



## IT'S A WOMAN'S THING: GENDER ROLES IN SUSTAINING FEMALE GENITAL MUTILATION AS A HARMFUL PRACTICE

### THE MOST CONTESTED OF ALL GIRLS' AND WOMEN'S RIGHTS IS THEIR RIGHT TO DECIDE OVER THEIR OWN BODIES.

More than 200 million girls and women have undergone female genital mutilation (FGM), and at least four million girls are at risk each year.[1] The practice has no health benefits, and can result in short and long-term health consequences.[2] Recognised internationally as a violation of the human rights of girls and women, FGM reflects deep-rooted gender inequality, and constitutes an extreme form of gender-based violence and discrimination. Since it is almost always carried out on minors without consent, FGM is a violation of the rights of children.

Sociocultural factors, discriminatory social and gender norms, and unequal power relations drive the continuation of FGM which in turn limits girls' and women's access to resources and power within their families and communities; reduces their education and economic opportunities; and alters their own aspirations for their lives.[3] While families and communities cite cultural, religious and social reasons for practicing FGM, justifications often centre on the need to reduce women's sexual desire.[4] For this reason, FGM is rooted in social control over women's bodies and sexuality.[5]

In most countries where FGM is practiced, the majority of girls and women think it should end.[6] However, depending on the context, women, especially mothers, may be the key decision-maker when it comes to FGM, or adolescent girls may express the desire to undergo the practice. **This in no way suggests that women and girls are empowered or exercising agency, or that gender transformative approaches are unnecessary because women and girls embrace FGM.** On the contrary, it means that women are operating within the constraints of patriarchal systems of political, social and economic relations and institutions structured around gender inequality.

## THERE ARE TWO REASONS, BOTH INTERRELATED, THAT EXPLAIN WHY WOMEN SUSTAIN FGM AS A HARMFUL PRACTICE:

1

### Social and gender norms normalise FGM:

Social and gender norms are upheld not only through the behaviour rules in everyday life that children quickly internalise – at home, at school, in the workplace, at markets and in other public places – but also by wider social institutions including organized religion, education systems, and the media.[7] People are socialised around how boys and girls should think and behave from early childhood – often with limited exposure to other ideas or influences – individuals may not be able to imagine other ways of doing things.[8] Social and gender norms can set the boundaries of what girls and boys, and women and men, think, as well as what they do; they can make inequalities of power seem natural and therefore unchangeable.[9] As they are learned in developmental stages, norms become connected to feelings of shame and guilt that become triggers of appropriate behaviour. In most of these cases, compliance with norms becomes automatic, rather than the result of internal rational deliberation.[10] The power of social expectations and the drive to ‘belong’ can be so strong that people comply with norms even where these contradict their personal beliefs and attitudes.[11] People comply with norms because they fear negative reactions from others including stigma or discrimination.

Women and girls may be socialised into upholding social and gender norms that reinforce existing gender inequalities and normalise FGM. When FGM is ‘normalised,’ women may ‘collude’ in sustaining the practice even though it offers them little opportunity for social or personal power.[12] The construction of a ‘normal’ body interacts with traditional and patriarchal notions in order to produce docile and disciplined bodies that are easy to control.[13] Girls are socialised to believe that remaining intact is unattractive to men, rendering them ‘incomplete’ and therefore less marriageable.[14] When FGM is ‘normalised,’ by setting up standards or ‘norms’ against which girls and women continually measure, judge, ‘discipline’ and ‘correct’ their behaviour and presentation of self, women may ‘collude’ in sustaining the harmful practice which subordinate women’s aspirations to those of men, and offers them little opportunity for social or personal power.[15]

2

### The ‘patriarchal bargain’:

According to the ‘patriarchal bargain,’ women utilise bargaining tools to safeguard their security and well-being.[16] What that means for FGM is that the practice becomes a tool for women to negotiate power.[17] Women will agree to give up their autonomy and have their daughters undergo FGM in exchange for social inclusion for their daughters and themselves, and economic survival associated with marriage, despite being aware of the health consequences linked to the practice. In FGM-practising communities, individuals may have a vested interest in upholding discriminatory gender norms. According to this theory, men support the perpetuation of FGM because of their need to maintain patriarchal institutions.[18] These patriarchal institutions include the social-economic dependency girls and women experience.

**Gender transformative approaches that empower girls and women are critical for eliminating FGM.** This includes gender synchronisation that involves working with women and men, and girls and boys to equalize the balance of power, and transform social and gender norms that drive FGM. Gender synchronisation may include engaging women and men on interpersonal issues (i.e., decision-making related to FGM including power dynamics among couples), creating safe spaces for critical reflection and dialogue at the community level that challenges existing norms or creates and promotes alternative norms that end FGM, as well as working strategically for systemic, structural change, by building social movements that engage men and women, and girls and boys in advocating for human rights-based policies and legislation, and accountability mechanisms that contribute to the elimination of the practice.

