of education</p> <p>Peer and generational pressure</p> <p>Different degrees of agency depending on age: cutting infants, forcing child brides, adolescent choice for rites of passage</p>

### Suggested factors that make FGM/C, virginity testing, and child, early/ forced marriage social norms in the societies where they are performed

- ✓ Perpetuated by elders, across generations, across communities
- ✓ Maintained by women
- ✓ Driven by ‘positive’ social and community affirmation and acceptance (purity, honour, becoming a woman), and benefits (dowry, participation in decision-making processes)

The facilitator should also refer participants back to the definition of a social norm introduced in Session 1 (see → **Handout 1.3** pages 7 – 8).

- They are widely accepted and often occurring practices (even though in private people might not believe in them but because people don't share their private beliefs this can become *pluralistic ignorance*).
- There is a collective sense of expectations and perpetration – by family and community rather than by individuals in isolation.
- People feel obliged to perform these practices because that's what others do and that's what's expected of them.
- People fear they or their family members will be punished, stigmatised or ostracised if they don't perform these practices. (Bicchieri and Mercier, 2014).

### **Step 3:** FGM/C as a violation of human rights

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The highest concentration of harmful practices are experienced by adolescent girls and younger women, although intimate partner violence frequently follows women into old age. Adolescent girls are disproportionately affected by violence (UN Women et al., 2015, section 3.2). Their emerging sexuality puts them at risk to specific forms of violence and the familial 'safeguard' of early marriage. In addition this is the age where many harmful practices are exercised.

*FGM and child/forced marriage may be part of this continuum as they are due to dominant social norms related to a girl's sexuality and enduring gender inequalities. Both practices are believed to enhance the likelihood of both premarital virginity and marital fidelity, which are considered moral and honourable. Communities who practice FGM are more likely to practice child marriage and, in some FGM affected communities, FGM is carried out during puberty and marriage is arranged immediately afterwards.*

Mediterranean Institute of Gender Studies (2015) p.7

The experience of violation and violence in childhood and adolescence has a major impact on girls' confidence, sense of self-worth, and mental health. If at the time when they are least fit to do so, they are undergoing FGM/C, and soon after bearing children, adolescent girls become even more vulnerable.

Suggested answer key for ↗ Handout 4.2

	FGM/C and	Negative effects	Human rights violations
1	Infant and girl child development	<p>They can be still-born: infibulation can cause infant asphyxia during delivery.</p> <p>As a direct result of the practice they can suffer shock, infection, bleeding and contract HIV from unsterilized cutting tools; they can also die.</p> <p>If cut as babies or infants, they can grow up not understanding their health and sexual problems are not 'normal' but the result of FGM/C.</p> <p>Pre-pubescent girls can suffer trauma and post-traumatic stress from being betrayed (even abused) by the very people they trust and love the most (their mothers, grandmothers, aunts).</p> <p>They can suffer chronic health problems – difficulty urinating, urinary tract infections, added pain and blocked flow with menstruation.</p> <p>Their bodily security and experience of a safe and healthy childhood is denied</p>	<p><b>UN Convention on Rights of the Child (1989)</b></p> <p>3 ... the best interests of the child must be a top priority</p> <p>6 ... the right to life, survival and development</p> <p>12 ... the right to express their views, feelings and wishes in all matters affecting them</p> <p>19 ... protected from violence, abuse and neglect</p> <p>24 ... the right to the best possible health</p> <p>37 ... must not suffer other cruel or degrading treatment</p>
2	Sexual and reproductive health	<p>Girls and women lose their bodily integrity.</p> <p>They can suffer from post -traumatic stress disorder.</p> <p>Their reproductive health can be compromised by blocked fallopian tubes from earlier infections, keloids from scar tissue, fistulas from botched cutting. They run a higher risk of obstructed labour, birth complications, caesarean section, and infant mortality. They can associate childbirth with violence – being cut open and re-sewn (re-infibulated).</p>	<p><b>UN Declaration on the Elimination of Violence against Women (1993)</b></p> <p>Article 3</p> <p>Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include, inter alia:</p>

		<p>There is a higher risk of infertility due to infections.</p> <p>IUD contraception can be obstructed.</p> <p>Depending of the type of FGM/C, intercourse can range from not pleasurable to very painful (there is no lubrication). Sex may become associated only with duty or pain. The removal of the clitoris may result in a loss of sexual desire, a decrease in sexual satisfaction, the inability to have an orgasm. Sexual dysfunction in their marriage may make both partners seek others. Some women can attribute sexual dysfunction to FGM/C but many others are ignorant about the source of their problems.</p> <p>They may feel cast aside because dysfunctional sex with their husbands results in their husbands taking more wives or other partners/sex workers</p> <p>They risk HIV infection from the original cutting or from their husbands when their vagina gets torn during intercourse. If STDs are transmitted, they can rapidly spread because of the cut.</p> <p>All these sexual restrictions remind them they are not allowed the same sexual freedoms as men.</p> <p>They may be prevented from nurturing their understanding and experience of their own sexuality.</p> <p>They may believe it's their duty to reshape their vaginas for their husband's pleasure (re-infibulation).</p>	<p>(a) The right to life</p> <p>(b) The right to equality</p> <p>(c) The right to liberty and security of person</p> <p>(d) The right to equal protection under the law</p> <p>(e) The right to be free from all forms of discrimination</p> <p>(f) The right to the highest standard attainable of physical and mental health</p> <p>(g) The right to just and favourable conditions of work</p>
3	Personal and professional development	<p>Girls and women can be deprived of their aspirations and potential; they are forced to limit their options to being wives and mothers.</p> <p>FGM/C can lead to early marriage and dropping out of school: this leads to a lack of qualifications or work skills, a lack of capacity to compete in the job market, and for those who work, days off sick to deal with FGM/C related health problems.</p> <p>They can suffer depression and low self-esteem from childhood trauma from being cut; this affects their achievement in school or the community and reduces their leadership potential.</p> <p>In communities where uncut women are considered shameful or unclean, women believe they must be cut to gain status and the right to participate in community decisions. They lose out either way: if they are cut their potential is reduced and if they are not cut they are stigmatized.</p>	<p>(h) The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment</p>

## Step 4: An ecological framework for addressing FGM/C

The facilitator should introduce this activity by describing how addressing FGM/C in terms of single-track legal or health initiatives has not been so successful. For example:

- The use of law and legislation to criminalise FGM/C has backfired in many countries. It has driven the practice underground and exposed girls to more risk (if the practice goes wrong, parents are afraid of going to the hospital because it would reveal they have acted illegally). In other countries, criminalisation has resulted in the 'medicalisation' of the practice with the operation of cutting being transferred from traditional cutters to medical practitioners under sterile conditions. This results in cutting younger and younger girls. In Yemen, 85 per cent of girls who undergo FGM/C are cut within their first week of life (UNICEF, 2016).
- Likewise, focusing exclusively on health consequences of FGM/C, through for example maternal health programmes, has not involved men and boys enough and not dealt with the root causes of the problem. As a result, people have not changed their attitudes and beliefs, and the social stigma of not being cut outweighs the negative health consequences.

For these reasons it is important to stress the holistic approach, but also to make sure those holistic programmes include robust legal and health interventions.

Many of the suggested interventions that participants stick onto the ecological framework poster will be analysed further in session 7, ↗ **Handout 7.1**.

### Suggested placement of interventions on the ecological framework, ↗ **Handout 4.3**

<b>Individual</b>	<ul style="list-style-type: none"> <li>4 Sponsor-a-girl through school</li> <li>9 National Celebrities as change agents</li> <li>13 Volunteer 'Guardian' safe houses during the cutting season</li> <li>15 Online journalist training for ending FGM/C</li> <li>16 'Adopt a learner' training to cascade key messages</li> <li>20 Community volunteers household-to-household campaigns</li> </ul>
<b>Relationship</b>	<ul style="list-style-type: none"> <li>11 Generational dialogues</li> <li>19 'Early adopter' non FGM/C couples as role models</li> </ul>
<b>Community or organisation</b>	<ul style="list-style-type: none"> <li>1 Public pledges against FGM/C</li> <li>3 Alternative income for cutters</li> <li>10 Girls Clubs (group protection) against peer pressure to be cut</li> <li>12 Women's integrated training (e.g. literacy and human rights)</li> <li>17 Alternative rites of passage</li> </ul>
<b>Between Community/Organisation and Society*</b>	<ul style="list-style-type: none"> <li>2 Anti-FGM/C new 'norms' in radio and TV dramas</li> <li>5 FGM/C messages during midwives' home health visits</li> <li>6 Better data collection at local level</li> <li>8 Access to surgery for fistulas</li> </ul>
<b>Societal (public policy)</b>	<ul style="list-style-type: none"> <li>7 Equal rights legislation for land inheritance</li> <li>14 Prosecutor and police anti FGM/C law enforcement</li> <li>18 'Think socially about FGM/C' social media campaigns</li> </ul>

The intervention may be implemented at either community/organisational or societal level depending on if, for example,

- the radio or TV programme is commercial or state owned, or a local or national broadcast;
- resources for health services and local government are devolved to community or regional (sub national) level or have to come from a national line ministry.

See also UNWOMEN et al., (2015) *Essential Services Package* for further VAWG interventions that can be adapted for addressing FGM/C.

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# RESOURCES

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**Resource 4:** Intervention cut-ups for the ecological framework poster

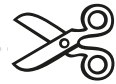
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**FGM/C MESSAGES IN SECONDARY SCHOOL 'LIFE SKILLS' CURRICULUM**

**ANTI-FGM/C NEW 'NORMS' IN RADIO AND TV DRAMAS**

**PUBLIC PLEDGES AGAINST FGM/C**





**ALTERNATIVE INCOME FOR CUTTERS**

**SPONSOR-A-GIRL THROUGH SCHOOL**

**ACCESS TO SURGERY FOR FISTULAS**

**FGM/C MESSAGES DURING  
MIDWIVES' HOME HEALTH VISITS**



**BETTER DATA COLLECTION  
AT LOCAL LEVEL**

**EQUAL RIGHTS LEGISLATION  
FOR LAND INHERITANCE**

**NATIONAL CELEBRITIES  
AS CHANGE AGENTS**

**GENERATIONAL DIALOGUES**



**GIRLS CLUBS  
(GROUP PROTECTION)  
AGAINST PEER PRESSURE  
TO BE CUT**

**WOMEN'S INTEGRATED TRAINING  
(E.G. LITERACY AND HUMAN RIGHTS)**

**VOLUNTEER 'GUARDIAN' SAFE HOUSES  
DURING THE CUTTING SEASON**

**PROSECUTOR AND POLICE  
ANTI FGM/C LAW ENFORCEMENT**



**ONLINE JOURNALIST TRAINING  
FOR ENDING FGM/C**

**'ADOPT A LEARNER' TRAINING  
TO CASCADE KEY MESSAGES**

**COMMUNITY VOLUNTEERS  
HOUSEHOLD-TO-HOUSEHOLD  
CAMPAIGNS**



**ALTERNATIVE RITES OF PASSAGE**

**'THINK SOCIALLY ABOUT FGM/C'  
SOCIAL MEDIA CAMPAIGNS**

**'EARLY ADOPTER' NON FGM/C  
COUPLES AS ROLE MODELS**





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Gender and Female Genital Mutilation/Cutting

**Session 4 — FGM/C as a form of Violence  
Against Women and Girls**

# 4

**PARTICIPANTS' HANDOUTS**

## FGM/C as a form of Violence Against Women and Girls

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting



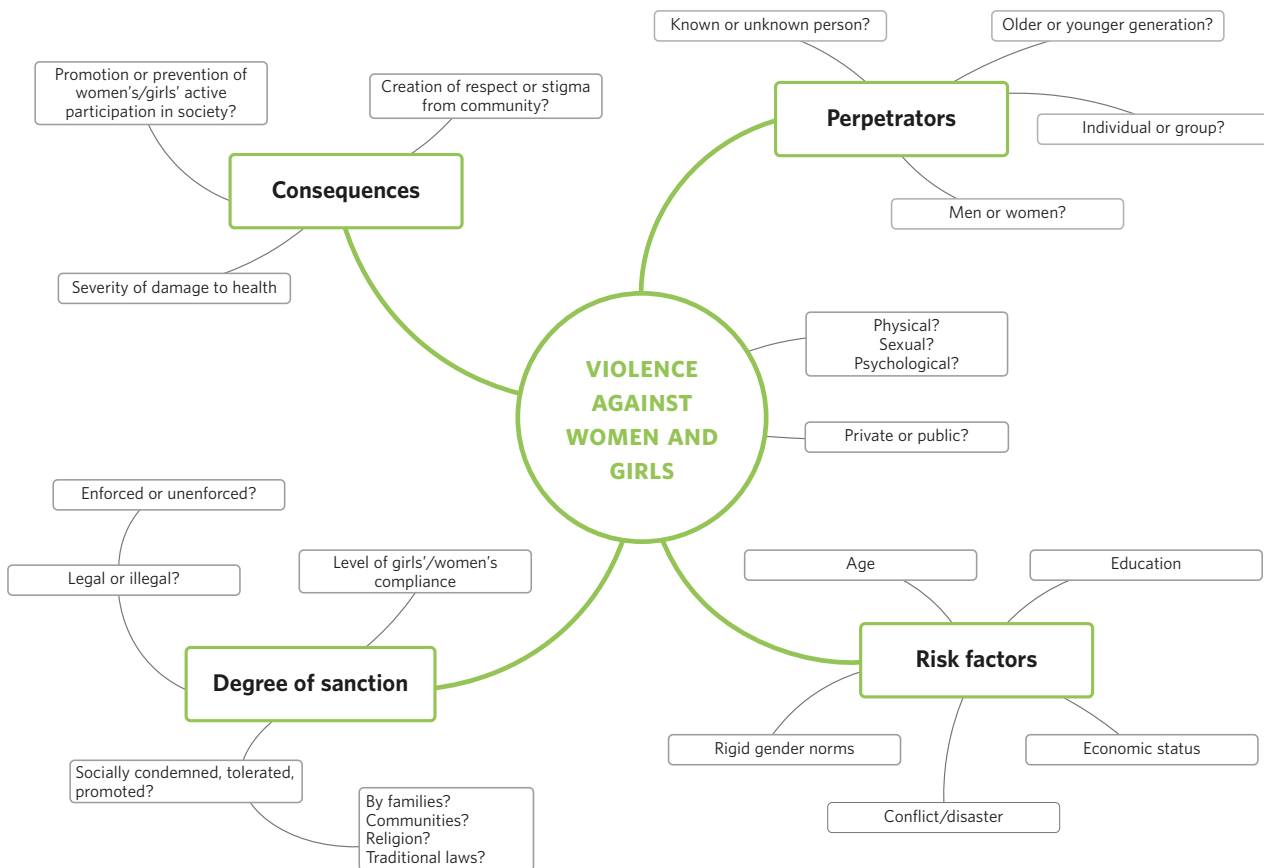
# MAPPING IT OUT

- 1 Use the factors in the mind map to analyse the examples of violence against women and girls in the boxes below.
- 2 Discuss which combination of factors make an act of violence a 'social norm'.

- Group 1** trafficking  
 conflict-related sexual abuse and exploitation
- Group 2** sexual harassment at work  
 sexual harassment in school  
 sexual harassment in the street

- Group 3** marital rape  
 domestic violence

- Group 4** virginity testing  
 child, early, or forced marriage  
 FGM/C



# FGM/C AS A FORM OF VAWG

- 1 List the negative effects of FGM/C in the following contexts.
- 2 Name which human rights for women and girls have been violated by FGM/C.

	FGM/C and...	Negative effects	Violation of human rights
Group 1	...infant and girl child development		
Group 2	...sexual and reproductive health		
Group 3	... personal and professional development		



# AN ECOLOGICAL FRAMEWORK FOR FGM/C HOLISTIC PLANNING

- 1 Fill in the 20 interventions on the ecological framework at the level where they should be implemented.
- 2 Identify gaps and add interventions to achieve a holistic plan.

**Interventions that promote:**

1. Public pledges against FGM/C
2. Anti-FGM/C new 'norms' in radio and TV dramas
3. Alternative income for cutters
4. Sponsor-a-girl through school
5. FGM/C messages during midwives' home health visits
6. Better data collection at local level
7. Equal rights legislation for land inheritance
8. Access to surgery for fistulas
9. National celebrities as change agents
10. Girls Clubs (group protection) against peer pressure to be cut
11. Generational dialogues
12. Women's integrated training (e.g. literacy and human rights)
13. Volunteer 'Guardian' safe houses during the cutting season
14. Prosecutor and police anti FGM/C law enforcement
15. Online journalist training for ending FGM/C
16. 'Adopt a learner' training wto cascade key messages
17. Alternative rites of passage
18. 'Think socially about FGM/C' social media campaigns
19. 'Early adopter' non FGM/C couples as role models
20. Community volunteers household-to-household campaigns



# KEY POINTS: FGM/C AS A FORM OF VAWG

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## Definition of Violence Against Women and Girls (VAWG)

The UN General Assembly (1993) Declaration on the Elimination of Violence against Women, Articles 1 and 2 use the following definition:

Violence against women and girls (VAWG) means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Violence against women shall be understood to encompass, but not be limited to, the following:

- i Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation
- ii Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution
- iii Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs

## FGM/C as a form of VAWG

FGM/C is considered VAWG because it makes girls and women suffer physically, sexually and psychologically. It violates bodily integrity, health and well-being, sexual and reproductive rights, other rights, and ultimately prevents girls and women from realising their full potential, personally, socially, economically and politically.

The experience of violation and violence in childhood and adolescence has a major impact on girls' confidence, sense of self-worth, and mental health. If at the time when they are least fit to do so, they are undergoing FGM/C, and soon after bearing children, adolescent girls become even more vulnerable.

