



FGM DONOR WORKING GROUP **TECHNICAL MEETING**

**Partnering with Men and Boys to
End Female Genital Mutilation**

09 MAY 2023

01. Opening

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02. Presenter



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ENGAGING BOYS AND MEN TO END FEMALE GENITAL MUTILATION

OVERVIEW

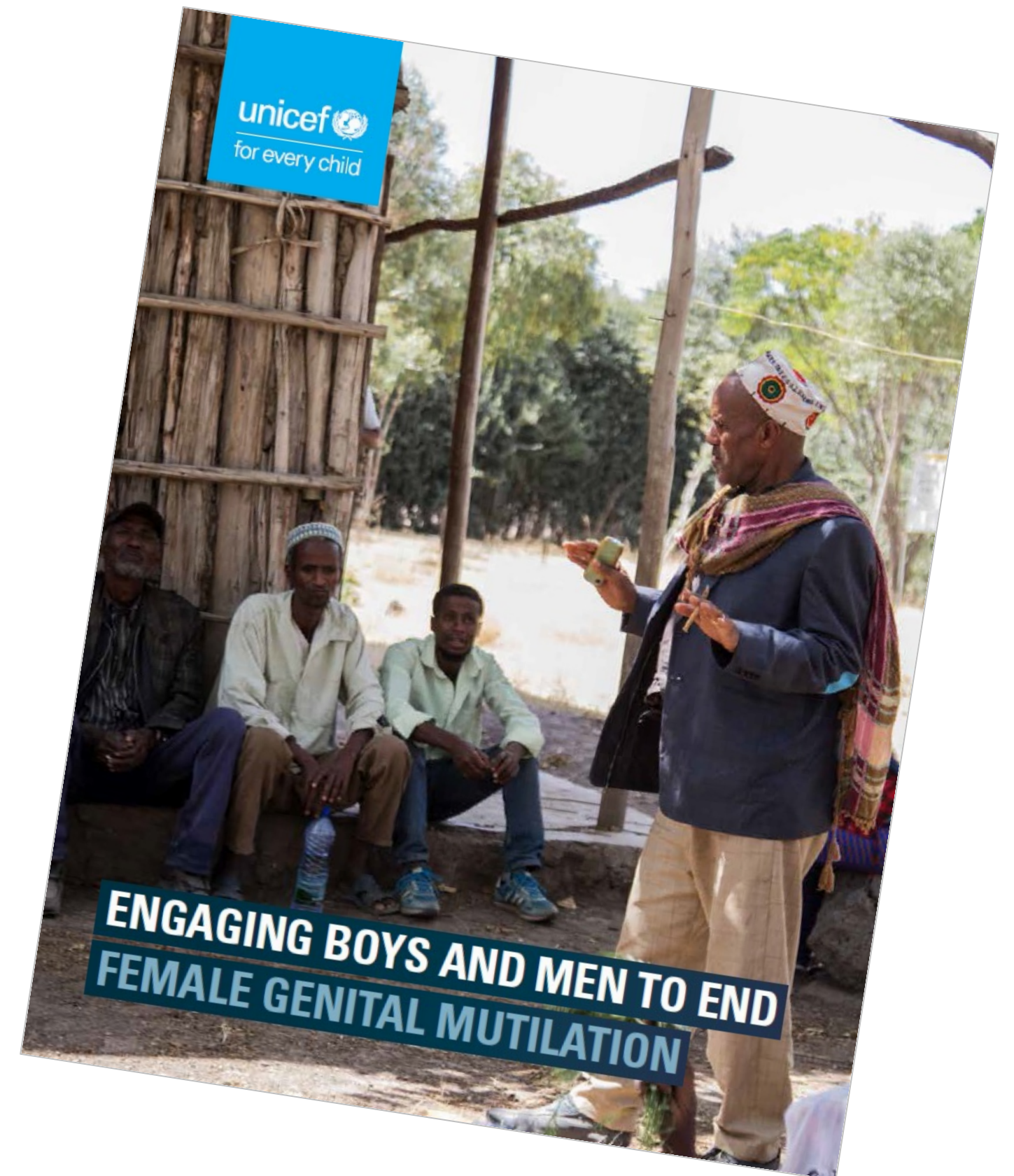
- What potential is there in engaging boys and men to end female genital mutilation?
- Results from a new analysis published in February 2023

PREMISE

- FGM is upheld by pressure to conform to societal expectations
- Efforts to address the practice have focused on changing attitudes and challenging norms

RESEARCH QUESTIONS

- Whose attitudes are sustaining the practice?
- Is there an untapped potential in men who are allies but who are not exerting their influence (yet)?