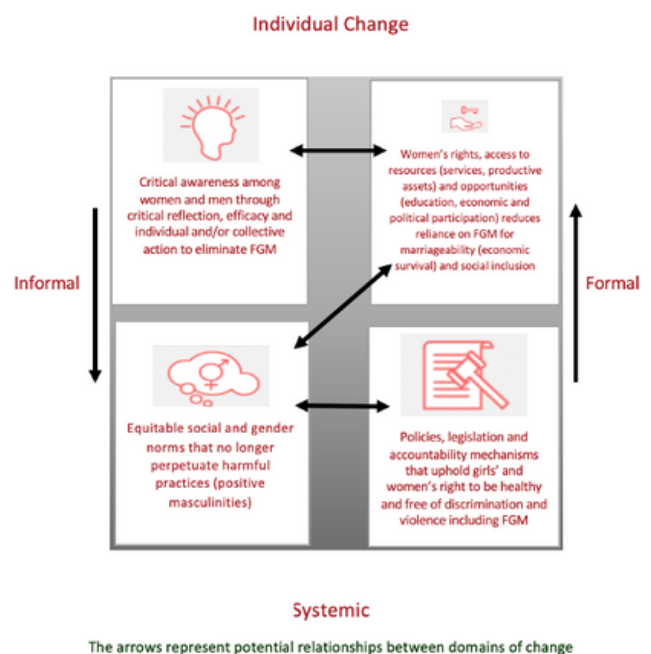
Gender transformative approaches for the elimination of FGM enhance girls’ and women’s agency, enabling them to set goals and act on them, including strengthen girls’ and women’s leadership to speak up and be heard (voice); expand their ability to make autonomous decisions about their

lives, and their futures (choice); and influence or drive social change in support of gender equality and ending FGM, collectively and/or individually, as well as participate in the economy and public life.

Given that empowerment is both a process and an outcome that includes inner, individual change as well as systemic, structural change, gender transformative approaches to the elimination of FGM may be achieved through the following domains of change (as illustrated in Diagram 1):

- Foster critical awareness, a process that involves challenging FGM as a harmful practice that violates girls' and women's human rights, including their right to bodily autonomy, and perpetuates existing structures of gender inequality, as well as engaging individually or collectively to end FGM.
- Increase access to and control over resources (i.e., services, productive assets) and opportunities (i.e., education, economic and political participation) which enhance girls' and women's agency by reducing their reliance on FGM for marriageability (economic survival) and social inclusion.[20]
- Transform institutional structures including formal and informal rules and practices that shape and influence the expression of girls' and women's agency as well as their access to and control over resources and opportunities. Institutional structures include formal rules such as policies and legislation that protect girls and women from FGM, and informal rules related to discriminatory social and gender norms that continue to make FGM socially acceptable.[21]

Diagram 1 below presents domains of gender transformative change that contribute to the elimination of FGM.



Source: Aruna Rao & David Kelleher (2005) *Is there life after gender mainstreaming?*, *Gender & Development*, 13:2, 57-69, DOI: 10.1080/13552070512331332287

## ENDNOTES

[1] Schlyter, A., & Chipeta, L. (2009). *Body politics and women citizens: African experiences*. Stockholm: Swedish International Development Cooperation Agency.

[2] UNICEF (2021). *Child Protection: Female genital mutilation*. <https://www.unicef.org/protection/female-genital-mutilation>.

[3] Ibid.

[4] Kandala, N. B., et al., (2019). A Spatial Analysis of the Prevalence of Female Genital Mutilation/Cutting among 0-14-Year-Old Girls in Kenya. *International journal of environmental research and public health*, 16(21), 4155. <https://doi.org/10.3390/ijerph16214155>.

[5] Sabahelzain, M. et al., (2019). Decision-making in the practice of female genital mutilation or cutting in Sudan: a cross-sectional study. *Global Health Research and Policy*. 4. 10.1186/s41256-019-0096-0.

[6] UN Women, 2017. *Training Manual on Gender and Female Genital Mutilation/Cutting*. <https://portal.trainingcentre.unwomen.org/resource-centre/entry/46994/>

[7] UNICEF (2020). *Female Genital Mutilation: A New Generation Calls for Ending an Old Practice*. New York: UNICEF.

[8] ODI (2015). *Social norms, gender norms and adolescent girls: a brief guide*. <https://cdn.odi.org/media/documents/9818.pdf>

[9] UNFPA (2020). *How Changing Social Norms is Crucial in Achieving Gender Equality*. <https://www.unfpa.org/social-norms-change>.

[10] Ibid.

[11] *The Learning Collaborative to Advance Normative Change* (2017). *Identifying and Describing Approaches and Attributes of Norms-Shifting Interventions*. Washington, DC: Institute for Reproductive Health, Georgetown University.

[12] ODI (2015). *Social norms, gender norms and adolescent girls: a brief guide*. <https://cdn.odi.org/media/documents/9818.pdf>

[13] Bordo, S. (2017). *Feminism, Foucault and the Politics of the Body 1: A Reader*. 10.4324/9781315094106-29.

[14] Foucault, M. (1979). *Discipline and punish: The birth of the prison*. (Trans A. Sheridan). Vintage.

[15] Chelala C. (1998). "An alternative way to stop female genital mutilation." *The Lancet*. Volume 352, Issue 9122, 126.

[16] Bordo, S. (2017). *Feminism, Foucault and the Politics of the Body 1: A Reader*. 10.4324/9781315094106-29.

[17] Kandiyoti, D. (1988). "Bargaining with Patriarchy." *Gender and Society*, 2(3), 274-290. <http://www.jstor.org/stable/190357>

[18] Shetty, P. (2007). "Nahid Toubia." *The Lancet*, Volume 369, Issue 9564, 819.

[19] Mackie, G (2009). "Social Dynamics of Abandonment of Harmful Practices: A new look at the theory." *Innocenti Working Papers no. 2009-06*. UNICEF: New York.

[20] Assets and resources may include services, reproductive labour (unpaid child care and domestic work), or competencies (i.e., self-esteem, knowledge or skills). Opportunities may include access to education or the economy.

[21] Nussbaum, M.C. (2011). *Creating Capabilities: The Human Development Approach*, Harvard University Press; Kabeer, N. (2003). "Gender Equality, Poverty Eradication and the Millennium Development Goals: Promoting Women's Capabilities and Participation." Keynote presentation at the first session of UNESCAP's Committee on Emerging Social Issues in Bangkok, Thailand.