FGM/C and VAWG share the same root causes. To maintain privilege and hold onto power, some men use violence to ensure gender norms and expectations are met. FGM/C can also be seen as VAWG because it coerces women and girls to conform to social expectations.

However, some forms of violence against women and girls intend to inflict harm, while the underlying rationale for FGM/C is to assure a girl's social acceptance and inclusion.

### **FGM/C as a violation of human rights**

FGM/C impairs women and girls' fundamental freedoms and violates their rights to

- physical integrity, agency and autonomy
- the highest standards of health and life itself when the harmful practice leads to death
- freedom from cruel, inhuman or degrading treatment or punishment
- a satisfying, safe and pleasurable sexual life
- equality and non-discrimination based on sex and full participation in education, employment, politics and society

The *UN Convention on Rights of the Child (1989)* states that

- the best interests of the child must be a top priority (Article 3)
- they must be protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them (Article 19)
- they must not suffer other cruel or degrading treatment (Article 37)

It asserts that children have the right to

- life, survival and development (Article 6)
- the best possible health (Article 24)
- express their views, feelings and wishes in all matters affecting them (Article 12)

The *UN General Assembly (1993) Declaration on the Elimination of Violence against Women, Article 3* states that women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include, inter alia:

- (a) The right to life
- (b) The right to equality
- (c) The right to liberty and security of person
- (d) The right to equal protection under the law
- (e) The right to be free from all forms of discrimination
- (f) The right to the highest standard attainable of physical and mental health
- (g) The right to just and favourable conditions of work
- (h) The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment

#### **Addressing FGM/C as a form of VAWG**

Each act of violence against a woman or girl can stem from, and be maintained by, different actors, social practices, structures and norms. Root causes, risks, consequences, perpetrators and degree of sanction of violence need to be considered in terms of mutually reinforcing factors at individual, family, community and public levels.

Key interventions therefore also need to be interlinked across different levels of society in a mutually reinforcing way. An ecological framework approach should be applied. This will stimulate change across individual, relationship, community, organisation and society levels in a holistic, top-down, bottom-up way.



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Gender and Female Genital Mutilation/Cutting

**Session 4 — FGM/C as a form of Violence  
Against Women and Girls**

# 5



FACILITATOR'S GUIDE

## Change agents and sources of resistance

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting





## FACILITATOR'S GUIDE

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Change agents and sources  
of resistance

PAGE 2

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Overview

PAGE 5

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Procedure

PAGE 13

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Notes for facilitators

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# OVERVIEW

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## LEARNING OBJECTIVES



By the end of the session participants will be able to:

- identify stakeholder support for and resistance to ending FGM/C;
- use an Influence Matrix to find entry points for change.

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## TIME

180 minutes



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## MAIN ELEMENTS



- |                                      |            |
|--------------------------------------|------------|
| → Objectives                         | 5 minutes  |
| → Identifying resistance and support | 20 minutes |
| → Assessing influences               | 60 minutes |
| → Using an Influence Matrix          | 30 minutes |
| → Developing a strategy              | 45 minutes |
| → Wrap up                            | 15 minutes |

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## EQUIPMENT AND MATERIALS

- Poster size copies of the blank Influence Matrix and the blank Calculating Influences table, on A1 flipchart graph paper
- 3 flip charts or pin boards, permanent markers, four different colours
- VPP cards - predominantly of the same shape and colour







### KEY MESSAGES

- A key element of changing social norms about FGM/C is to identify and use a core group of change agents and 'early adopters' who are ready to advocate an end to FGM/C.
- The stakeholders with power and authority in the community include religious and traditional community leaders, parents and families, traditional cutters, health workers, educators, and government actors at central and decentralised level. These can be identified on a continuum from change agents who want to end FGM/C to sources of resistance who want to continue the practice.
- Identifying the different influences of change agents and sources of resistance is an important step in changing a power dynamic that is harmful to women and girls.
- Positive influence can be exerted across gender and generation to begin to address unequal power and control if the right entry points are identified. Through the community's network of influencers the right ways of addressing men and boys as well as women and girls can be employed.

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### HANDOUTS

- **Handout 5.1** Calculating influences
- **Handout 5.2** Mapping and analysing influences
- **Handout 5.3A** Using influences to develop a strategy: Professionals
- **Handout 5.3B** Using influences to develop a strategy: Generations
- **Handout 5.4** Key points: Change agents and sources of resistance





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# PROCEDURE

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## STEP 1 Objectives

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5 MINUTES

Go over the objectives. Explain that

A key element of changing social norms about FGM/C is to identify and use a core group of change agents and 'early adopters' who are ready to advocate an end to FGM/C. Change agents are individuals or groups of individuals who can bring about required changes within a household or community. As such they can

- build trust and visibility, through the community's respect for them;
- maximise communication about FGM/C through discussions amongst family and friends, meetings with elders, religious leaders and women's groups;
- help 'lift' pluralistic ignorance (when privately people are ready to change but think they are alone, and do not realise many others share the same opinion);
- be instrumental in group diffusion: cascading messages to end FGM/C from the core group to the community to the surrounding communities.

(adapted from Bicchieri and Mercier, 2014).



Tell participants they will use a specific stakeholder analysis tool to identify this core group of *change agents* and the *sources of resistance* that they face. They will then consider strategies for working with change agents to mobilise and empower others to end FGM/C.

**STEP 2**

## Identifying resistance and support

**20 MINUTES**

In table groups, get participants to consider a typical context where FGM/C is a social norm. Get them to brainstorm a list of stakeholders who have influence on decisions about FGM/C. Have participants write the stakeholders on VPP cards. Ensure they use the same colour card for all the stakeholders, regardless of whether they have positive or negative influence on decisions about FGM/C. Point out that a religious leader may be a *source of resistance* in one context, but a *change agent* for ending the harmful practice in another.

Get participants to classify their stakeholders in terms of whether they hold high, medium and low influence in the community regarding FGM/C, be it positive or negative. Then get participants to group the stakeholders according to which ones are more likely to be change agents, sources of resistance, or followers of tradition with the potential to change. Have them quickly review what beliefs and motivations power the 'sources of resistance', based on root causes discussed in [Session 3](#).

Draw a poster-sized table on a flip chart or pin board with the following headings:

Ending FGM/C		
Change agent	Level of influence	Source of resistance
	High	
	Medium	
	Low	

Get group representatives to take turns to pin their group's stakeholder cards on the poster. If the stakeholder is known to be either a change agent or a source of resistance in different contexts, get participants to pin the card between the two columns.

For example:

Ending FGM/C		
Change agent	Level of influence	Source of resistance
Women's NGO leaders	High	Elders
		Grandmothers
	Medium	Cutters
		Adolescent girls
Agricultural officers	Low	

Facilitate the discussion and any changes regarding where the stakeholders should be pinned. Avoid duplicate cards or repetition of ideas.

### STEP 3 Assessing influences

60 MINUTES

Distribute ↗ **Handout 5.1**. Get them to 'match' the stakeholders listed in the left hand column of the table (Grandmothers, Traditional or religious leader, Young men, Adolescent girls, Heath workers and Older men) with the stakeholders they have just pinned up on the poster.

Explain the following:

- Unlike their poster, the stakeholders have not been organised on the handout in any particular order of importance, as the exercise that follows is designed to tease out unexpected influences as well as expected ones.
- Because of time constraints they are going to use this reduced but fairly representative list of FGM/C stakeholders to learn how to use an *Influence Matrix*.
- The Influence Matrix gets them to assess the influence of each stakeholder in the table in relation to each other.

- This analysis will provide both an active and a passive influence score for them all.
- The aim of the exercise is to learn the process so they can then apply the steps to a more accurately chosen and representative group of stakeholders in their real work context.

Demonstrate the process with the following steps:

1. Get participants to formulate the following query and put it on the board or flipchart.

**What influence does [stakeholder A] have over [stakeholder B] regarding decisions about FGM/C?**

2. Tell participants that stakeholder influence will be measured with the following scale, and put this on the board too.

**0 = no influence   1 = weak influence   2 = medium influence  
3 = strong influence**

3. Put the enlarged flip chart (A1 size) copy of ↗ **Handout 5.1** on the board. Using the query, and the influence scale 0 - 3, have participants systematically discuss and agree the influence of each stakeholder on the other.

For example:



- *What influence do the grandmothers have on the religious leader?*
- *What influence do the grandmothers have on the young men?*
- *What influence do the grandmothers have on adolescent girls?*
- *What influence do the grandmothers have on health workers?*
- *What influence do the grandmothers have on older men?*

4. Get the whole group to agree on each score quickly. If there is disagreement, ask for a show of hands and choose the majority opinion. Explain that if they really disagree they can record a different score in their own handout.
5. Having asked the questions, agreed on the scores and recorded them in the table for stakeholder A (the Grandmothers), work systematically through stakeholders B to F in the same way.

Stakeholder	Influence on: from:	A	B	C	D	E	F	Active total
	Grandmothers	A	•	0	2	3	1	
Religious leader	B	3	•	2	3	1	1	<b>10</b>
Young men	C	1	0	•	3	1	0	<b>5</b>
Adolescent girls	D	1	0	2	•	0	0	<b>3</b>
Health workers	E	1	1	2	2	•	1	<b>7</b>
Older men	F	3	2	3	2	1	•	<b>11</b>
	<b>Passive total</b>	<b>9</b>	<b>3</b>	<b>11</b>	<b>13</b>	<b>4</b>	<b>4</b>	

**0 = no influence 1 = weak influence 2 = medium influence 3 = strong influence**

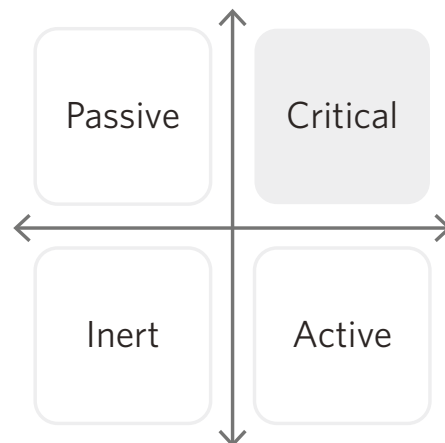
6. Get participants to calculate the *active total* for each stakeholder by adding their scores horizontally. Then get them to calculate the *passive total* for each stakeholder by adding their scores vertically. Complete the enlarged poster version of the handout to guide them.

**STEP 4**

## Using an Influence Matrix

**30 MINUTES**

Display a flip chart poster illustrating the four quadrants of the Influence Matrix.



Explain the quadrants in order of importance as follows:



**Active:** this quadrant is for stakeholders with low passive and high active scores. These people are powerful and can exert a strong influence on others but are not susceptible to the influence of others. They are difficult to move or change. If they are change agents then they are strong allies for ending FGM/C. If they are sources of resistance, they will have strong veto power.

**Critical:** this quadrant is for stakeholders with high active and high passive scores. These people can exert a substantial influence on others and at the same time are open to the influence of others. Sources of resistance who fall into this quadrant can be persuaded to change, and programming should prioritise them. Change agents who fall into this quadrant may need some support so that they can move to action.

**Passive:** this quadrant is for stakeholders with a high passive, low active score. These people can only exert a low-to-medium influence on others but are highly susceptible to the influence of others. Passive quadrant change agents will have more power if they are mobilised as a group. Followers of tradition with potential to change, and sources of resistance who fall into this quadrant can be persuaded to change, but if not empowered they will maintain the status quo.

**Inert:** this quadrant is for stakeholders with a low passive, low active score. These people do not exert influence on others nor do others have much influence on them. They are, in a way, 'outside' the power dynamics of the community, and in practical terms, resources should not be spent on them.



Distribute ↗ **Handout 5.2**. Explain that they are now going to plot the active and passive scores of each stakeholder on the Influence Matrix.

- Show participants how to set the axis scales on the matrix, using the step-by-step guide in ↗ **Handout 5.2**.
- Get them to plot all the stakeholders.
- Get them to colour code the stakeholders according to the traditional context where FGM/C is a social norm, using the key suggested: green for change agents, red for sources of resistance, green with a red border for followers of tradition but with potential for change.
- Remind participants to clearly label the name of each stakeholder in the matrix. Just putting the letter makes the matrix hard to analyse.

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## STEP 5 Developing a strategy

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45 MINUTES

In plenary, go through the analysis of stakeholders in each quadrant according to steps 4 to 7, ↗ **Handout 5.2**. Discuss the following strategic sequence of action.

- The green stakeholders (change agents) in the ACTIVE and CRITICAL quadrants should be mobilised first because of the influence they exercise.
- The red stakeholders (sources of resistance) in the CRITICAL quadrant should be addressed next. They are influential but receptive to others' influence and therefore worth investing in. They have strong potential to change and then to change others.
- Change agents and followers of tradition with the potential to change (red-green stakeholders) in the PASSIVE quadrant can then be empowered and/or persuaded. Once there is a critical mass of them, they can act as a group to persuade sources of resistance in their quadrant.
- Sources of resistance in the ACTIVE quadrant are the hardest to change and may drain project resources in the process while producing little impact. They should not be excluded from activities but it is not worth trying to change them until a critical mass of change agents from the other quadrants has been mobilised.



In table groups, get participants to do **task 8**, ↗ **Handout 5.2**. Give them 15 minutes to elaborate a strategy for change, focusing on specific activities that support the steps listed above. Collect their ideas in plenary.

Distribute ↗ **Handout 5.3**. Put participants into two groups: Group 1 Professionals, Group 2 Generations.

Tell them to analyse their respective influence matrices in the same way as they did in ↗ **Handout 5.2**. Get each group to prepare a strategy for change. When they have done this, cross group them into pairs. In pairs, get Partner 1 to present the strategy for mobilising 'Professionals' and then Partner 2 to present the strategy for mobilising 'Generations'.

Monitor the pairwork and make a note of useful strategies and activities.

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## **STEP 6** Wrap up

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**15 MINUTES**

In plenary ask specific individuals to reiterate effective strategies and activities for mobilising, empowering and persuading stakeholders that you noted during pairwork.

In conclusion, get a quick round of feedback on how useful they feel calculating and plotting influences on an influence matrix has been, and the implications of plotting *all* the stakeholders on the same matrix.

Mention that when participants look at gender transformative programming for addressing FGM/C in ↗ **Session 7**, they will be able to draw on their ideas from the ecological framework exercise in ↗ **Session 4** and the strategies that have come out of analysing the Influence Matrices in this session.

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# NOTES FOR FACILITATORS

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## Step 2: Identifying resistance and support

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The purpose of this task is to get participants to analyse the stakeholders – both change agents and sources of resistance – who have influence over maintaining or abandoning the practice of FGM/C in the community.

These stakeholders may include:

- ✓ elders, grandmothers, religious, traditional and community leaders
- ✓ fathers/husbands
- ✓ mothers/wives
- ✓ widows
- ✓ traditional cutters, traditional birth attendants
- ✓ health professionals and midwives, teachers, NGO leaders, local government officials, agricultural and rural development officials, the Police
- ✓ 'early adopter' couples where the wife's decision not to be cut is supported by her husband
- ✓ adolescent girls, young women/sisters who have been cut or are uncut, married or unmarried
- ✓ adolescent boys, young men/brothers, married or unmarried
- ✓ children
- ✓ politicians, celebrities, media presenters

**Sources of resistance** are the different stakeholders implicated in enforcing and maintaining the practice of FGM/C. These stakeholders have different expectations, motives and values, which include moral, social, and religious values and economic motives. For example, for midwives, traditional birth attendants, and other health professionals, FGM/C constitutes an important source of income, especially in countries where midwives are not employed as civil servants. Some stakeholders can be both

the source of the problem and its solution. For example, religious leaders can oppose FGM/C or reinforce it, depending on the religious interpretation they subscribe to. The root causes of their motivation are those of power and control discussed in [↗ Session 2](#).

**Change agents** are individual activists, and groups of like-minded people, who advocate against the status quo. They include influencers at different levels – for example the traditional or religious leaders mentioned above, women’s rights advocates (who have long-term experience and connections at local level), and the private sector through TV, radio and social media at national level. **Early adopters** are stakeholders who are persuaded to abandon FGM/C before the majority have done so.

*Adapted from Alexander-Scott, M. Bell, E. and Holden, J. (2016) DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG). London: VAWG Helpdesk.*

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Understanding the motives, rules and values that govern these different stakeholders, and how much influence they have regarding FGM/C, will serve to identify which sources of resistance and which change agents can be realistically targeted to support the abandonment of FGM/C.

In the activities, many of the stakeholders are actually groups rather than individuals, and this aligns with the social norms theory of change.

As mentioned above, they may support FGM/C or its abandonment. This is why it is important to measure their influence first in a neutral way, before assessing whether they use their influence to promote ending or maintaining FGM/C.

## Step 3: Assessing influences

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It is important to limit the number of stakeholders being analysed at the same time. A maximum of six to eight in such an exercise is recommended because each stakeholder must be ‘measured’ one by one in relation to all the others. Calculating the influences of the six stakeholders in [↗ Handout 5.2](#) for example involves assessing the influence of six different stakeholders on five other stakeholders each. That adds up to thirty different assessments that the whole group must make: thirty questions asked and answered and thirty scores between 0 and 3 agreed. This takes time and needs to be strictly facilitated.

Participants’ opinions of how strong (3) or weak (0-1) each stakeholder’s influence is will vary – this is a subjective judgement exercise that relies on the knowledge of the participants. The facilitator will have to push for consensus, in order to reach completion in the time given.

## Step 4: Using an influence matrix

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Plotting the stakeholders in terms of their passive as well as their active influence gives a more in-depth picture of possible entry points for change. The analysis sometimes throws up unexpected results. Stakeholders who may have previously been thought of as impervious to the opinions of others may in fact be more open to change – and vice versa. It is through this kind of revelation that the facilitator needs to get participants to focus on what messages and actions would ‘convert’ them into early adopters or active change agents.