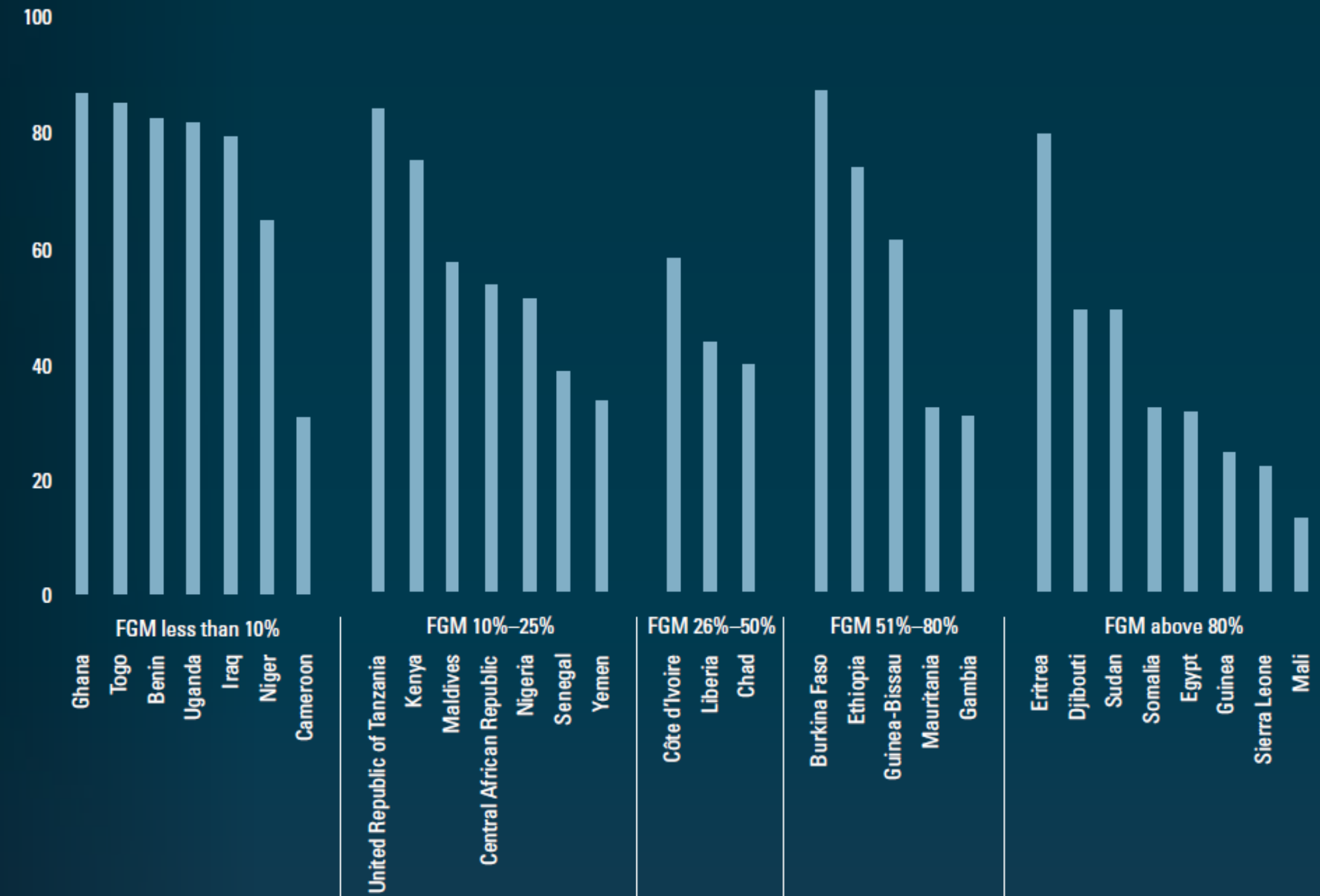


FEMALE GENITAL MUTILATION IS UPHELD BY SOCIAL PRESSURE

CHANGING ATTITUDES IS AN IMPORTANT STEP TOWARDS ABANDONMENT

A significant portion of women who have undergone FGM are expressing willingness to abandon the practice

FIG. 1 Percentage of girls and women aged 15 to 49 years who have undergone female genital mutilation and think the practice should stop



Source: UNICEF global databases, 2023, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national sources, 2004–2021.