## Step 5: Developing a strategy

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Once all the influences have been calculated and mapped, the facilitator should get participants to focus on the ‘green’ stakeholders who fall into the Active and Critical quadrants as the entry points for change. They should discuss activities for mobilising these actors, as well as brainstorm strategies for how they will empower or persuade the Passive quadrant stakeholders. This is an opportunity to review some of the ideas that came up in Session 4, ↗ **Handout 4.3** where participants considered activities at ‘relationship’ level which may have included generation dialogues, peer-to-peer empowerment programmes (‘adopt a learner’) and inclusive advocacy and awareness raising that involves boys and men as well as girls and women.

If ‘adolescent girls’ fall into the Passive quadrant, special attention should be paid to how they can be empowered.

### Suggested strategies for ↗ **Handout 5.2**

As well as peer-to-peer empowerment, other ideas can include ensuring

- school-based empowerment programmes happen at upper primary/lower secondary, before the typical age when adolescent girls drop out of school; if the school curriculum doesn’t allow this, messages can be disseminated in after-school clubs;
- informal education and training (community, vocational, small business/ income generation programmes) which integrate messages about bodily integrity, sexuality, and reproductive health, as well as women’s rights and their children’s rights in order to take informed decisions about daughters.

## Suggested strategies for ▸ Handout 5.3

### 1. Professionals

The doctor may need some coaching in how to talk about FGM/C to include women's rights and an understanding of the root causes of power and control.

If the doctor is a man, he will be able to meet and frankly discuss health and rights issues about FGM/C with the police officer. Once the police officer is persuaded they could go together to persuade the traditional leader, the doctor emphasising the sexual and reproductive health issues, the police officer addressing the rights and legal issues. They could also explain the dangers of 'medicalisation' with some authority.

If persuaded to advocate an end to FGM/C, the traditional leader would then be best placed to persuade the cutter. But the police officer could also explain the consequences of her breaking the law if she continues to cut.

Because they come from different government services, the doctor has no authority over someone from the agricultural services. Nonetheless the doctor is well placed to persuade the agricultural official to cooperate. He can capitalise on the authority bestowed on his position as a doctor in society and the agricultural official's support for ending FGM/C.

The doctor is also in a position to empower the midwife. As a health manager, the doctor may be able to arrange her time so that she is able to speak to women and girls during women's health clinic hours and when the agricultural official comes to advise women's agricultural development activities. The doctor can work in the same way to use the men's agricultural meetings as a way of integrating messages about ending FGM/C.

Together he and the agricultural official can tell the men how physical and emotional well-being of wives and daughters can contribute to sharing the agricultural work and the benefits of a double income and reduced medical bills.

### 2. Generations

The women's NGO leader should persuade the older, married, uncut mother to become a role model as an 'early adopter' of change. The older mother may need some training. If the NGO leader has been cut herself or can find another older woman who is cut but supports ending FGM/C, then together they can form an influential team - speaking personally and from experience, while gaining access and credibility, which the uncut woman may not have had on her own.

Their first target could be persuading the young, cut mothers not to cut their daughters. The NGO leader could arrange a special event to discuss this or integrate it in other initiatives her organisation is managing at community level for young women.

A group of younger and older mothers could then address the adolescent girls, during school hours if the school director is willing, or in after school clubs. Here the young cut mothers can testify to the harm that has been done to them, and explain the physical, emotional and personal development consequences. But the NGO leader can also use the opportunity to introduce ideas about gender equality, rights for girls and women and gender inequality root causes. The same could be done for adolescent boys, ideally using the older uncut mother's husband as the protagonist.

A programme with similar messages for younger children can then be organised for girls and boys, delivered by adolescent girls, young mothers, and young men respectively, if the school allows. Otherwise it would be the NGO leader's role to mobilise teachers to do the same. Children's assemblies, where children can say what they think in a safe space could be organised as the forum, and children's action plans can be drawn up. Articles 12 and 13 of the UN Convention on the Rights of the Child recognizes that children have the right to say what they think should happen and have their opinions taken into account. (UN 2016)

The NGO leader and the older uncut married woman should meet with the grandmothers fairly early in the process to ensure the grandmothers don't feel excluded from what is happening in the community. Then, once a critical mass of change agents, across three generations of women, has gained momentum, they should approach the grandmothers as a group.

This strategy would need to go hand-in-hand with a similar generational approach through boys, young men and fathers in persuading the community elders.

If the grandmothers and the elders can be persuaded to end to FGM/C in the community, the NGO leader should then arrange a public pledge and invite neighbouring communities to witness it.



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Gender and Female Genital Mutilation/Cutting

**Session 5 — Change agents and sources of resistance**



# 5



## PARTICIPANTS' HANDOUTS

# Change agents and sources of resistance

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting



# CALCULATING INFLUENCES

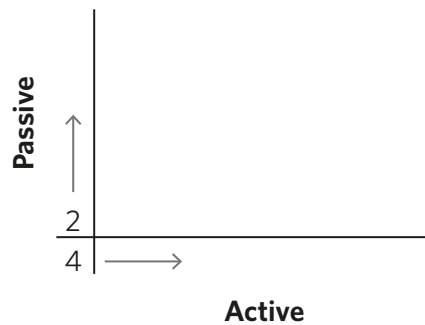
Stakeholder	Influence on: from:	A	B	C	D	E	F	Active total
Grandmothers	A	•						
Religious leader	B		•					
Young men	C			•				
Adolescent girls	D				•			
Health workers	E					•		
Older men	F						•	
	Passive total							

0 = no influence    1 = weak influence    2 = medium influence    3 = strong influence

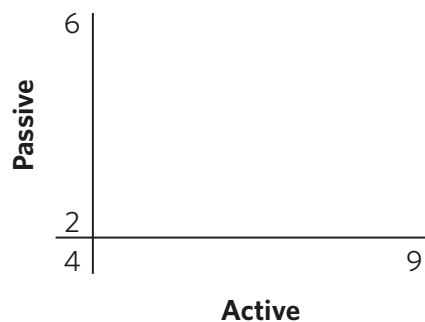
# MAPPING AND ANALYSING INFLUENCES

1. Set the scales of the passive (vertical) and active (horizontal) axes on your matrix as follows:

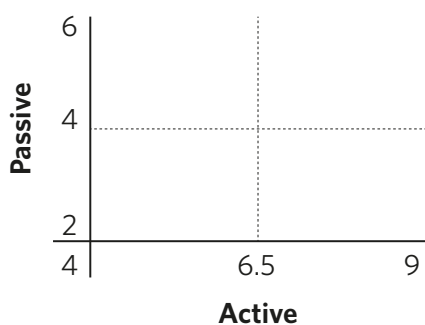
Set the 'zero' point as the *lowest* passive and active *total score* you have on **Handout 5.2**, NOT at zero. This will spread your total scores for each actor more visibly. For example if the lowest passive total is 2 and the lowest active total is 4, then in the bottom left hand corner, make the passive axis start at 2 and the active axis start at 4.



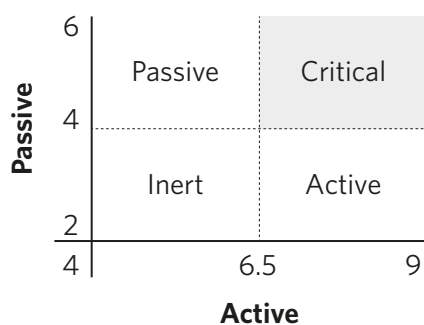
Set the end of the scale as the *highest* active and passive *total score*. For example if the highest passive total is 6 and the highest active total is 9, then make the passive axis end at 6 and the active axis end at 9.



Calculate the halfway points on each axis. This is the midpoint between the lowest and highest totals. For example, if the lowest passive total is 2, and the highest passive total is 6, the halfway point on the passive (vertical) axis will be 4. That is,  $2 + 6 \div 2 = 4$ . If the lowest active total is 4, and the highest active total is 9, the halfway point on the active (horizontal) axis will be 6.5. That is,  $4 + 9 \div 2 = 6.5$



Use these half-way points on the axes to draw dotted lines to divide the influence matrix into four quadrants. Label the four quadrants Inert, Passive, Critical and Active. Highlight the critical quadrant.



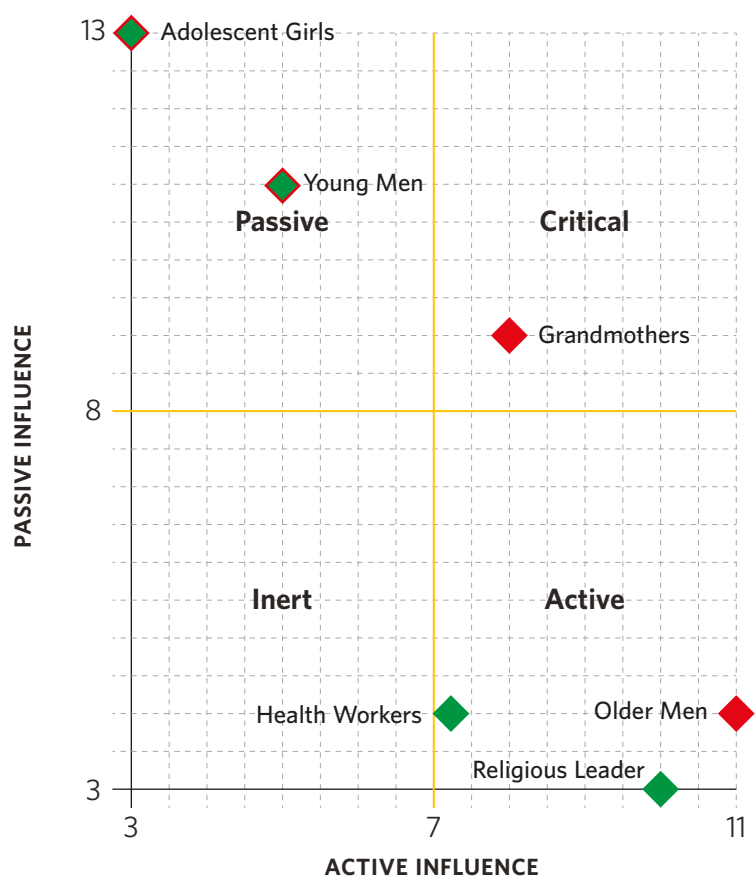
- Plot the passive and active totals from [Handout 5.2](#) for each stakeholder on the matrix by marking the point where their active and passive scores intersect.

Stakeholder	Influence on:		A	B	C	D	E	F	Active total
	from:								
Grandmothers	A		•	0	2	3	1	2	<b>8</b>
Religious leader	B		3	•	2	3	1	1	<b>10</b>
Young men	C		1	0	•	3	1	0	<b>5</b>
Adolescent girls	D		1	0	2	•	0	0	<b>3</b>
Health workers	E		1	1	2	2	•	1	<b>7</b>
Older men	F		3	2	3	2	1	•	<b>11</b>
	<b>Passive total</b>		<b>9</b>	<b>3</b>	<b>11</b>	<b>13</b>	<b>4</b>	<b>4</b>	

Label the point with the stakeholder's name, for example Religious Leader, Grandmothers, etc.

Colour in the point, using green for 'change agent', red for 'source of resistance' and red with a green border for a 'follower of tradition with potential to change'.

Your colour coding will depend on the specific situation you are analysing. For example, depending on the situation, the religious leader could be either a source of resistance or a change agent. In the example given, he is a change agent.



- ◆ Change agent for ending FGM/C
- ◆ Source of resistance
- ◆ Follower of tradition with potential to change

# Influence Matrix

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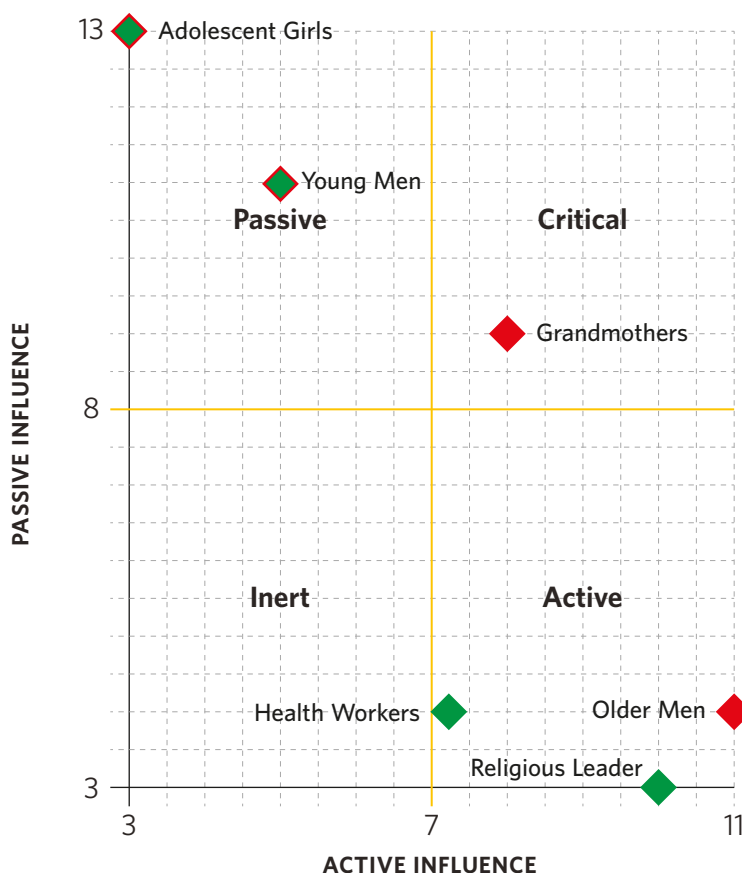
A large grid for an influence matrix. The grid is composed of 20 columns and 20 rows of small squares. A solid yellow vertical line runs down the center, separating the first 10 columns from the last 10 columns. A solid yellow horizontal line runs across the middle, separating the first 10 rows from the last 10 rows. The grid is enclosed in a dashed border.

**Title** \_\_\_\_\_

- Give your influence matrix a title and a key.

**Stakeholder influences on maintaining or ending FGM/C**

Pilot example, Nairobi, October 2016



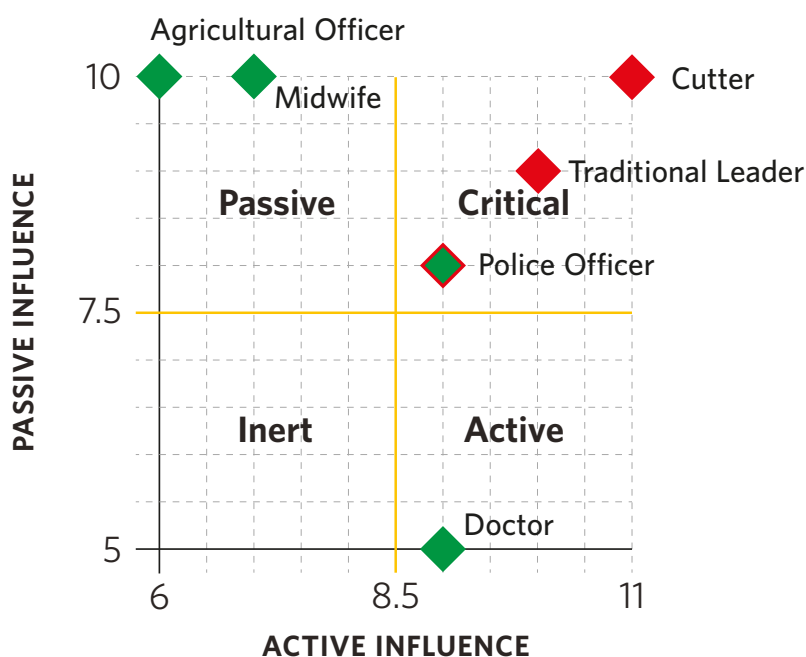
- Analyse the green stakeholders (change agents) in the ACTIVE and CRITICAL quadrants first. Change agents in the Active quadrant wield a lot of influence so they need to be mobilised. Change agents in the Critical quadrant can still be influenced to revert to maintaining FGM/C so they need to be empowered.
- Analyse the red stakeholders (sources of resistance) in the CRITICAL quadrant next. These people are influential but receptive to others' influence. It is therefore worth investing in them because they have the potential to change themselves and then to change others.
- Analyse the actors in the PASSIVE quadrant who are followers of tradition but have the potential to become change agents. They will need to be persuaded and empowered by those with greater influence.
- Analyse the sources of resistance in the ACTIVE quadrant. They are the hardest to change and may drain your resources in the process with little impact. Think of strategies that do not exclude them but that do not try to change them until a critical mass of change agents from the other quadrants has been achieved.
- Prepare an analysis of the influence matrix and your strategy for changing the situation about FGM/C.

# USING INFLUENCES TO DEVELOP A STRATEGY

Look at the following influence matrix. Use the information about the stakeholders to prepare a strategy that supports ending FGM/C.

## 1. Professionals

Stakeholder	Influence on: from:	A	B	C	D	E	F	Active total
		Midwife	A	•	1	1	2	
Doctor	B	2	•	1	2	2	2	9
Traditional leader	C	2	1	•	2	3	2	10
Agricultural officer	D	1	1	2	•	1	1	6
Traditional cutter	E	3	1	3	2	•	2	11
Police officer	F	2	1	2	2	2	•	9
	Passive total	10	5	9	10	10	8	



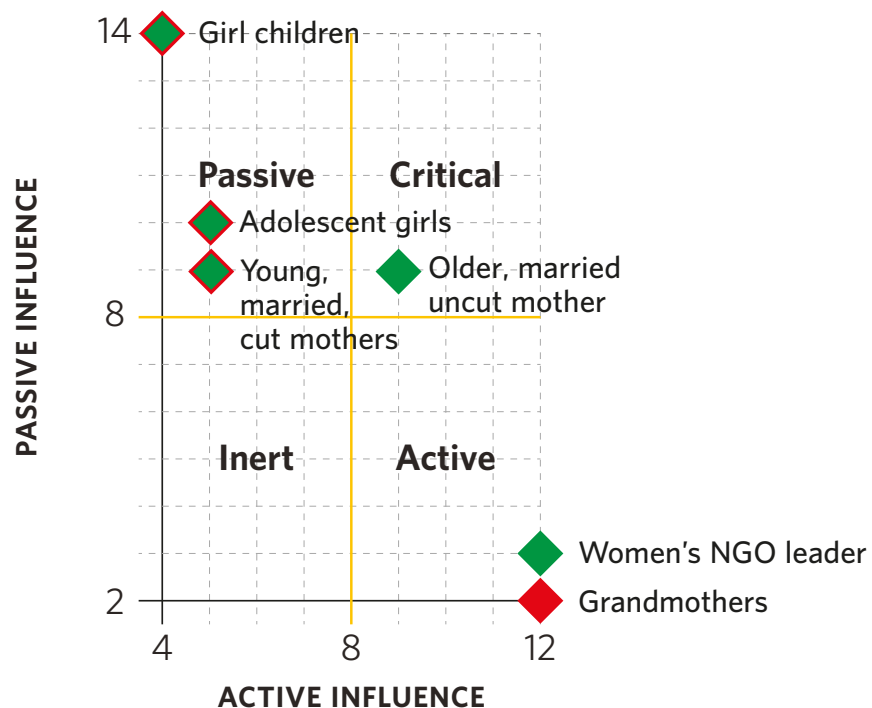


# USING INFLUENCES TO DEVELOP A STRATEGY

Look at the following influence matrix. Use the information about the stakeholders to prepare a strategy that supports ending FGM/C.

## 2. Generations

Stakeholder	Influence on: from:	A	B	C	D	E	F	Active total
		Grandmothers	A	•	1	3	2	
Women's NGO Leader	B	1	•	2	3	3	3	12
Young, married, cut mother	C	0	0	•	0	2	3	5
Older, married, uncut mother	D	1	2	2	•	2	2	9
Adolescent girls	E	0	0	0	2	•	3	5
Girl children	F	0	0	2	2	0	•	4
	Passive total	2	3	9	9	10	14	



# KEY POINTS: CHANGE AGENTS AND SOURCES OF RESISTANCE

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There is a wide range of stakeholders involved in maintaining or ending FGM/C at community level. These include:

- Religious, traditional and community leaders
- Elders and grandmothers; parents and families: fathers and husbands, mothers and wives, widows, daughters, young women and sisters, married or unmarried, adolescent girls who have been cut or are uncut, adolescent boys, young men and brothers, children
- 'Early adopter' couples where the wife's decision not to cut her daughter is supported by her husband
- Traditional cutters, birth attendants, health professionals and midwives
- Teachers and school authorities, NGO leaders, local government officials, agricultural and rural development officials, the police
- Politicians, celebrities, media presenters

These stakeholders can be identified on a continuum from sources of resistance, to traditional belief holders who may be open to change, to early adopters and change agents.

**Sources of resistance** are the different stakeholders implicated in enforcing and maintaining the practice of FGM/C. These stakeholders have different moral, social, and religious values, and different economic motives. For example, for midwives, traditional birth attendants, and other health professionals, FGM/C constitutes an important source of income, especially in countries where midwives are not employed as civil servants. Some stakeholders can be both the source of the problem and its solution. For example, religious leaders can oppose FGM/C or reinforce it, depending on the religious interpretation they subscribe to. The root causes of their motivation are those of power and control discussed in session 2.

**Change agents** are individual activists, and groups of like-minded people, who advocate against the status quo and want to end FGM/C. They include influencers at different levels – for example the traditional or religious leaders mentioned above, women's rights advocates (who have long-term experience and connections at local level), educators, health workers, and private sector personalities through TV, radio and social media at

national level. **Early adopters** are stakeholders who have been persuaded to abandon FGM/C before the majority have done so.

Adapted from Alexander-Scott, M. Bell, E. and Holden, J. (2016) DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG). London: VAWG Helpdesk.

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A key element of changing social norms about FGM/C is to identify and use a core group of change agents and 'early adopters' who are ready to advocate an end to FGM/C.

This core group can:

- build trust and visibility, through the community's respect for them;
- maximise communication about FGM/C through discussions amongst family and friends, meetings with elders, religious leaders and women's groups;
- help 'lift' pluralistic ignorance (when privately people are ready to change but think they are alone, and do not realise many others share the same opinion);
- be instrumental in group diffusion: cascading messages to end FGM/C from the core group to the community to the surrounding communities.

Adapted from Bicchieri, Cristina, Hugo Mercier (2014). Norms and Beliefs: How Change Occurs. *The Jerusalem Philosophical Quarterly*, vol. 63, pp. 60-82. Available from: [http://www.academia.edu/1596868/Norms\\_and\\_Beliefs\\_How\\_Change\\_Occurs](http://www.academia.edu/1596868/Norms_and_Beliefs_How_Change_Occurs)

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Stakeholders can also be classified in terms of those who have high influence to those who have low influence in the community. Identifying their different levels of influence is an important step in changing a power dynamic that is harmful to women and girls. Using an Influence Matrix is a tool for analysing stakeholder influence and a first step towards designing strategies for change.

Positive influence can be exerted across gender and generation to begin to address unequal power and control if the right entry points are identified.

Through the community's network of influencers the right ways of addressing men and boys as well as women and girls can be employed.



# 6



FACILITATOR'S GUIDE

## Addressing harmful beliefs about FGM/C

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting





## FACILITATOR'S GUIDE

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# Addressing harmful beliefs

PAGE 2

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Overview

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Procedure

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Notes for facilitators

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# OVERVIEW

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## LEARNING OBJECTIVES



By the end of the session participants will be able to:

- analyse commonly held beliefs that uphold FGM/C;
- formulate effective arguments to address them.

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## TIME

120 minutes



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## MAIN ELEMENTS



- Belief trees 30 minutes
- Dealing with myths and harmful beliefs 30 minutes
- Conducting and analysing roleplays 60 minutes

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## EQUIPMENT AND MATERIALS

- Poster paper and permanent markers for each group





## KEY MESSAGES

- Addressing myths and harmful beliefs from a social norms and change perspective requires a strategic, culturally sensitive approach. It should start with listening to the belief holders - women and men, girls and boys - and letting their voices be heard before finding the right arguments to change their perceptions of FGM/C.
  
- Change agents should engage people in participatory awareness raising, guided discovery, critical thinking and persuasive arguments, rather than simply telling them what to believe or how to behave. This includes winning trust through affective factors - conducive surroundings, empathetic, non-hierarchical, inclusive communication, as well as employing the following skills for effective listening and persuasive speaking:
  - ✓ understanding who needs to hear the key messages and where the myth or harmful belief originates from;
  - ✓ entering the belief-holder's 'space' by showing empathy through body language, being non-judgemental, and showing respect for them by not interrupting;
  - ✓ asking 'open' clarifying/ information questions, not 'leading' questions;
  - ✓ presenting a main argument and one or two supporting arguments without using such decisive arguments that the listener is left behind feeling defensive but unable to articulate why;
  - ✓ acknowledging the belief-holder's most common rebuttal or objection and then refuting it (anticipation and response to resistance).
  
- Addressing myths and harmful beliefs is not sufficient in itself and is by no means the same as changing harmful practices. However it is a starting point for
  - ✓ identifying like-minded change agents and building a critical mass of them;
  - ✓ maximising communication, building trust, increasing visibility of FGM/C issues and their root causes;
  - ✓ 'lifting' pluralistic ignorance.

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## HANDOUTS

- **Handout 6.1** Myths and harmful beliefs about FGM/C
- **Handout 6.2** Roleplay: changing beliefs
- **Handout 6.3** Key points: Addressing harmful beliefs







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# PROCEDURE

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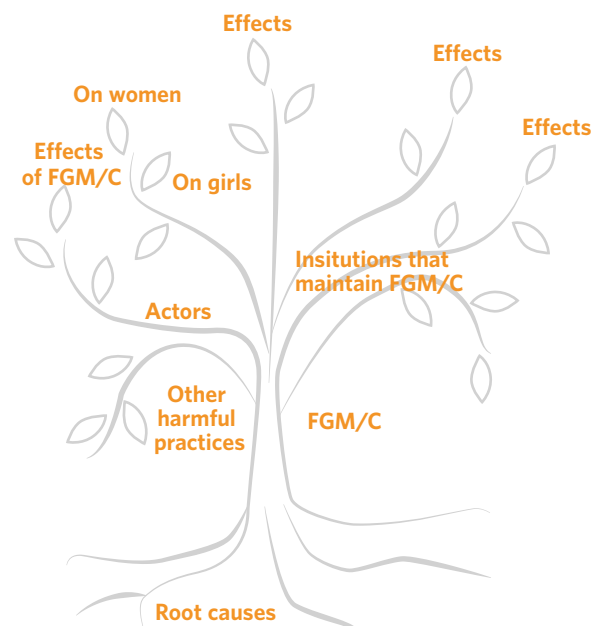
## STEP 1 Belief trees

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25 MINUTES

Distribute poster paper and pens. In groups, get participants to draw and annotate a 'belief system' tree as a poster for a society known to them that practises FGM/C. Provide the following conventions for them to follow.

- The roots depict the root causes of FGM/C as discussed in ↗ **Session 3**.
- The trunk depicts FGM/C as discussed in ↗ **Sessions 3 and 4**.
- The branches depict the institutions and actors that maintain FGM/C as discussed in ↗ **Sessions 3, 4 & 5**.
- The leaves depict the effects the harmful practices have on the lives of girls and women, boys and men, as discussed in ↗ **Sessions 3 and 4**.



Adapted from *Choose a Future*, CEDPA p.51

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Get participants to share and compare posters. Emphasise the purpose of the activity is to recap ideas presented in earlier sessions in order to address myths and harmful beliefs about FGM/C strategically.

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**STEP 2**

## Objectives

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### 5 MINUTES

Working individually, have participants reflect how their personal values compare to or differ from the value systems illustrated in their posters. Get them to discuss their reflections in pairs.

Go over the objectives. Stress the importance of being able to understand and anticipate a target group's beliefs, in a non-judgmental way, no matter how different from their own, and use this as a stepping off point to introduce the objectives of the session.

Explain that



- Addressing myths and harmful beliefs from a social norms and change perspective requires a strategic, culturally sensitive approach. It should start with listening to the belief holders – women and men, girls and boys and letting their voices be heard before finding the right arguments to change their perceptions of FGM/C.
- Without a culturally sensitive approach belief holders may feel threatened and become defensive. Their emotional investment in, and defence of long held beliefs is valid, and should be acknowledged even if those beliefs are harmful. Defensiveness can arise from the feeling that their culture or tradition are being attacked. It can also arise from being brow-beaten by an 'outsider' or someone they don't trust who uses arguments they do not really understand.

---

**STEP 3**

## Dealing with myths and harmful beliefs

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### 30 MINUTES

Distribute [Handout 6.1](#). Get participants to discuss the root causes of the ten myths and harmful beliefs in terms of

- ✓ gender inequality and discrimination,
- ✓ unequal distribution and control of resources,
- ✓ misrepresented religious messages,
- ✓ lack of education/knowledge.

Have participants identify which myths and beliefs are familiar in their own country and work and focus on these for the rest of the activities. Divide the participants into small groups and assign a different country-relevant belief to each group. Get them to do tasks 2 and 3.

- Tell them to prepare to address the belief with a target group of adolescent girls, using education or messages about a) physical anatomy and health, b) gender equity and human rights, c) religion, d) income generation or e) sexuality.
- Get them to discuss if and how these messages would change for a group of adolescent boys.

In plenary do a quick round of feedback to collect their ideas. Get participants to identify which aspects would be taboo or controversial, and which topics they would personally find hard to talk about. Elicit solutions for reducing self-consciousness, for example same sex discussions and using euphemisms for referring to genitalia.

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## STEP 4 Conducting the roleplays

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45 MINUTES

Explain that participants will conduct a roleplay in their small groups about changing beliefs.

Distribute ↗ **Handout 6.2**. Get group members to decide who will be Partner A, the belief holder, Partner B, the change agent and Partner C, the observer. Remind each group that they are going to roleplay the myth or harmful belief they discussed in detail for tasks 2 and 3 of ↗ **Handout 6.1**.

For the roleplay preparation, split up the groups and put all Partner As together at one table, all Partner Bs at another table and all partner Cs at a third table.

Brief the Partner A group. Get some of them to be

- the elderly woman or male community leader that upholds the practice of FGM/C and does not agree that it is a myth or that it is harmful

and the others to be

- the adolescent girl or boy who just wants to be like everybody else and does not realise or does not agree that it is a myth or a harmful belief.

Make sure they can 'defend' their myth or harmful belief in detail by discussing and filling in the table for Partner A in ↗ **Handout 6.2**. Get them to rehearse together.

While the Partner A group is preparing and rehearsing, brief the Partner B group. Explain they are the 'change agent' whose job is to persuade the belief-holder to reject the myth or harmful belief and change their thinking about FGM/C. Get them to use the categories provided in the table for Partner B in ↗ **Handout 6.2** to put together a constructive, non-aggressive, persuasive argument. Get them to rehearse together.

While the Partner A and B groups prepare and rehearse their roles, move to the Partner C group and brief them. Explain that they are the observer who will watch the interaction, take notes specifically on Partner B's effective listening and persuasive speaking skills and give feedback at the end of the roleplay. Get them to look in detail at the observation sheet provided for Partner C in [Handout 6](#).

Elicit and discuss the following criteria for effective listening:



- entering the speaker's 'space';
- showing empathy through body language;
- being non-judgemental;
- showing respect for the speaker by not interrupting;
- asking 'open' clarifying/ information questions, not 'leading' questions.

Elicit and discuss the following criteria for persuasive speaking:



- understanding the 'audience' - who needs to hear the key messages and why;
- understanding where the myth or harmful belief originates from;
- presenting a main argument and one or two supporting arguments;
- not using such decisive arguments that the listener is left behind feeling defensive but unable to articulate why;
- acknowledging the most common rebuttal or objection and then refuting it (anticipation and response to resistance).

When all three groups are ready, make them return to their original small group. Get them to conduct their roleplays simultaneously (not one at a time in front of the whole class) so there are lots of mini scenes going on around the room at the same time.

Observe and take notes about as many of the roleplays as you can. Make sure Partner C is observing and filling in the observation sheet.

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**STEP 5**

## Analysing the roleplays

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**15 MINUTES**

When they have finished performing, get Partner C, the observer, to lead the feedback in each group, focusing on the quality of Partner B's arguments and their listening and persuasive speaking skills. Get Partner A to comment on whether they were persuaded or not. Get Partner B to comment on how easy or difficult it was to be persuasive.

In plenary do a quick round and get each group to share what they thought were the best persuasive arguments, and which beliefs were the hardest to change. Give feedback on which effective listening and persuasive speaking skills they performed well and which skills they need to improve.

Elicit the implications for programming this session has raised in regard to capacity development for change agents. Explain that

The *status* of a change agent or their influence in the community (as analysed by the Influence Matrix in the previous session) is not enough. Change agents, community leaders and NGO 'trainers' also need training in information dissemination, effective listening and persuasive speaking skills, and participatory methodology.



Distribute ↗ **Handout 6.3** and point out the specific skills listed there that change agents should be able to perform.

Conclude with the following.

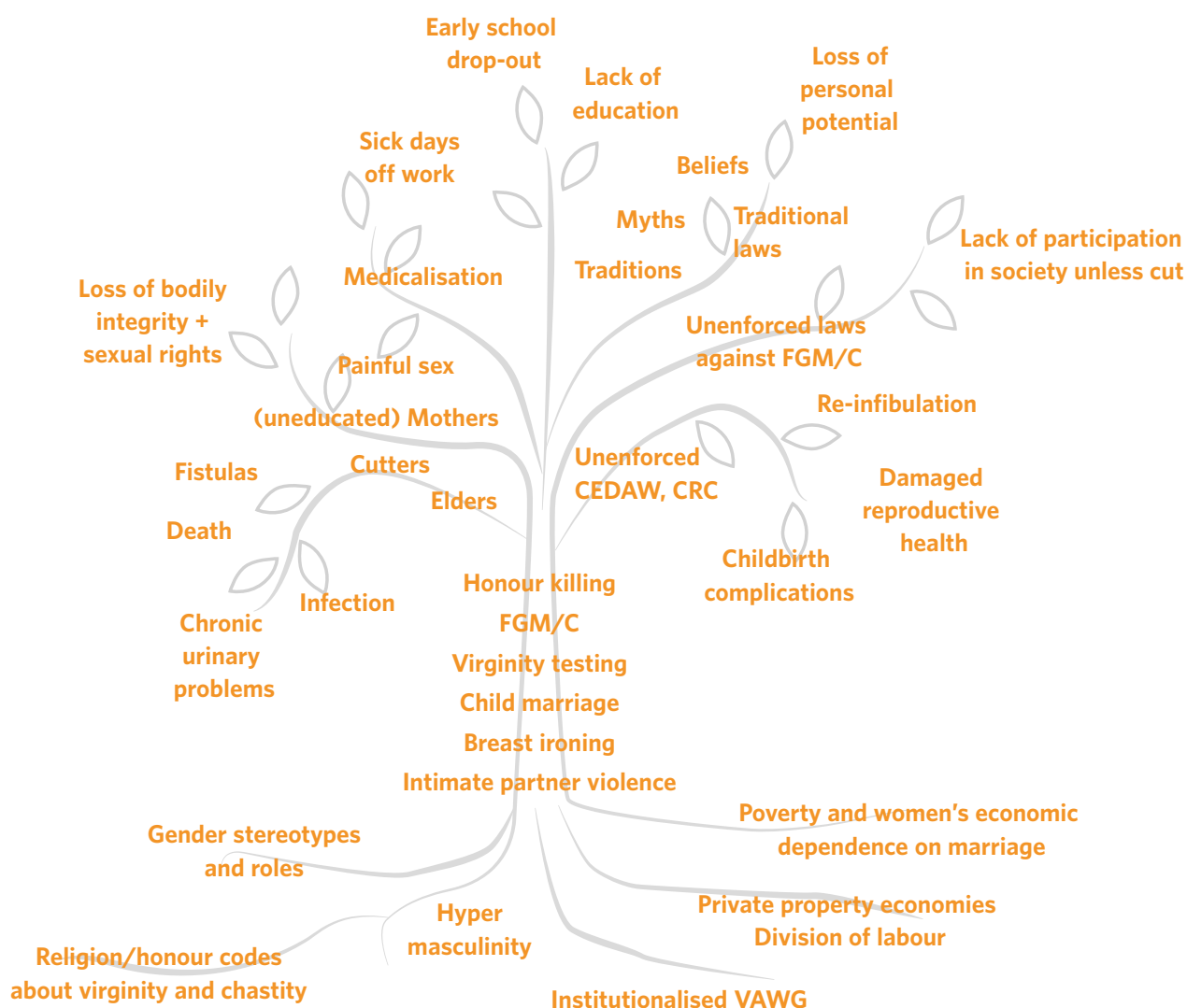
Programmers need to understand how beliefs and persuasive arguments change within the programme's given region, according to ethnicity, local practices and beliefs. There is a need for proper research – about which arguments work with men and boys, and which arguments work with women and girls within each specific target culture.