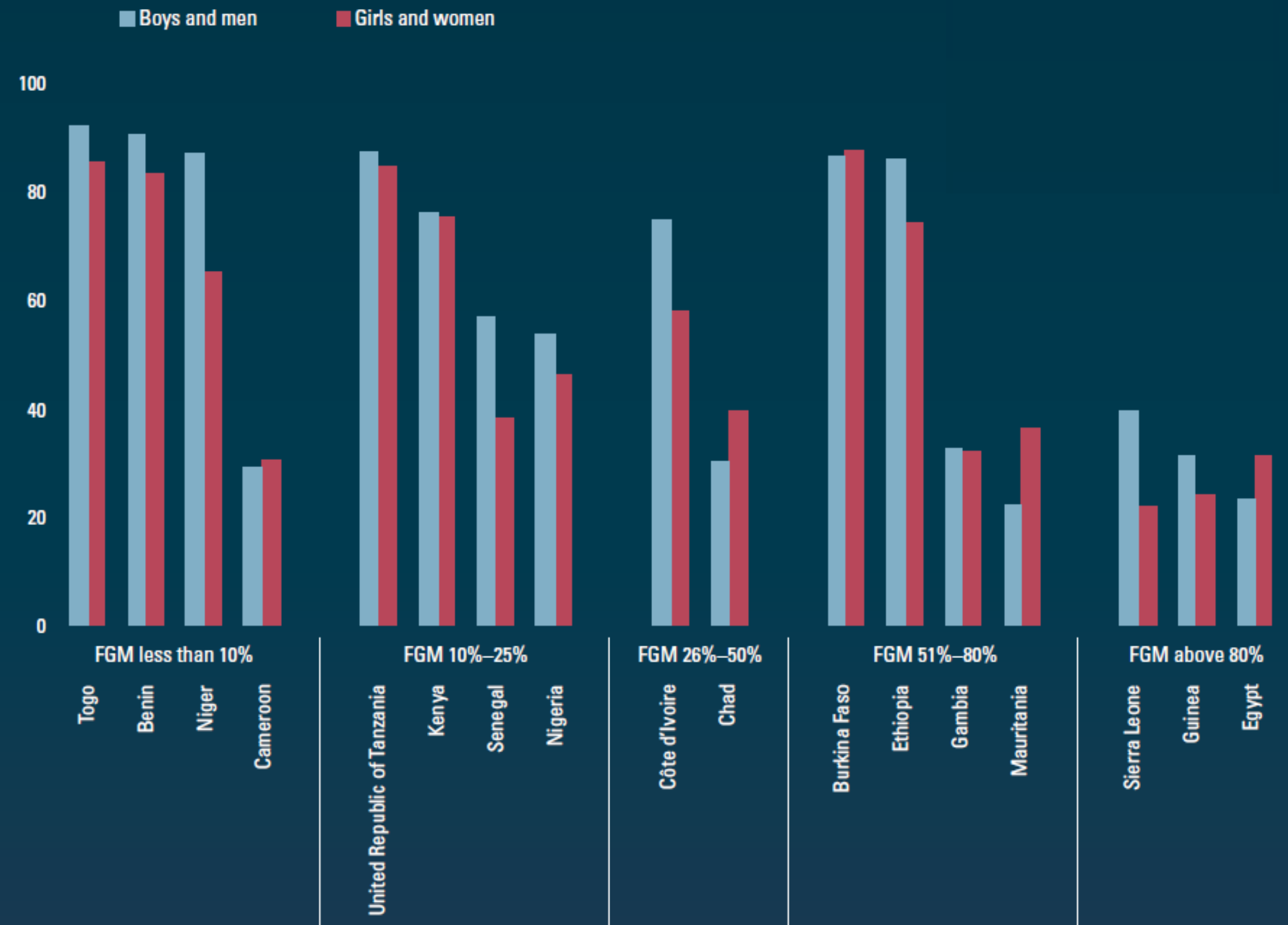
Note: Countries are grouped here according to their prevalence of female genital mutilation, defined as the percentage of girls and women aged 15 to 49 years who have undergone the procedure.

**THOUGH FEMALE GENITAL
MUTILATION IS OFTEN
UNDERSTOOD AS A
PATRIARCHAL NORM
OPPRESSIVE TO GIRLS,**

**IT IS NOT UPHELD BY MEN
ALONE**

In most countries with data, boys and men from practising communities are at least as likely as girls and women to oppose FGM

FIG. 2 Percentage of girls and women aged 15 to 49 years who have undergone female genital mutilation and think the practice should stop; percentage of boys and men aged 15 to 49 years who live in a household with at least one person who has undergone female genital mutilation and who think the practice should stop

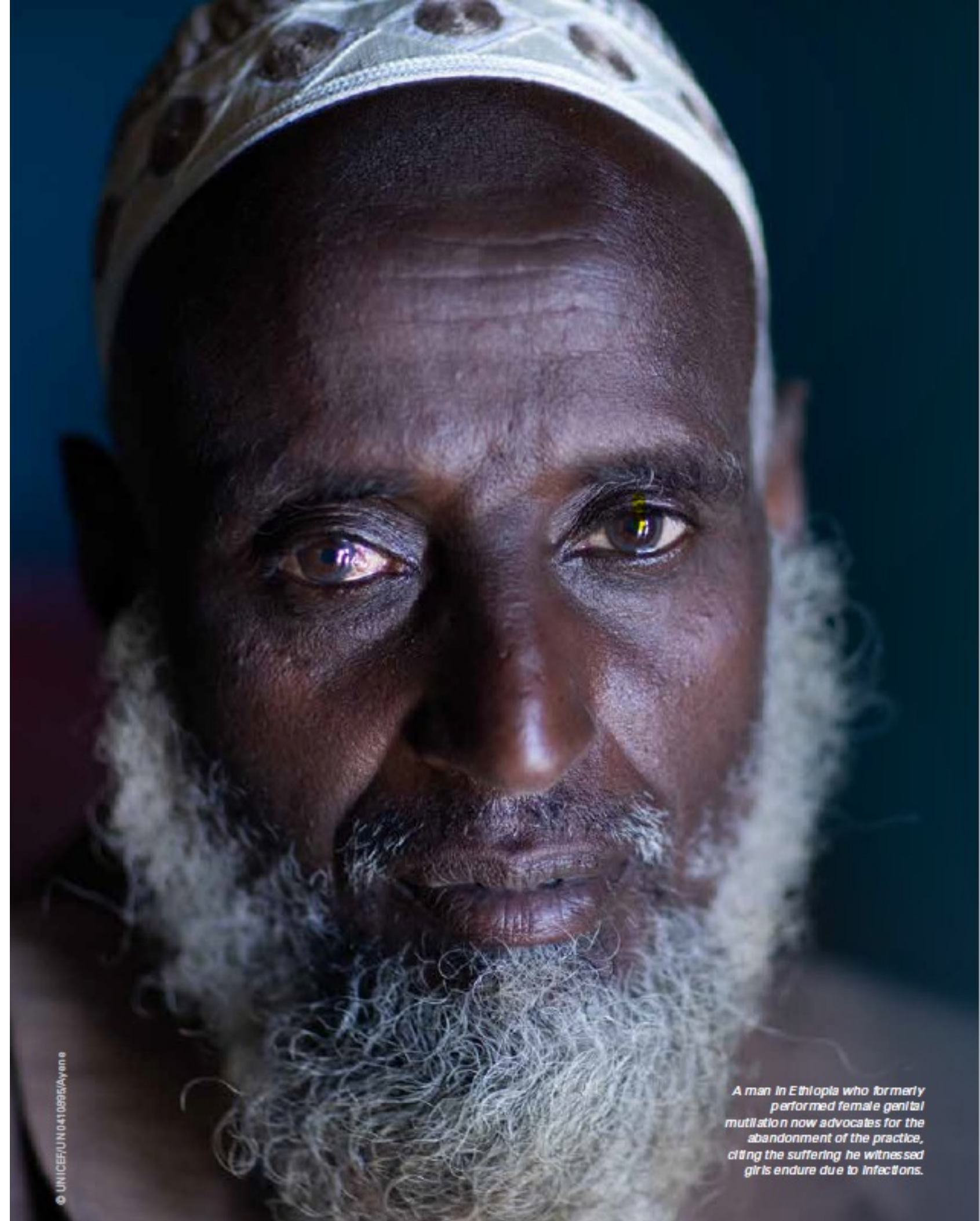


Source: UNICEF global databases, 2023, based on MICS, DHS and other national sources, 2004–2021.

Notes: Countries are grouped here according to their prevalence of female genital mutilation, defined as the percentage of girls and women aged 15 to 49 years who have undergone the practice. Countries presented in this chart include the subset that have collected data on boys' and men's