# NOTES FOR FACILITATORS

## Step 1: Belief trees

Example of a belief system tree poster based on recapping input from sessions 3 - 5



The facilitator can point out that the more detailed the tree's system, the better it visualises the complexity of addressing FGM/C adequately, the range of factors and actors involved, and the need for in-depth contextual analysis and response.

## Steps 3: Dealing with myths and harmful beliefs

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Harmful myths and beliefs are listed in several training materials and online courses for addressing FGM/C. The statements in **Handout 6.1** have been mainly adapted from FGM Education Programme NZ (2016), AIDOS (2006), the section on 'Fact or myth' in Forward (Safeguarding rights & dignity, 2012) and the section in the UK Home Office (2014) online course in the section 'Fact of Myth?'. The facilitator should draw participants' attention to these sources, which are listed in full on the back of the handout.

Different communities hold different beliefs. Some of the beliefs are more general and others are held by specific communities.

→ **Horn of Africa**

- a FGM/C preserves virginity and brings purity, chastity and honour to marriage. If a woman loses her honour, the entire family is dishonoured.
- c FGM/C tightens the vagina and the removal of the clitoris makes women passive - these things increase men's sexual pleasure.
- d FGM/C increases the bride price.

→ **Countries practising Islam, Christianity, traditional religions**

- b Our religion requires female circumcision.

→ **The Dogon and the Bambara of Mali, the Mosi of Burkino Faso:**

- e If the mother's clitoris comes in contact with the baby's head it will make it still-born.

→ **From most of the 30 FGM/C countries**

- f Women who are uncut will be ostracised from their communities.

→ **Some parts of Ethiopia**

- g FGM/C rectifies 'twin birth' so the clitoris doesn't grow into a penis.

→ **Countries where infant mortality is high and fertility is important**

- h FGM ensures cleanliness, fertility and the good health of the baby.

→ **The Tagouna of the Ivory Coast**

- i An uncut woman cannot conceive

→ **Somalia**

- j Uncircumcised external female genitalia are ugly and dirty.



Perhaps the hardest belief to change is the one about the absolute necessity of virginity in order to preserve the woman's honour and the honour of the family she is being married in to, and by extension the belief that virginity and FGM/C are synonymous.

**Suggested answer key** ↗ **Handout 6.1**

physical anatomy and health	<b>e, g, h, i, j</b>
gender equality	<b>a, f</b>
religion	<b>b</b>
income generation	<b>d</b>
sexuality	<b>c, j</b>

## Steps 4: Conducting the roleplays

---

It is important to note that effective listening and persuasive speaking are just a starting point for understanding harmful beliefs and practices. Of course the situation is much more complex in reality and these approaches must be complimented by rigorous research, data collection identifying and training the right change agents, and community trust building.

It is very much up to each participant to construct their own arguments for countering the myths and harmful beliefs when they plan and conduct their roleplays. Here are some suggestions and starting points to guide their thoughts if necessary.

**Example of a persuasive argument** (↗ **Handout 6.2 roleplay 1**)

Belief	<b>FGM/C preserves virginity and brings purity, chastity and honour to marriage. If a woman loses her honour, the entire family is dishonoured.</b>
Basis of the belief	Virginity makes girls eligible for marriage. Marriage helps ensure financial stability for the bride and improves the family's status and power in the community, which is more important than the individual's happiness, well-being and rights. Because of unequal gender norms, it is bride's/wife's role to be pure and chaste, not the husband's.
Belief holders	Mothers, grandmothers, fathers, community elders Adolescent girls and boys

Key persuasive arguments and messages for change	<p>Honour is the shared responsibility of both men and women, because men and women are equal. It should be measured in deeds both men and women do for each other, their families and others, not whether the woman is a virgin or has a clitoris or not.</p> <p>Purity and honour are achieved through integrity, actions, and thoughts – not through the physical act of circumcision. Religion says this.</p> <p>The commitment made as a thinking adult is more powerful and more meaningful than the physical control of FGM/C that others have put on a girl’s body when she was very young, inexperienced, didn’t understand the meaning of honour and was not in a position to give her consent.</p>
Likely rebuttal	<p>Many people will say that honour is the collective responsibility of the family and the community, not a personal commitment between the man and the woman. They will say it is not a private matter and cutting preserves virginity in a way that everyone has proof.</p>
Counter response	<p>If honour is about the whole family, the same rules about sexual conduct, and sexual pleasure should also apply to young men and husbands, and for that matter, to all the other members of the family. Let the family honour be the joint responsibility of all its members. Women and men are born equal in human rights terms and under the law – so let honour be measured by the same criteria for both men and women.</p>

**Suggested arguments as starting points for the roleplays, ↗ Handout 6.1**

**a FGM/C preserves virginity and brings purity, chastity and honour to marriage. If a woman loses her honour, the entire family is dishonoured.**

In the same culture where these beliefs about virginity are so important for young women, sexual intercourse before marriage is viewed positively for young men; men don’t have to be virgins to be considered honourable. Women and men are equal. This double standard should not exist.

**b Our religion requires female circumcision.**

FGM/C historically predates the Abrahamic religions. FGM/C as a religious obligation comes from the incorrect interpretation of religious texts. Many Muslim communities believe FGM/C is mandated by Islam because religious leaders have erroneously equated messages about chastity in the Koran and the Hadiths with messages about FGM/C.

**c FGM/C tightens the vagina and the removal of the clitoris makes women passive – these things increase men’s sexual pleasure.**

Women as well as men have the right to safe, satisfying and pleasurable sex. It is cruel and inhumane to express virility and seek personal gratification at the expense of a woman’s suffering.

For men, the idea of pleasuring their partner as well as themselves should be equally important.

**d FGM/C increases the bride price.**

Increasingly there are economic opportunities for a woman that have more value than bride price. Bride price turns a woman in to a commodity that can be bought and sold. Paid labour increases a woman’s right to work, her realisation of her full potential and her sense of self-worth. If a woman completes her education and has marketable skills, she can earn and contribute to the household economy beyond a one-off payment at the time of her marriage.

**e If the mother’s clitoris comes in contact with the baby’s head it will make it still-born.**

Physically this is impossible. The clitoris plays no part in child birth and cannot in any way harm the baby during delivery. In fact quite the opposite is true. It is FGM/C that often presents a real health risk during delivery.

Myths like this play on lack of education or knowledge of reproductive health. They have been passed down as ‘truths’ from generation to generation without any medical or anatomical rationale.

**f Women who are uncut will be ostracised from their communities.**

The fear of being ostracised preys on pluralistic ignorance. In fact many men and women privately support the abandonment of FGM/C but are unaware of the peer support rather than the rejection they would receive if they didn’t cut their daughters.

A growing number of women and men live in urban settings with increased autonomy from community holds or economies. As a result the need to ostracise, and the power it has, are diluted.

**g FGM/C rectifies 'twin birth' so the clitoris doesn't grow into a penis.**

FGM/C is not a sex but a gender issue. The clitoris stops growing at puberty and always remains very small. Countless millions of women around the world who have not been cut do not have clitorises that have grown into penises.

The clitoris and labia are not physically the 'male parts' of a woman's body. Their removal does not physically enhance women's and girls' sex. Ninety-nine per cent of females, like males, are born with physically complete genitalia. No further operation is required to make the vast majority of girls or women 'complete'.

*The frequency of individuals receiving "corrective" genital surgery, however, probably runs between 1 and 2 per 1,000 live births (0.1-0.2 per cent).*

Blackless M. et al, American Journal of Human Biology (2000).

**h FGM ensures cleanliness, fertility and the good health of the baby. An uncut woman cannot conceive**

Infibulation actually does the opposite. It can create chronic infection and risk to infection. Fallopian tubes get blocked causing infertility, and there are health complications with keloids and fistulas. Many infibulated women have to be cut open to give birth, so if they are not within easy access of a health care worker when their waters break, they risk the baby's life and their own.

**j Uncircumcised external female genitalia are ugly and dirty.**

This belief is perhaps based on the fear of the unknown. If women are all cut at a pre-pubescent age or younger, they will not have any idea what a woman's external genitalia naturally looks like. This makes them prone to all sorts of fears and misconceptions. If tradition were to cut off girl's ears, and everyone got used to that, then natural uncut ears could also be construed as ugly and dirty. The film *Needlecraft: FGM Animation* (ForwardUK 2015) makes this comparison.

## Steps 5: Analysing the roleplays

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As well as getting participants to think up quite complex arguments that engage critical thinking and 'attract' the belief-holders, the criteria for effective listening and persuasive speaking in this exercise is intended to show, in an experiential way, the sort of skills and training change-agents need in order to address harmful beliefs in the community. These are summarised in the key points in [↗ Handout 6.3](#).



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Gender and Female Genital Mutilation/Cutting

**Session 6 — Addressing harmful beliefs**

# 6



## PARTICIPANTS' HANDOUTS

# Addressing harmful beliefs about FGM/C

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting



# MYTHS AND HARMFUL BELIEFS ABOUT FGM/C

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- 1 Analyse the root causes of the following myths and beliefs about FGM/C that are held in various countries and regions.
- 2 Identify the ones which also occur in your country.
  - a FGM/C preserves virginity and brings purity, chastity and honour to marriage. If a woman loses her honour, the entire family is dishonoured.
  - b Our religion requires female circumcision.
  - c FGM/C tightens the vagina and the removal of the clitoris makes women passive – these things increase men’s sexual pleasure.
  - d FGM/C increases the bride price.
  - e If the mother’s clitoris comes in contact with the baby’s head it will make it still-born.
  - f Women who are uncut will be ostracised from their communities.
  - g FGM/C rectifies ‘twin birth’ so the clitoris doesn’t grow into a penis.
  - h FGM ensures cleanliness, fertility and the good health of the baby.
  - i An uncut woman cannot conceive.
  - j Uncircumcised external female genitalia are ugly and dirty.
- 3 For one of the beliefs, focus on adolescent girls as the target group and discuss how it can be best countered with education and messages about
  - ✓ physical anatomy and health
  - ✓ gender equity and human rights
  - ✓ religion
  - ✓ income generation
  - ✓ sexuality
- 4 Discuss if and how education or messages would change for a target group of adolescent boys.

**Sources** adapted from

- FGM Education Programme NZ (2016). Female Genital Mutilation Information for health and child protection professionals.  
[Available from: http://fgm.co.nz/beliefs-and-issues/](http://fgm.co.nz/beliefs-and-issues/)
- AIDOS, Rainbo (2006). FGM/C as a Development Issue: Programming tools to mainstream the abandonment of FGM/C into development programs and projects. Module 3 P. 61.
- Forward (Safeguarding rights & dignity) (2012). Female Genital Mutilation: Frequently Asked Questions: A Campaigner's Guide for Young People.  
[Available from: https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/332732/FGMfaqFORWARD.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332732/FGMfaqFORWARD.pdf)
- UK Home Office (2014) Recognising and preventing FGM.  
[Available from: https://fgmelearning.vctms.co.uk/default.aspx?session=to](https://fgmelearning.vctms.co.uk/default.aspx?session=to)



# ROLEPLAY: CHANGING BELIEFS

## Partner A

Choose one of the following characters:

- an elderly woman or male community leader that upholds the practice of FGM/C (you do not agree that it is a myth or that it is harmful);
- an adolescent girl or boy who just wants to be like everybody else (you do not realise or you do not agree that it is a myth or a harmful belief).

Prepare how you will present your position, using examples to 'prove' you are right.

<b>Belief</b>	
<b>Belief holders</b>	
<b>Key reasons for having this belief</b>	

## Partner B

You are a change agent who is respected in the community. Choose your character from one of the change agent 'influencers' who emerged from the Influence Matrix in module 5. Anticipate what an older person who has endorsed the myth or harmful belief all their life would say and feel or what a young person who has never really questioned the myth or harmful belief would say and feel.

Think of how to persuade them in a critical thinking, non-aggressive way to change their beliefs. Use the following format to help you construct your arguments.

<b>Belief</b>	
<b>Basis of the belief</b>	
<b>Belief holders</b>	
<b>Key persuasive arguments or messages for change</b>	
<b>Likely rebuttal</b>	
<b>Counter response</b>	

## Partner C

You are the observer. During the roleplay fill in the observation sheet to evaluate the Change Agent's effective listening and persuasive speaking. Use your observations to give feedback at the end.

Effective listening skills	Y/N	Comment
Using empathetic body language and position		
Being attentive		
Using a non-judgmental approach to questioning		
Not interrupting		
Persuasive speaking skills	Y/N	Comment
Promoting a clear message, using good arguments		
Acknowledging differences of opinion		
Refuting counter arguments in a non-aggressive way		
Using culturally appropriate examples and explanations		
Sounding experienced / credible without showing ego		

## KEY POINTS: ADDRESSING HARMFUL BELIEFS

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Addressing myths and harmful beliefs is not sufficient in itself and is by no means the same as changing harmful practices; however, it is a starting point for

- identifying like-minded change agents and building a critical mass of them;
- maximising communication, building trust, increasing visibility of FGM/C issues and their root causes;
- 'lifting' pluralistic ignorance.

Addressing myths and harmful beliefs from a social norms and change perspective requires a strategic, culturally sensitive approach. It should start with listening to the belief holders - women and men, girls and boys - and letting their voices be heard before finding the right arguments to change their perceptions of FGM/C.

Change agents should engage people in participatory awareness raising, guided discovery, critical thinking and persuasive arguments, rather than simply telling them what to believe or how to behave. This includes winning trust through affective factors - conducive surroundings, empathetic, non-hierarchical, inclusive communication, as well as employing the following skills for effective listening and persuasive speaking.

Change agents need to be able to do the following.

- Analyse who needs to hear the key messages and where the myth or harmful belief originates from.
- 'Enter the belief holder's space' and show empathy by putting themselves in the belief-holder's shoes, even if the change agent doesn't agree with what the belief holder is saying.
- Behave non-judgementally, and show respect for the belief holder by not interrupting.
- Use positive body language that encourages rather than criticises: closing the space between speaker and listener (good eye contact, sitting at the same level, leaning in) and 'mirroring' (crossing an arm or leg in the same way, sitting at a complimentary angle).
- Win the belief holder's trust (the belief holder is more likely to listen to

the change agent's arguments if the change agent has paid attention to, understood, and not interrupted what it is the belief holder has to say).

- Genuinely seek clarification and ask questions that enable the belief holder to say what they really want to say (not ask leading questions that manipulate the belief holder).
- Put forward a main argument and supporting arguments which are culturally sensitive yet clear.
- Avoid 'blinding with science' or being so decisive that the belief holder is unable to articulate a counter argument but remains in disagreement and therefore becomes defensive.  
(Bicchieri, Cristina, Hugo Mercier (2014). Norms and Beliefs: How Change Occurs. *The Jerusalem Philosophical Quarterly*, vol. 63, pp. 60-82.  
Available from: [http://www.academia.edu/1596868/Norms\\_and\\_Beliefs\\_How\\_Change\\_Occurs](http://www.academia.edu/1596868/Norms_and_Beliefs_How_Change_Occurs) )
- Anticipate, acknowledge and refute common objections that the belief holder uses to reject the change agent's ideas.
- Produce a counter argument to the belief holder's rebuttal (suggesting at a subliminal level that the change agent is not one-sided, understands and empathises, and at the same time has progressed beyond the limitations of the belief-holder's view).

In addition, programmers need to understand how beliefs and persuasive arguments change within the programme's given region, according to ethnicity, local practices and beliefs. There is a need for proper research - about which arguments work with men and boys, and which arguments work with women and girls - within each specific target culture.



Gender and Female Genital Mutilation/Cutting

**Session 6 — Addressing harmful beliefs  
about FGM/C**

7

FACILITATOR'S GUIDE

# Gender and FGM/C programming

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting





## FACILITATOR'S GUIDE

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### Gender and FGM/C programming

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Resources



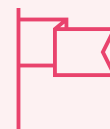
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# OVERVIEW

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## LEARNING OBJECTIVES

By the end of the session participants will be able to



- explain a range of considerations for gender and FGM/C programming;
- begin to develop a theory of change;
- complete the post course evaluation.

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## TIME

240 minutes



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## MAIN ELEMENTS



- |  |            |
|--|------------|
| → Objectives                           | 20 minutes |
| → Practical and strategic gender needs | 30 minutes |
| → Do No Harm                           | 30 minutes |
| → Analysing FGM/C interventions        | 60 minutes |
| → Developing a theory of change        | 30 minutes |
| → Wrap up                              | 5 minutes  |
| → Next steps                           | 30 minutes |
| → Post course evaluation               | 25 minutes |
| → Closing                              | 10 minutes |

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## EQUIPMENT AND MATERIALS

- A1 size ecological framework poster from Session 4
- Projector, screen, laptop





## KEY MESSAGES

- It is important to transfer concepts about gender and FGM/C into planning and implementation. This involves programming that
    - ✓ meets practical gender needs (PGNs) in the first place, to build trust and help empower women and girls;
    - ✓ meets strategic gender needs (SGNs) in the longer term, to address gender inequality, discrimination and FGM/C as a harmful practice;
    - ✓ considers Do No Harm from a gender perspective;
    - ✓ aligns theories of change for gender transformative programming and an ecological approach.
  
  - Studying a range of interventions that have already been carried out in the field provides insights into what works and what doesn't for FGM/C programming, especially in terms of involving boys and men as well as girls and women.
- 

## HANDOUTS

- **Handout 7.1** Addressing gender in programming
- **Handout 7.2** Do No Harm
- **Handout 7.3A** Pursuing the law
- **Handout 7.3B** Alternative Rites of Passage
- **Handout 7.3C** Generation Dialogues
- **Handout 7.3D** Working with midwives
- **Handout 7.3E** Celebrities
- **Handout 7.4** Analysing FGM/C interventions
- **Handout 7.5** Developing a theory of change
- **Handout 7.6** Key points: Gender and FGM/C Programming
- **Resource 7.1PPT** Overview of key programming concepts
- **Resources 7.2A-B** Post course evaluation. Post course test





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# PROCEDURE

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## STEP 1 Objectives

---

20 MINUTES

Use power point **slide 1**, ↗ **Resource 7.1** and/or the key points in ↗ **Handout 7.6** to present an overview of the programming elements to be addressed in this session. Briefly review or explain **slides 2 - 4**

- a gender inequality, power and control root cause analysis of FGM/C;
- gender transformative programming;
- the ecological framework.

Recommend Alexander-Scott, M et al., (2016) DFID *Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG)* as good background reading for this session.

Explain that by the end of the session participants will have developed an approach for FGM/C programming for their own context.

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## STEP 2 Practical and strategic gender needs

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30 MINUTES

Display ↗ **Resource 7.1 slide 5** or use ↗ **Handout 7.6** to explain practical gender needs and strategic gender needs. Explain that a programme that combines the two can capitalise on the sort of 'short-term wins' usually associated with humanitarian aid with the 'longer term gains' usually associated with development interventions and changing social norms. Do the same for defining socioeconomic programming and social norms and change programming and again stress that the two purposes are not mutually exclusive but can be combined.

Distribute ↗ **Handout 7.1**. Get participants to look at the projects in the left hand column of the table. Point out that these are the same as some of the interventions they placed in the ecological framework in ↗ **Session 4**.

Working in pairs, get participants to look at the column headings and decide if each project addresses

- practical gender needs and/or strategic gender needs;
- socio-economic issues and/or social norms;
- direct or indirect FGM/C outcomes.

Point out that they can tick more than one column for each project intervention.

Get participants to check their answers at table level. Monitor their work and in plenary only discuss the project classifications where there is disagreement. Conclude the task with the following synopsis.



Socioeconomic solutions can be designed to buy time and establish trust for the more lengthy process of changing social norms. This kind of strategic planning is known as 'short-term wins for long-term gains'. However the pressure of development funding tends to drive short-term solutions only and often fails to provide the time and resources needed for changing social norms.

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**STEP 3**

## Do No Harm

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**30 MINUTES**

Use the discussion on the failures of development-funded short-term solutions to introduce the principles of Do No Harm. Display ↗ **Resource 7.1 slide 6** or use ↗ **Handout 7.6** to define the concept of Do No Harm and its importance for gender programming. Link the need to anticipate potential for 'doing harm' in gender and FGM/C programming to developing a risk management plan.

Distribute ↗ **Handout 7.2**. Divide the participants into four groups and get each group to discuss a different situation on the handout. Get them to identify the potential harm in each case and then say what they would do to ensure Do No Harm. In plenary, get each group to briefly present their ideas.

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**STEP 4** Analysing FGM/C interventions

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**30 MINUTES**

Put participants into five groups. Distribute ↗ **Handout 7.3A - E** so that each group gets a different handout. Have them read the text and discuss the intervention.

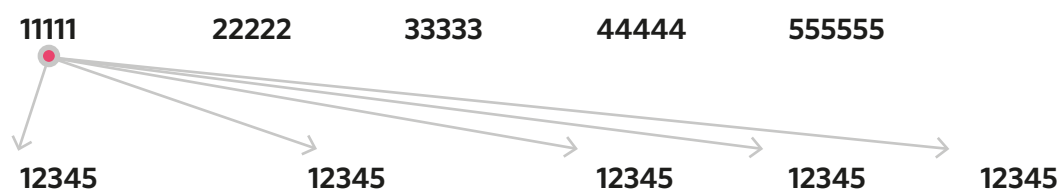
- Group 1** ↗ **Handout 7.3A** Pursuing the law
- Group 2** ↗ **Handout 7.3B** Alternative Rites of Passage
- Group 3** ↗ **Handout 7.3C** Generation Dialogues
- Group 4** ↗ **Handout 7.3D** Working with midwives
- Group 5** ↗ **Handout 7.3E** Celebrities

Get each group to analyse the case study they have read in terms of

- the strengths and weaknesses of the intervention to address the FGM/C root causes of gender inequality;
- how, as well as girls and women, boys and men are involved, or could be involved in the intervention.

While they are discussing, distribute ↗ **Handout 7.4** and get them to fill in their section of the table only.

Cross group the participants so that there is at least one representative from each of the original groups in each of the new groups.



Get participants to take it in turns to brief the members of the new group about their intervention, according to the notes they have written in the table in ↗ **Handout 7.4**. Collectively, get them to complete the whole table.

Monitor and take notes. In plenary, give feedback on one or two interesting points that the groups raised.

---

## STEP 5 Developing a theory of change

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30 MINUTES

Display **slide 7** ↗ **Resource 7.1** or use ↗ **Handout 7.6** to define what a theory of change is and how it is intrinsic to developing programmes for addressing gender and FGM/C in their own context. Explain how a theory of change can build on what they have already done in the data analysis (↗ **Session 2**), the gender inequality root cause analysis (↗ **Sessions 3 and 4**) and the stakeholder analysis (from the influence matrix ↗ **Session 5**).

Distribute ↗ **Handout 7.5**. Go over the guiding questions and point out how they elicit the common components and logic of the 'results framework' or the 'results model' used by most development organisations: inputs, activities, outputs and outcomes, leading to the programming goal.

Explain that by answering the guiding questions in the handout they can begin to come up with a plan.

Tell participants they are going to find activities they have done in the past three and a half days of this training course that will help them answer the guiding questions. Point out the example given in the table (What is our rationale for how change will happen? *PH 5.4 The ecological framework*). Work with participants in plenary to collect a few more examples to check they have understood how to do the activity.

In small groups or pairs, get participants to complete the table. Check their answers and in plenary conclude by commenting on the extent of programme preparation the participants have already covered during the course – see step 6 below.

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## STEP 6 Wrap up

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56 MINUTES

Use **slides 8 and 9** ↗ **Resource 7.1** to summarise what the course has covered and what the participants have achieved.

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## STEP 7 Next steps

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30 MINUTES

Let participants reflect for a few moments in silence on

- what they have learnt from the course;
- what they will apply to their own situation;
- what their immediate next steps will be.

Divide the participants into two groups. Have the first group form a circle, turn and face outwards. Have each member of the second group go and stand in front of one of the members of the first group, so everyone is facing a partner in two concentric rings. On a signal from you, get them to discuss with their partner the three points they reflected on above.

After a few minutes of discussion, give them a signal to stop and move on: get the outer ring to move one person to their left (clockwise) while the inner circle stands still. Get participants to exchange the same ideas with their new partner. Continue the 'carousel' process until each participant has exchanged ideas with as many others as the time permits.

In plenary, do a quick round of interesting impressions participants have gathered from each other.

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## **STEP 8** Post course evaluation and/or test

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**25 MINUTES**

Explain that the purpose of the post course evaluation is not a customer satisfaction questionnaire but to use the participants' self-evaluation skills to assess how appropriate the learning objectives and the content of the sessions have been. Explain how a comparison of the overall pre and post course evaluation results will be used to measure participant progress in achieving the course objectives and the effectiveness of the materials. Distribute the **Post-course self-evaluation** (↗ **Resource 7.2A**) and get participants to fill it in individually, anonymously and in silence. Distribute the **Post-course test** (↗ **Resource 7.2B**) to those who did the Pre-course test if you are also conducting a more objective evaluation. Collect the evaluations.

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## **STEP 9** Closing

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**10 MINUTES**

Conduct the closing ceremony for the course and award certificates as appropriate.



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# NOTES FOR FACILITATORS

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## Step 2: Practical and strategic gender needs

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*Practical gender needs* refer to immediate, usually socioeconomic needs. These needs are more tangible. *Strategic gender needs* refer to the rights and empowerment needed for women and girls to address harmful practices, and their root causes. *Strategic gender needs* of women are what women require – tangible and intangible – in order to live a life with equality, freedom, safety and security, and dignity. These needs elevate women's positions to the same level as men's. Meeting strategic gender needs in terms of FGM/C involves changing social norms about harmful practices, VAWG and human rights violations (see ↗ **Sessions 3 and 4**). See ↗ **Handout 7.6** for an extended definition and further examples.

Meeting practical gender needs with programmes that increase women's immediate health and socioeconomic status, are familiar to most implementing agencies who often seek to deliver rapid results and outcomes. Programmes which seek to address gender inequality root causes in order to change social norms, require much time, resources, and long-term commitment to implement, and therefore often do not attract the same level of funding.

*Socioeconomic programming* refers to projects and programmes that focus on improving health, education, social services, etc. *Social norm programming* refers to projects and programmes that focus on changing social norms in order to end harmful practices. See ↗ **Handout 7.6** for an extended definition and further examples.

Organised diffusion is a social mobilisation process that spreads messages and information 'organically' through social networks that link up individuals, families, friends and communities. This can also help target the people whose expectations drive a particular norm (UNFPA-UNICEF, 2016: Module 4). The Tostan community empowerment programme (Tostan, 2015) uses a social norms and change approach and focuses on organised diffusion. See ↗ **Handout 7.6** for more detail.

As well as linking up government and civil society actors, organised diffusion works through inter-dependent community links across sectors of health, education, child protection and media (UNFPA-UNICEF, 2016: Module 4). Interventions that improve child care and women's health care services, or economic empowerment of women, can also be used as platforms for messages promoting an end to FGM/C. In ↗ **Handout 7.1** these kind of interventions can be ticked (✓) as having both a socioeconomic and a changing social norms purpose, and usually an implicit FGM/C outcome.

**Suggested answer key for ↗ Handout 7.1**

Project	Practical gender needs	Strategic gender needs	Socio-economic purpose	Social norms purpose	Direct FGM/C outcome	Indirect FGM/C outcome
Providing women's vocational training: tailoring, literacy, human rights	✓	✓	✓	✓		✓
Providing sexual and reproductive health education for boys and girls in schools	✓	✓		✓	✓	
Campaigning for reducing early, child or forced marriage		✓		✓		✓
Lobbying for equal rights legislation over land inheritance	✓	✓	✓	✓		✓
Building capacity to draft anti FGM/C laws		✓		✓	✓	
Providing de-infibulation surgery after childbirth for mothers with type 3 FGM/C	✓	✓		✓	✓	
Increasing access to surgery for fistulas	✓		✓	(✓)		✓
Increasing women's participation in community development decisions	✓	✓	✓	✓		✓
Helping develop alternative rites of passage		✓		✓	✓	
Providing microfinance services for women's small business development	✓	✓	✓	(✓)		✓
Providing journalist training for writing about ending FGM/C		✓		✓	✓	

## Step 3: Do No Harm

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Do No Harm in gender transformative programming refers to ensuring that any intervention maintains the safety and integrity of change agents, survivors and those at risk. See [Handout 7.6](#) for more details.

**Suggested answer key for [Handout 7.2](#)**

### **a. A documentary film for Egypt advocating ending FGM/C made by a UK news channel**

1. The target group filmed may say it is a foreign (colonial) imposition on their culture and outsiders have no right to criticise long held traditions. It is likely that the 'story' will be simplified and in so doing purvey superficial impressions, misconceptions, and infringe cultural sensitivities.

By arriving with a film crew at the house and filming a mother who has decided not to cut her daughter, the film draws attention to an 'early adopter' of change who may not yet be a change agent. She is put at risk and becomes vulnerable to being stigmatised in her own neighbourhood (as was the case in the woman filmed BBC Newsnight (2012) report on female genital mutilation in Egypt.)

2. The film crew should be known and accepted by the community. The purpose of the film should be established as beneficial and educational rather than sensational and sound-bite worthy journalism. As such, its investigative journalism 'exposure' approach should be minimised. The film crew should get consent from the individuals filmed and the community as a whole by conducting a community screening before public dissemination.

### **b. Outlawing traditional cutters**

1. The practice may go underground rather than stop. Cutting may be performed in secret under makeshift and perhaps even less-sterile conditions. If the cutting goes wrong, those responsible - often the parents - will be unwilling to seek official/hospital help for fear of being prosecuted.

The 'cutting season' and its related traditional ceremonies will disappear so it will be harder to know when it's happening, harder to control or stop it; cutting will increase because it can happen all year round on an individual basis, no longer in groups.

The practice may become medicalised. When traditional cutters are unavailable, families will ask doctors or midwives to perform the cutting under sterile conditions.

Women and girls reporting FGM/C crimes may run the risk of being doubly-victimised at the hands of an unreformed police or court system, whose officials may actually still approve of FGM/C.

Those held legally responsible will be mostly mothers and grandmothers, who are themselves in fact victims of dominant patriarchal structures. They may also be head of household; prosecuting them and sending them to jail may endanger their dependents.

**2.** Converted cutters can be used as change agents to persuade and change others.

As cutters are safeguarded by the council of elders, the elders should be persuaded to abandon FGM/C in their communities. They have strong influence over the cutters and can get them to stop.

Passing of laws should go hand-in-hand with ensuring they are enforced. This means national budget should be allocated for the development of protocols for judges, prosecutors and defence attorneys, and training for them and the police on how to prosecute FGM/C cases.

International human rights laws and national laws to end FGM/C are hard to enforce because of a lack of political will, and/or a lack of resources. Because FGM/C laws have the potential to contravene 'Do No harm', their value may lie more in raising awareness and kick-starting social change rather than criminalising perpetrators. Well considered programming initiatives can use the law and its stakeholders, including religious leaders and religious laws.

Empowering women so that they can change the power dynamics behind FGM/C involves working top-down, within governance frameworks, and building on both national and transnational social justice movements that address FGM/C and other harmful traditional practices.

**c. National legislation which outlaws only FGM/C Types 2 and 3**

- 1.** It will be difficult to enforce and monitor. Cutters will say they are only performing Type 1 ('just a small nick') when in fact they are performing types 2 and 3. Type 2 and 3 cutting may still remain but go underground (see b.1 above). When cutting becomes medicalised it can no longer be monitored because it happens on an individual not a group basis all year round (see b.1 above)

More Type 1 Clitoridectomy may be performed, and on younger and younger girls. Social change or root causes of inequality will be further institutionalised, not addressed.

Government may feel they have done all they need to do in terms of taking action against FGM/C. Passing the law may win them international acclaim and mask the fact that no real resources have been committed to ensure the law is carried out. Parliamentarians may pass the law for re-election purposes, not because they really support ending FGM/C. International pressure may ease up without substantial change having really taken place.

2. The type of FGM/C should not be differentiated. All types of cutting should be considered as a violation and against the law, and addressed in education and advocacy as such too. See also b.2 above

**d. Women's income generation schemes including alternative incomes for cutters to decrease economic reliance on FGM/C.**

1. The alternative profession will probably not be as profitable so if the incentive to stay away from cutting is economic, it will not be sustainable. Further, some cutters may take the alternative income and continue to cut at the same time; others may give up the practice and take the alternative income having already trained an apprentice to take their place. The alternative income may produce the exact opposite of its intention: it may increase rather than reduce the profitability and practice of cutting.

The alternative profession may not convey the same high status they had as cutters.

Income generation schemes for women in general, not just cutters may make men resentful of women's economic opportunities or independence. This may cause conflict or violence at home. Instead of eliciting the support of men and boys for the abandonment of FGM/C, it may entrench patriarchy by putting men on the defensive.

2. If cutters are persuaded to stop by the elders in the community it will be more sustainable (see b.2 above) because the motivation will come from a change in social norms and not an economic incentive.

Men and boys' support should be elicited by persuading them of the value of family double incomes: education and information campaigns stressing the advantages of having two bread-winners in the family should be run. Clear criteria for who the programme beneficiaries are should be pre-negotiated in the community. Special attention should be paid to ensure the most vulnerable are not prevented from benefitting from the programme.

## Step 4: Analysing FGM/C interventions

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The main purpose of the activity is to analyse the extent to which the five interventions address the gender inequality root causes of FGM/C discussed so far in the course.

The five short case studies are intended to show a range of projects that operate at the different levels of the ecological framework, work with different target groups and change agents, address practical or strategic gender needs, use socioeconomic or changing social norms approaches and elicit a discussion of how boys and men are, or could be involved in the intervention.

**Suggested answer key for** [Handout 7.5](#)

### 7.3A Pursuing the law

**Strengths:** The heavy sentence the cutter receives serves as a strong deterrent and sends a clear message to other cutters. The message is strengthened because the judgment is both high profile and fair: the cutter is acquitted on the first count because the young men and elders are deemed responsible for forcing her hand.