attitudes towards female genital mutilation and for which the available data allowed for cross-referencing men's attitudes with the female genital mutilation status of their household members. Due to data availability, data on boys and men are from an older source than the data for girls and women for the following countries, and thus should not be considered directly comparable: Benin, Chad, Côte d'Ivoire, Nigeria, Sierra Leone, Togo and the United Republic of Tanzania.

In total, of the 300 million boys and men living in practising countries in Africa and the Middle East, 200 million think female genital mutilation should stop

So whose attitudes determine whether the practice stops, or is passed to the next generation?



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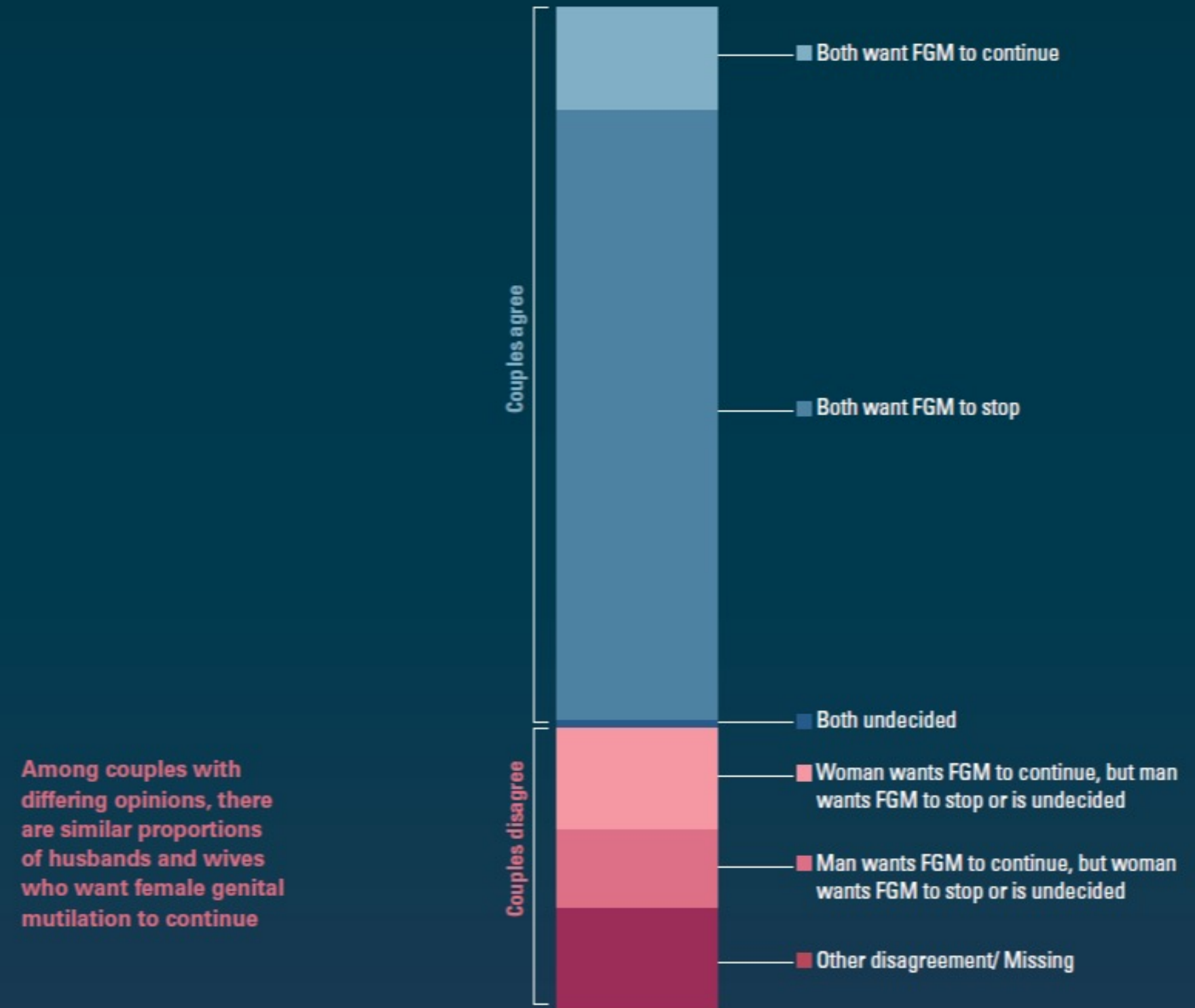
A man in Ethiopia who formerly performed female genital mutilation now advocates for the abandonment of the practice, citing the suffering he witnessed girls endure due to infections.