The work of FIDA demonstrates the level of care and support needed to support survivors of VAWG in unequal social institutions like the court and the police system.

**Weaknesses:** The young men and elders who forced the cutting in the first case are not held accountable by the law or the court process, yet they clearly demonstrate harmful power and control over women (the cutter, the girl) and potential male change champions (the Pastor, the police). In this case the law is prosecuting the product of patriarchy and not dealing with its root cause of unequal power and control. The cutter who is held legally responsible is herself a victim of dominant patriarchal structures. She may also be head of household; her seven-year jail sentence may put her dependents at risk.

**Involvement of boys and men:** Boys and men need to be involved as custodians of anti FGM/C laws. The Pastor is there as a lone change champion; had he been a group of men there may have been a different outcome. The police need to uphold the law in a more effective and gender equal way. Their open support for ending FGM/C might strengthen their resolve and ability to stand up to young men and elders who use force during the FGM/C cutting season.

### 7.3B Alternative rites of passage

**Strengths:** Using an alternative rite satisfies the empowering, traditional learning of becoming a woman. If messages about sexual and reproductive health, equal rights and self-worth are included instead of harmful myths and beliefs, the alternative rite can capitalise on the power of the group to address gender root causes.

If the rites are performed in a serious and thoughtful manner they have the potential to persuade the elders and traditional/religious leaders that they uphold community honour.

The public nature of the ceremony serves as a public pledge to end FGM/C and can work as organised diffusion when news of the ceremony passes to other communities. In this way, the alternative rite of passage can help establish a new social norm of not cutting.

**Weaknesses:** It may take many years, if ever, for the alternative rite to have the same meaning and weight as FGM/C in the eyes of the older generation, traditional leaders and cutters.

In many communities, where FGM/C is performed on girls under 5, FGM/C is not part of a rite of passage from childhood to womanhood. In these communities an alternative rites intervention will have no impact.

**Involvement of boys and men:** Uncles and fathers can be encouraged to continue to finance the ceremony and buy the rites of passage gifts; the elders can still bless the girls as they graduate. The church or mosque or other religious establishment, usually a male run institution, can also be encouraged to help with the costs, rather than the NGOs who currently tend to finance the ceremonies in an unsustainable way. Through this involvement men can support and promote the 'whole woman' process, where 'whole woman' refers to and celebrates uncut, empowered and gender equal women.

### 7.3C Generation dialogues

**Strengths:** The generation dialogues provide a safe and confidential environment to talk in depth about the gender root causes of FGM/C as well as its harmful consequences. The opinions and experience of the older generation are valued, so trust is built, and messages about patriarchy, power and control are less threatening or less likely to be rejected. The involvement of men and boys as well as women and girls makes the programme more sustainable. Generational dialogue champion 'pairs' going to schools and door-to-door are a powerful image in the community and will strengthen communication networks and promote organised diffusion. If the generation dialogue results in a public

pledge to give up FGM/C the intervention has the potential to contribute to a new social norm, and reaches communities which do not associate FGM/C with rites of passage and would not benefit from an alternative rites of passage ceremony.

**Weaknesses:** It is very labour intensive and expensive. It involves training the facilitators in the first place, selecting the core group, training them and facilitating their dialogues. The outcome may result in the conversion of a small community or a group within a community, and this may not be a large enough number to have any impact on root causes.

**Involvement of boys and men:** Boys and men are integral to the concept and included as change agents across gender and generational divides. Addressing gender root causes in order to end FGM/C is an integral message for them as much as it is for girls and women.

### 7.3D Working with midwives

**Strengths:** The midwives are insiders and can win the trust of the mothers they help. They are well placed as they have an intimate knowledge of their patients' physical state and can help those women unequivocally link their health problems to FGM/C. Their experience with the harmful physical and emotional problems brought on by FGM/C combined with their experience of assisting births by uncut women, put them in a strong position to compare and advise. Many of them are also cut themselves which adds to their credibility and acceptance.

They visit women and girls at home and in these situations they may have the opportunity to talk to the boys and men in the household too. Medically they are not shy, and their influence and authority can extend beyond talking about physical taboos to addressing issues of patriarchy, power and control.

**Weaknesses:** In many communities midwives are asked to perform FGM/C. Some of the midwives themselves admit they perform Type 1 FGM/C on their family relatives as a 'sweetener' for stopping Types 2 and 3. Working with midwives therefore has the potential of contravening Do No Harm in communities where midwives carry out similar roles as cutters, or their 'medicalised' alternative. In this way they have the potential to reinforce gender inequality, power and control, rather than addressing it.

**Involving boys and men:** In many communities men can go to maternal health clinics and this is another place midwives can address immediate health risks and through those 'practical gender needs' talk to fathers and husbands about gender root causes and 'strategic gender needs'. In communities where male birth attendants also exist, they are well placed to address boys and men, for example in after school clubs, about why FGM/C is a harmful practice and a form of VAWG.



### 7.3E Celebrities

**Strengths:** Promoting messages to end FGM/C through sport is a quick and direct way of getting a large audience of boys and men as well as women and girls to think about gender inequality, maybe for the first time. A cinematic quality film and the world renown of being involved in the Last Man Stands international cricket championship reaches both a national and an international audience and is therefore powerful in changing perceptions around social norms. The 'out of the box' concept of young men celebrity-change-champions uses the unusual to unlock taboos and allow talk about power and control and root causes. Their unlikely success in the sporting world and sudden international fame is empowering because it asserts 'anything is possible'.

**Weaknesses:** Finding the 'vehicle' (in this case cricket) and making the film requires a special expertise and a large budget. Perhaps the Warriors are a phenomenon rather than a model that can be duplicated.

**Involving boys and men:** Boys and men are both the change agent and the target recipients in this project. The fact that fame brings access for young men to talk to elders is in itself a way of addressing inequality in society: in this case men to men generational inequality.

## Step 6: Developing a theory of change

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All organisations have their own approach to developing a theory of change and their own planning frameworks. For the purposes of this activity, a synthesised definition of theory of change is used so that it will fit a variety of 'results frameworks.' For a definition of theory of change, see → **Handout 7.6** The facilitator can also emphasise a general trend amongst international development agencies towards the need for flexibility and a more adaptive approach in strategic planning, where the programme is designed with a pilot phase before being scaled up, which allows for testing and iteration based on lessons learnt (Alexander-Scott et al., for DfID 2016: p.21).

## Suggested answer key for ↗ Handout 7.6

Guiding questions	Handout /activity which helps answer the question
<b>Who are we aiming to support?</b>	5.1 – 5.3 Identifying actors in the passive and critical quadrants of the Influence Matrix 7.5 Target groups
<b>What is the problem?</b>	2.6 – 2.7 Situational analysis 3.1 Harmful practices, power lost 4.3 Violation of rights
<b>What factors influence the problem?</b>	2.2 – 2.4 Ethnicity, education, religion, gender inequality 3.2 A – D Inequality in gender roles, division of labour ... 4.1 Perpetrators, sanctions, risks 5.4 Ecological approach (to highlight the multi-dimensional aspects of the problem) 6 Belief system tree 6.1 Myths and harmful beliefs
<b>Which actors influence the situation? Which actors can influence change?</b>	5.1- 5.3 Change agents and sources of resistance; Calculating and mapping their influences
<b>What are the long-term changes that need to happen?</b>	4.3.3 Measures to address root causes 7.1 Strategic gender needs
<b>What needs to happen in order to achieve this?</b>	6.2 Changing beliefs 5.3 Changing the influencers 6.1, 7.4 Involving boys and men
<b>What is our rationale for how change will happen?</b>	5.4 Ecological approach; addressing change on individual, relationship, community and societal levels
<b>What are the key activities that will lead to these changes?</b>	5.4 Key activities on the ecological framework 7.1 FGM/C project interventions 7.4A – E, 7.5 Alternative incomes, rescue camps, alternative rites of passage, working with midwives, involving men and boys etc.
<b>What are our assumptions about how these key activities work?</b>	2.2 – 2.4 Data analysis informs situational analyses 6.2 Harmful beliefs can be changed 7.1 Addressing practical gender needs helps address strategic gender needs; addressing FGM/C can be done implicitly as well as explicitly
<b>What are the risks?</b>	7.2 Do No Harm
<b>How will we measure the change we bring about?</b>	Not dealt with on this course
<b>How will we feed lessons learnt back into the project design?</b>	4.4 Identifying activity 'gaps' on the ecological framework 7.4A - E Identifying advantages and disadvantages

## **Step 8:** Post course test

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### **Answer key for Resource 7.2B**

1 **d**    2 **c**    3 **a**    4 **d**    5 **a**    6 **b**    7 **b**    8 **a**    9 **c**    10 **d**

# RESOURCES

## Resource 7.2A: Post-course self evaluation

Indicate within the box if you: (1) strongly agree, (2) agree, (3) somewhat disagree or (4) disagree

As a result of the course I have improved the way I...		1	2	3	4
1	... write an FGM/C data analysis for a country specific project or programme.				
2	... explain how unequal power relations between men and women are the root cause of FGM/C.				
3	... explain why women in some societies maintain the practice of FGM/C even though it is harmful.				
5	... define FGM/C as a harmful practice and a form of violence against women and girls (VAWG).				
6	... explain how FGM/C violates the human rights of girls and women.				
7	... explain how an ecological framework can be used for holistic programming to address FGM/C.				
8	... use an Influence Matrix to find entry points for changing the power dynamics around FGM/C.				
9	... list some harmful beliefs about FGM/C and say how they could be addressed.				
10	... list some of the considerations for developing a project that addresses gender and FGM/C.				

**11 Say what you liked about the course.**

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**12 Say how you think the course could be improved next time.**

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## Resource 7.2B: Post-course test

CANDIDATE'S NUMBER

DATE

For each of the ten statements below, circle only one choice. If you do not know the answer, leave it blank.

**1 Focusing data analysis on national FGM/C prevalence is problematic when there are strong**

- a** gender inequalities
- b** anti FGM/C laws
- c** religious beliefs
- d** regional ethnic differences

**2 Unequal private property ownership gives men power over women. An example of this is**

- a** men as providers, women as nurturers
- b** women's hyper femininity
- c** men's inheritance rights and women's dowry requirements
- d** violence against women and girls

**3 The root cause of harmful practices like FGM/C should be attributed to**

- a** unequal power relations between men and women
- b** myths and harmful beliefs
- c** women's participation in the practice
- d** religion

**4 When women endorse FGM/C, even though they know it is harmful, they may do so for**

- a** social acceptance
- b** economic survival
- c** family honour
- d** all of the above

**5 In terms of perpetration and consequences, FGM/C as an act of violence against women and girls is most similar to**

- a** child, early or forced marriage
- b** domestic violence
- c** rape
- d** human trafficking

**6 FGM/C is a violation of women and girls' right to**

- a** pluralistic ignorance
- b** physical, sexual and emotional well-being
- c** sanctions and rewards
- d** all of the above

**7 Beliefs about the necessity of FGM/C are often based on incorrect notions of**

- a** organised diffusion
- b** sexual and reproductive health
- c** alternative rites of passage
- d** all of the above

**8 In designing programmes to address FGM/C, an Influence Matrix can be useful for identifying**

- a** change agents and sources of resistance
- b** gender transformative approaches
- c** practical gender needs
- d** ecological levels

**9 Ensuring Do No Harm in FGM/C programming means**

- a** promoting alternatives
- b** prioritising long-term needs
- c** avoiding negative impact
- d** creating polarisation

**10 An ecological approach which addresses FGM/C at individual, relationship, community and societal levels should be used because**

- a** Violence Against Women and Girls strategies cover all four levels
- b** donors favour working at all four levels
- c** top-down theories of change cover all four levels
- d** FGM/C root causes impact all four levels

# Resource 7.1: Power point presentation

7

RESOURCE 7.1

## Overview of key programming concepts


Gender and Female Genital Mutilation/Cutting Training Manual



### Overview of Gender and FGM/C programming 2

- Start with a root cause analysis of gender inequality in FGM/C
- Use a gender transformative programming approach
- Base interventions on an ecological framework
- Address practical gender needs (PGN) and strategic gender needs (SGN)
- Ensure Do No Harm from a gender perspective
- Develop a theory of change based on all the above


Gender and Female Genital Mutilation/Cutting Training Manual



### Root cause analysis of FGM/C 3

- **Analyse power and control over girls and women through an understanding of**
  - harmful gender stereotypes and gender norms
  - harmful masculinity
  - unequal division of labour and property
  - unequal and discriminatory social institutions
- **Analyse FGM/C as a tool for power and control, a harmful practice, and a form of VAWG**
- **Analyse myths and harmful beliefs about FGM/C**

Gender and Female Genital Mutilation/Cutting Training Manual




### Gender transformative programming 4

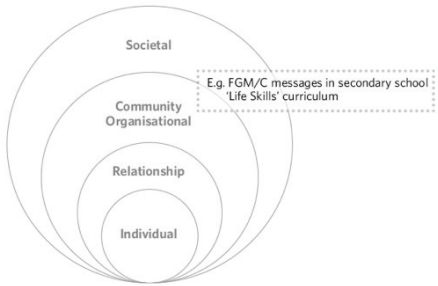
- Analyse gender roles and social norms in order to change harmful practices
- Consider specific needs of women and men
- Work with girls, women, boys, and men, and across generations – either simultaneously or in a coordinated way
- Use a life-cycle approach (from pregnancy to old age)
- Address harmful masculine and feminine norms and unequal distribution of resources and labour
- Foster more equitable power relations between men and women
- Promote women's human rights and dignity
- Listen to women's and girls' voices

Adapted from the UN Women et al. (2015) A framework to underpin action to prevent violence against women p.10


Gender and Female Genital Mutilation/Cutting Training Manual



### An ecological framework 5



Gender and Female Genital Mutilation/Cutting Training Manual



### Practical and strategic gender needs 6

**Practical gender needs:** immediate, usually socio-economic, tangible services and commodities that women and girls need for their daily lives

**Strategic gender needs:** long-term rights and empowerment girls and women need to address the root causes of gender inequality and harmful practices like FGM/C

Gender and Female Genital Mutilation/Cutting Training Manual





## Do No Harm

7

- **Analyse each intervention's potential for negative impact**
- **Ensure that any intervention's minimum standard is at least to do no harm**
- **Avoid stigma or discrimination for 'early adopters' of abandoning FGM/C**

## Theory of Change

8

- **Both a process and a product**
- **A tool for mapping out a logical sequence from inputs to outcomes**
- **A number of pathways and a level of flexibility for reaching the goal**
- **A way of making programming assumptions explicit and strategic thinking transparent**
- **An on-going structure for discussion based on monitoring and evaluation**

Adapted from Vogel, Isabel (2012). Review of the use of 'Theory of Change' in international development for DFID

## Achievements (1)

9

### Participants have

- **written a data analysis for FGM/C (Session 2)**
- **analysed the root causes of FGM/C in terms of gender inequality, power and control (Session 3)**
- **defined FGM/C as a harmful practice and a form of VAWG (Session 4)**
- **used an ecological framework for programming (Session 4)**

## Achievements (2)

10

- **analysed the influences of change agents and sources of resistance with an Influence Matrix (Session 5)**
- **explored constructive ways of addressing myths and harmful beliefs about FGM/C (Session 6)**
- **considered practical and strategic gender needs, Do No Harm, the involvement of boys and men as well as girls and women in a range of interventions, and how to construct a theory of change for gender transformative FGM/C programming (Session 7)**



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Gender and Female Genital Mutilation/Cutting

**Session 7 — Gender and FGM/C programming**

7

**PARTICIPANTS' HANDOUTS**

# Gender and FGM/C programming

TRAINING MANUAL

Gender and Female Genital Mutilation/Cutting



# ADDRESSING GENDER IN PROGRAMMING

1. For each project intervention, tick as many columns as necessary to define its approach, purpose and outcome.

FGM/C project intervention	Approach		Purpose		Outcome	
	Practical gender needs	Strategic gender needs	Socio-economic	Social norms & change	Directly addressing FGM/C	Indirectly addressing FGM/C
Providing women's vocational training: tailoring, literacy, human rights						
Providing sexual and reproductive health education for boys and girls in schools						
Campaigning for reducing early, child or forced marriage						
Lobbying for equal rights legislation over land inheritance						
Building capacity to draft anti FGM/C laws						
Providing de-infibulation surgery after childbirth for mothers with type 3 FGM/C						
Increasing access to surgery for fistulas						
Increasing women's participation in community development decisions						
Helping develop alternative rites of passage						
Providing microfinance services for women's small business development						
Providing journalist training for writing about ending FGM/C						

# DO NO HARM

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1. Identify the potential harm these FGM/C interventions could create.
  2. Say how you would ensure Do No Harm in each case.
- 
- a. A documentary film for Egypt advocating ending FGM/C made by a UK news channel
- 
- b. Outlawing traditional cutters
- 
- c. National legislation which outlaws only FGM/C Types 2 and 3
- 
- d. Women's income generation schemes including alternative incomes for cutters to decrease economic reliance on FGM/C.

## PURSuing THE LAW

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1. Discuss the strengths and weaknesses of the intervention to address the gender inequality root causes of FGM/C.
2. Discuss the role of boys and men in the case study and how they are, or could be, engaged in the intervention.
3. Complete your section of the table in [Handout 7.4](#).

The Federation of Women Lawyers (FIDA Kenya), with the collaboration of the police, the Office of the Director of Public Prosecutions, and the Children's Department, helped secure a 7 year conviction for a woman who performed FGM/C on a minor, under sections 19(1) and 29 of the Prohibition of Female Genital Mutilation Act. The cutter was charged with inflicting harm by performing FGM/C on two minors. She was acquitted on the first count and convicted on the second. The cutter had been warned three years prior to these events by the District Commissioner to stop performing FGM/C. This was the first time a cutter from Kuria was charged and sentenced.

In the first case, when the cutting season began, a police guard was placed outside the cutter's property to prevent her from performing FGM/C. However a large group of young men overpowered the police and forced her to go ahead with the ceremony. As the girl in question was waiting to be cut, her father, a pastor, arrived and pulled the girl out of the line. However a group of youths (some armed) and elders prevented him from taking her away. After he had left they made the cutter perform FGM/C on the girl, even though the cutter was reluctant to do so. According to testimony, both the girl and her father were from a different village and unknown to the cutter. The cutter was acquitted on this first count as she had been forced to perform FGM/C against her will. However she was found guilty of performing FGM/C of her own free will a few days later on a second girl, between the age of 12 and 14, who was known to her.

FIDA Kenya provided technical advice to the prosecution, ensuring an age assessment test was done, providing psychosocial support to the girls and their parents, briefing the prosecution witnesses, ensuring the medical doctor presented evidence on how FGM/C would negatively affect the girls, and ensuring that the court appointed an intermediary for one of the girls whose testimony was not audible enough for the court to record.

*Adapted from notes provided by the Federation of Women Lawyers (FIDA-Kenya).*

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## ALTERNATIVE RITES OF PASSAGE

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1. Discuss the strengths and weaknesses of the intervention to address the gender inequality root causes of FGM/C.
2. Discuss the role of boys and men in the case study and how they are, or could be, engaged in the intervention.
3. Complete your section of the table in ↗ **Handout 7.4**.

S.A.F.E Kenya is a project that works with introducing alternative, safe rites of passage for young Massai women in the Loita Hills, to incentivise abandonment of the harmful physical and psychological aspects of FGM/C, while retaining the beneficial part of long held customs and beliefs about transition into womanhood.

In several parts of Africa, alternative rites include a retreat where older women mentor the girls and talk about gender roles, sexual and reproductive rights, health and life skills. A ceremony is carried out to mark the transition into womanhood, often involving harm-free physical rites – like shaving the girl’s head, or pouring milk on her thighs. This is followed by a graduation ceremony where it is acknowledged that the girls have received the wisdom of their elders, and a celebration that involves the whole community with songs, and festive meals and activities ensue.

*‘Our message is that we are encouraging people to change one part of Maasai culture, but not give up all of what makes us proud to be Maasai. As one woman we educated told us: ‘You come to us in a proper way, in our own language. You are one of us and you would not trick us.’ Our position means we can talk to people about change and that they listen....*

*This symbolic ceremony is popular because we developed it in partnership with members of the community. It is not perceived as a threat to our culture. Fathers are now requesting the circumcisers who we have trained in this alternative rite because they are considered ‘better’. Because we are giving our community something to replace female genital cutting, this change can be permanent.’*

Adapted from an article about Sarah Tenoi, one of the first women to hold a leadership position in her community, reported in the Guardian 7 February 2014.

Available from: <http://www.theguardian.com/commentisfree/2014/feb/06/alternative-to-circumcision-prevents-girls-suffering-kenya>

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# GENERATION DIALOGUES

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1. Discuss the strengths and weaknesses of the intervention to address the gender inequality root causes of FGM/C.
2. Discuss the role of boys and men in the case study and how they are, or could be, engaged in the intervention.
3. Complete your section of the table in → **Handout 7.4**.

The Generation Dialogue approach, first developed in Guinea, West Africa, builds trust between younger and older women and men across generations and gender divides, before supporting them to embark on a journey together to advocate an end to FGM/C in their communities.

Trained facilitators support a small group of young, unmarried men and women to meet with their counterparts from their grandparents' generation. They learn active listening and communication skills. In separate men's and women's groups, the older generation present their 'life-paths' from childhood to parenthood, using traditional objects, roleplays, songs, poems and dances to bring to life the traditions, rites, rewards and challenges they have experienced. In response, the younger generation present their experience to date, and their hopes for the future. In the women's Dialogues, the life-path exercise stimulates an in-depth discussion about FGM/C – its value as well as its adverse effects, and why families continue to practise it.

When mutual trust has been established, the participants come together, to talk across generation and gender. Together they develop a plan to stop FGM/C without losing traditions and shared values that both the old and young hold dear. They formulate pledges and requests: what they commit to, and what they ask of others to make the change happen. This plan is then presented at a public meeting, to which local, religious and community leaders and health and education professionals are invited. The 'Dialogue Champions' publicly declare their pledges and requests and the whole community is invited to join them. After the meeting the Dialogue Champions continue to spread the spirit of dialogue and commitment to change throughout the community. In pairs, younger and older Dialogue Champions visit households, schools, and women's and men's associations to promote change about FGM/C.

Adapted from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ 2012) on behalf of Federal Ministry for Economic Cooperation and Development. How to organise Generation Dialogues about Female Genital Cutting. Available from: <https://www.giz.de/expertise/downloads/Fachexpertise/giz2013-en-fgm-GenDia-man-t1.pdf>

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## WORKING WITH MIDWIVES

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1. Discuss the strengths and weaknesses of the intervention to address the gender inequality root causes of FGM/C.
2. Discuss the role of boys and men in the case study and how they are, or could be, engaged in the intervention.
3. Complete your section of the table in ↗ **Handout 7.4**.

In Hargeisa, Somaliland, the Network Against FGM works with midwives as change agents against FGM/C because they are a core group of professionals who regularly meet women during the different stages and needs of their reproductive years. Midwives are often caught in the ethical dilemma between knowledge of the serious health risks of FGM/C and requests from families they know to circumcise their daughters, so they are well placed. If they can be recruited as change agents, they have a high impact potential in the communities they serve. They are trained and supported to visit schools to talk to young girls and to do house-to-house calls in order to reach out to women who are isolated.

Many women believe the problems they suffer are unique and hide their suffering – often for years – until they can no longer do so when giving birth. But these mothers listen to the midwives when they counsel against passing on FGM/C to the next generation, because midwifery is a valued skill in the communities where they work. In addition, many of the midwives have undergone FGM/C themselves. This makes them more credible advisors in the eyes of their patients. Mothers are more willing to listen to them because they understand the issues at a deep level.

A key message the midwives perpetrate is that infibulation is not virginity – one has become synonymous with the other in many of the areas where they work. They use the words, 'virginity is God-made' in their advocacy messages, and tell mothers they should not change 'God's creation'.

Adapted from Isman, Alizabeth et al. (2013). Midwives' Experiences in Providing Care and Counselling to Women with Female Genital Mutilation (FGM) Related Problems. *Obstetrics and Gynecology International*, vol 2013, Article ID 785148, 9 pages.

Available from: <http://www.hindawi.com/journals/ogi/2013/785148/>

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# CELEBRITIES

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1. Discuss the strengths and weaknesses of the intervention to address the gender inequality root causes of FGM/C.
2. Discuss the role of boys and men in the case study and how they are, or could be, engaged in the intervention.
3. Complete your section of the table in ↗ **Handout 7.4**.

*Warriors* is a documentary film about how cricket has been used with the Maasai in Kenya to start a discussion on FGM/C in their communities. Sport is often used to promote health and education, and this visually and emotionally seeks to do just that. Cricket was introduced to the young men in the film by Aliya Bauer, a South African who was doing research in the Maasai region. She provided them with the equipment and in 2012 the Warriors team was invited to participate in the Last Man Stands championship in 2012. The film follows their progress to Lords cricket ground in 2013 for the Last Man Stands championship there and how the team use their growing popularity to promote an end to FGM/C.

*“Female genital mutilation is part of our culture and practice and it marks the transition from childhood to adulthood, of women from girls. We now realise FGM is one of the practices we should not have in our society. It’s not helping us but affecting our girls and mothers and wives,” says Sonyanga Ole Ngais, one of the stars of a new documentary that charts how a cricket team formed in the shadows of Mount Kenya helped change attitudes towards the practice..”*

*... A Maasai saying – “The eye that leaves the village sees further” – rang true on their return. In the eyes of their elders, the young men’s travels had earned them the right to a hearing. The elders ask the younger men whether they would want to marry women who had not undergone FGM. They replied by promising to marry only women who had not been cut.’*

Adapted from Ford, Liz (2015). Maasai Cricket Warriors determined to hit female genital mutilation for six. The Guardian.

Available from: <http://www.theguardian.com/global-development/2015/nov/12/maasai-cricket-warriors-female-genital-mutilation-movie-last-man-stands-championship>

And you can find details of the film at <http://www.warriorsfilm.co.uk/>

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# ANALYSING FGM/C INTERVENTIONS

Intervention	Addressing the gender inequality root causes of FGM/C		Involvement of boys and men
	Strengths	Weaknesses	
Pursuing the law			
Alternative rites of passage			

Intervention	Addressing the gender inequality root causes of FGM/C		Involvement of boys and men
	Strengths	Weaknesses	
Generation dialogues			
Working with midwives			
Celebrities			

# DEVELOPING A THEORY OF CHANGE

1. Read the guiding questions and find activities from this training course that help you answer them. Fill in the reference to the handout/activity.

Project category		Guiding questions	Handout/ activity
CONTEXT	Beneficiaries	Who are we aiming to support?	
	Problem statement	What is their problem?	
	Situational analysis	What factors influence the problem?	
	Stakeholder analysis	Which actors influence the situation? Which actors can influence change?	
STRATEGIC PLAN	Goal	What are the long-term changes that need to happen?	
	Outcomes	What needs to happen in order to achieve this?	
	Outputs		
	Approach	What is our rationale for how change will happen?	<i>PH5.4 Ecological framework</i>
OPERATIONAL PLAN	Activities (Inputs)	What are the key activities that will lead to these changes?	
	Risk management	What are our assumptions about how these key activities work?	
		What are the risks?	
M&E	Indicators	How will we measure the change we bring about?	<i>Not dealt with in this course</i>
	Project cycle		
	Knowledge management	How will we feed lessons learnt back into the project design?	

Adapted from Vogel, Isabel (2012). Review of the use of 'Theory of Change' in international development for UK Department of International Development.

Available from: [http://r4d.dfid.gov.uk/pdf/outputs/mis\\_spc/DFID\\_ToC\\_Review\\_VogelV7.pdf](http://r4d.dfid.gov.uk/pdf/outputs/mis_spc/DFID_ToC_Review_VogelV7.pdf)

# KEY POINTS: GENDER AND FGM/C PROGRAMMING

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## Analysing root causes

Gender and FGM/C programming builds on a gender inequality root cause analysis of FGM/C as a harmful practice. This involves understanding

- harmful gender stereotypes and gender norms, harmful masculinity, unequal division of labour and property and unequal social institutions;
- how FGM/C is used as a tool for power and control, a harmful practice, and a form of VAWG;
- where myths and harmful beliefs about FGM/C come from and how they are used to maintain it.

## Gender transformative programming

Gender transformative programming provides an overall approach that ensures programmers

- analyse gender roles and social norms in order to change harmful practices;
- consider specific needs of women and men;
- work with girls, women, boys, and men, and across generations – either simultaneously or in a coordinated way;
- use a life-cycle approach (from pregnancy to old age);
- address harmful masculine and feminine norms and unequal distribution of resources and labour;
- foster more equitable power relations between men and women;
- promote women's human rights and dignity;
- listen to women's and girls' voices.

## **An ecological framework**

An ecological framework approach to FGM/C programming ensures that interventions are included at four levels: individual, relationship, community or organisational, and society. This holistic model ensures that the whole environment that contributes to gender inequality and FGM/C is addressed.

## **Practical gender needs (PGN) and strategic gender needs (SGN)**

*Practical gender needs* refer to immediate, usually socioeconomic needs. For example, in many cultures women walk miles to fetch water and a great deal of time and effort is used up in this way. Water and sanitation projects which provide tube wells and piped water address this practical need. Meeting practical gender needs in terms of FGM/C might include information about health care for infections, fistulas, and other physical complications, alternative income generation opportunities for traditional cutters, day-care facilities for children so women can attend FGM/C training courses and meetings, and rescue centres for girls who do not want to be cut.

*Strategic gender needs* refer to the rights and empowerment needed for women and girls to address harmful practices, and their root causes: harmful gender stereotypes and masculinity; inequalities in division of labour, private property ownership, and social institutions. Meeting strategic gender needs in terms of FGM/C involves changing social norms about harmful practices, VAWG and human rights violations.

These two concepts are highlighted not only to underline a rights-based approach but also to ensure programming is realistic and achievable. From a planning perspective, short term 'wins' can buy time to achieve long-term gains: meeting women's and girls' more immediate needs keeps communities engaged, and if 'Do No Harm' is observed, can maintain interest in the programme, trust in the implementing agency, and positive attitudes towards the longer term changes intended. (See Alexander-Scott, M. Bell, E. and Holden, J. (2016). *DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG)*. London: VAWG Helpdesk.)

## **Socioeconomic and social norm programmes**

*Socioeconomic programming* refers to projects and programmes that focus on improving policy, design and service delivery for health, education, social services, community development, water and sanitation, food security, small and medium sized enterprise development, etc.

*Social norms and change programming* refers to projects and programmes that focus on changing social norms in order to end harmful practices. This involves a rights based approach and empowerment of the groups adversely affected by the social norm. Programming includes research, information dissemination (from face-to-face village meeting to national media campaigns), advocacy, community and inter-community mobilisation, organised diffusion, capacity development for the corresponding policy or legal change that supports the social norms change, etc.

Organised diffusion is a social mobilisation process that spreads messages and information 'organically' through social networks that link up individuals, families, friends and communities.

The Tostan community empowerment programme in Senegal uses a social norms and change approach and focuses on organised diffusion.

*'We estimate this strategy allows our work to impact roughly ten individuals for every one direct participant in our program. Since 1991, more than 200,000 people have directly participated in our program, spreading the indirect reach to over two million people.'*

Examples of this community-led outreach approach include:

### **Adopt-a-Learner**

*Each participant in a Tostan class 'adopts' a friend, neighbor, or family member and shares with him or her new knowledge learned during the class. This practice ensures that the concepts ... spread throughout the community.*

### **Awareness-raising Events**

*Community classes organize awareness-raising activities to inform the entire community about program themes, such as protecting human rights or improving health practices in their village. Community (CMC) and participants also organize trips to neighboring villages to discuss new ideas and facilitate community events around these topics.*

### **Inter-village Meetings**

*Inter-village meetings bring together representatives from many neighboring communities. These meetings provide an opportunity for community members to share their experiences and discuss solutions to common problems.*

### **Public Declarations**

*When a group of communities decides to abandon harmful practices like female genital cutting and child/forced marriage, we help them to organize a public declaration. At public declarations, entire networks of communities come together to celebrate their positive traditions as they abandon harmful ones.*

### **Radio Programs**

*Our regular community and regional radio programs allow us to reach broad audiences. These broadcasts bring concepts such as human rights, health and hygiene, and community empowerment to the airwaves in Senegal and Mali, generating further conversations on these issues across the countries.*



## Social Mobilization Teams

CMCs [sic] create social mobilization teams consisting of Social Mobilization Agents (SMA). These are community members specifically selected for their skills in communication and their dedication to positive social change. After they receive training from Tostan staff, they play an important role in raising awareness as they visit neighboring and intermarrying villages to facilitate discussions on human rights-focused themes.'

Tostan Community empowerment programme..

Available from: <http://tostan.org/tostan-model/community-empowerment-program/maximizing-impact>

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Addressing socioeconomic issues and addressing social norms are not mutually exclusive. Programmes can be designed to have an explicit or an implicit impact on ending FGM/C. Interventions that improve child care and women's health care services, or economic empowerment of women, can also be used as platforms for messages promoting an end to FGM/C. In this way, socioeconomic programmes can be used within a social norms and change approach, for example as a vehicle for an organised diffusion communication strategy.

## Do No Harm

The principles of Do No Harm were first raised by Mary Anderson (1999), *Do No Harm: How Aid Can Support Peace – or War*, and have since become common parlance in project planning. Based on the Hippocratic Oath doctors take (which includes a promise never to inflict injury or harm) and applied to emergency aid and development situations, Do No Harm makes practitioners consider the potential for conflict and division their well-intentioned interventions may have. Do No Harm in gender transformative programming refers to ensuring that any intervention maintains the safety and integrity of change agents, survivors and those at risk. DFID outlines how Do No Harm applies to VAWG and FGM/C programming:

**Do no harm** – there are various risks associated with social norms programming. For example, in fragile and conflict affected areas shifting social norms around reporting violence may channel individuals into poorly-resourced or dysfunctional services. Or those challenging norms in the early stages of change may be at risk from stigma and discrimination from family and community members. Mechanisms to assess and address risk are important.

Alexander-Scott, Michaeljon, Emma Bell, and Jenny Holden (2016). DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG). London: VAWG Helpdesk.

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In order to ensure Do No Harm in FGM/C interventions, programmers should

- analyse each intervention's potential for negative impact;
- ensure that any intervention's minimum standard is at least to do no harm;
- avoid stigma or discrimination for 'early adopters' of abandoning FGM/C.

## Theory of change

All organisations have their own approach to developing a theory of change and their own planning frameworks for putting that theory of change down on paper. However, there are core elements that most theories of change share. At its simplest level, a theory of change is a series of planned activities that lead to a desired outcome. Recently, however, theory of change has become more dynamic and incorporates the idea of building on lessons learnt.

*'Theory of change is an on-going process of reflection to explore change and how it happens - and what that means for the part we play in a particular context, sector and/or group of people.'*

- *It locates a programme or project within a wider analysis of how change comes about.*
- *It draws on external learning about development.*
- *It articulates our understanding of change - but also challenges us to explore it further.*
- *It acknowledges the complexity of change: the wider systems and actors that influence it*
- *It is often presented in diagrammatic form with an accompanying narrative summary.'*

Vogel, Isabel (2012). Review of the use of 'Theory of Change' in international development.

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Gender and Female Genital Mutilation/Cutting

**Session 7 — Gender and FGM/C programming**



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## Training Manual

on Gender and Female Genital Mutilation/Cutting