TO HALT THE TRANSMISSION
OF THE PRACTICE INTO THE
NEXT GENERATION,

THE ATTITUDES OF YOUNG
GIRLS' PARENTS ARE
ESPECIALLY IMPORTANT

Most parents of young girls
share similar opinions about
whether FGM should
continue, but about 3 in 10
disagree

FIG. 3 Percentage distribution of couples with at least one living daughter aged 0 to 14 years, by whether they have concordant or discordant opinions about the continuation of female genital mutilation



Source: UNICEF analysis based on: Cappa, Claudia, Claire Thomson and Colleen Murray, 'Understanding the Association between Parental Attitudes and the Practice of Female Genital Mutilation among Daughters,' *PLoS ONE*, vol. 15, no. 5, 2020.

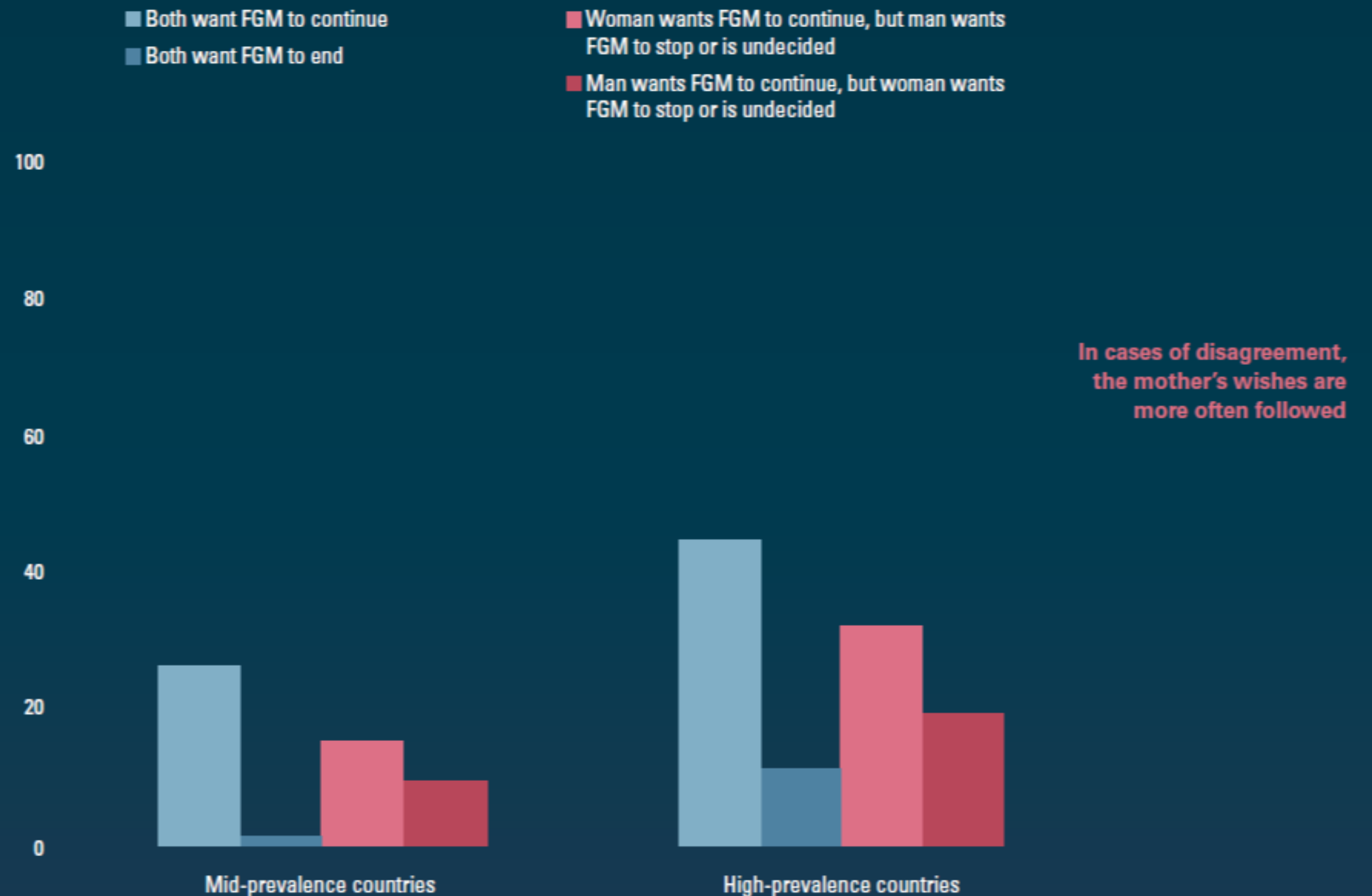
Notes: Results are a population-weighted average of 15 countries with available data on men's and women's attitudes towards female genital mutilation collected through the DHS programme. Results for individual countries can be found in the article cited above. The data are consolidated here for simplicity of presentation.

FATHERS CAN PLAY AN IMPORTANT ROLE AS AGENTS OF CHANGE

The girls at lowest risk of undergoing FGM are those with both parents who oppose the practice

In cases of disagreement, the mothers' wishes are more often followed

FIG. 4 Percentage of daughters aged 0 to 14 years who have undergone female genital mutilation, by parental opinions about the continuation of the practice



Source: UNICEF analysis based on: Cappa, Claudia, Claire Thomson and Colleen Murray, 'Understanding the Association between Parental Attitudes and the Practice of Female Genital Mutilation among Daughters,' *PLoS ONE*, vol. 15, no. 5, 2020.

Notes: Results are a population-weighted average of 10 countries, the subset of those shown in Figure 3 that have a moderate to high prevalence of female genital mutilation. Results for individual countries can be found in the article cited above. The data are consolidated here for simplicity of presentation.

Fathers' support for the abandonment of FGM is essential

But it is not enough for them to simply believe the practice should end; they must **actively advocate** for its elimination



Currently women have more decision-making power around FGM than men, meaning **many girls are cut despite having fathers who oppose FGM**

Men who oppose FGM have the potential to act as **agents of change**, and must be emboldened to make their voices heard

03. Presenter

Margaret E. Greene

Executive Director at GreeneWorks &
Senior Fellow at Equimundo



Promoting Men and Boys' Engagement in Ending Female Genital Mutilation in MENA

Dr. Margaret E. Greene
& Dr. Amel Fahmy

9 May 2023

unicef 
for every child

equimundo 



The Research Team

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Focus of the study and commitment to action

- What can be done to engage boys and men more fully in FGM prevention efforts?
- How can research from Yemen, Sudan, Egypt and Djibouti guide the development of programmatic recommendations for the region?

Framing Men and Boys' Engagement in Ending FGM

- **Complicity** - men's influence as heads of household; desire to control girls' and women's sexuality; concern with marriageability
- **Oppositionality** - men can see selves as victims of FGM as it interferes with their sexual relationships; compassion for women
- **Intersectionality** - a host of characteristics and hierarchies determine men's views and actions on FGM, depending on the context

Methodology:

Qualitative Research in Djibouti, Egypt, Sudan, and Yemen

Primary data collection

- Individual in-depth interviews with key informants
- Participatory focus group research

Secondary data collection

- Review of literature and published quantitative data
- Inventory of programs across the region



Egypt: Key Findings



- Men are sharing more domestic responsibilities
- Possible to bring FGM into more neutral ground, away from religious grounds
- The authority of doctors is huge in Egypt
- Concepts of women's bodily integrity and consent are important and could be mobilized
- FGM is no longer taboo, leading to greater openness and discussion
- Sexuality and men's power over female bodies rather than religious reasons cited
- Messages directed to men are delivered by young men, and don't engage influentials

Djibouti: Key Findings

- Emphasis on health consequences is shifting practice from infibulation to what is called "*sunna*," This could lead to the medicalization of the practice.
- Religion is a huge part of discourse in Djibouti.
- Women are decision makers on FGM but men can veto
- Men contribute to FGM financially, yet it is often performed in secret or in their absence
- Men in Djibouti are increasingly opposed to FGM, but most are not advocating to end it.
- General disengagement of men as FGM is widely viewed as a 'women's issue'
- Anti-FGM activities are directed at everyone and do not specifically target men



Sudan: Key Findings

- FGM decision-making is dynamic and men can play a role
- Men fear stigma of getting involved in 'women's issues'
- Men could be influential in opposing social pressure to circumcise daughters
- Older adults, especially grandmothers, are gatekeepers and younger men who support change have trouble challenging them.
- Saleema campaign messages could be more tailored to target men
- Many medical doctors oppose FGM, yet are not mobilized to combat it
- Medical messages are most common => decrease in Type III toward "*sunna*"



Yemen: Key Findings

- Yemen is at the start of its journey to end FGM
- FGM most often practiced on infants
- Curbing female sexuality is widely perceived as a key aspect of masculinity
- The taboo around FGM in Yemen makes it quite difficult to discuss
- FGM is considered a women's issue
- Religious reasons are cited for FGM
- Many medical professionals support Type I FGM, widely referred to as "*sunna*."
- Men also view "*sunna*" as harmless.
- Men not addressed in current anti-FGM messages



Common themes across the four countries

- Gender-transformative programming without men's participation is not possible.
- Messaging is weak and lacking in subtlety and strategy.
- Medicalization reflects overemphasis on health consequences
- Lifting the stigma and privacy around FGM gets more people talking about it
- Traditional gender roles are beginning to shift - most fathers want to be more involved



Recommendations

- Develop messages about the connections between fatherhood and FGM prevention
- Bring more nuance to work with religious leaders and religious discourse on FGM
- Work to ensure an anti-FGM law/legal framework is in place, recognizing that this is necessary but not sufficient
- Increase attention to sexuality and couples' satisfaction and happiness
- Overcome the powerful silence around FGM



Recommendations

- Direct specific activities and messages to boys and men
- Address intersectionality with boys and men of different communities, roles and ages
- Ensure a holistic, gender-transformative approach to working with men and boys
- Ensure a multisectoral approach to working with boys and men
- Help men take a stand against medicalization
- Identify and expand work with positive deviants, men who reject FGM





Thank you!

For the regional and country reports and programming guidance click on:

[Promoting men and boys' engagement for ending FGM in MENA](https://www.unicef.org/mena/reports/promoting-men-and-boys-engagement-ending-fgm-middle-east-and-north-africa)

<https://www.unicef.org/mena/reports/promoting-men-and-boys-engagement-ending-fgm-middle-east-and-north-africa>

Research-based Programming Guidance:

PROMOTING MEN AND BOYS' ENGAGEMENT

IN ENDING FEMALE GENITAL MUTILATION IN MENA

04. Q&A



05. Panel Discussion



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Founder and Executive
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Men End FGM Foundation



Dare Olagoke-Adaramye

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Initiatives, Nigeria



Rafiu Olayinka Awolola

Senior Ambassadors of
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Berlin Office (Germany)

04. Q&A



05. Presenter



Hilde Røren

Senior Advisor,
NORAD

THANK YOU!

