RESEARCH TO ACTION ON FGM

ENDING FGM IN DJIBOUTI:

STRATEGIES AND MESSAGES FOR ENAGAGING MEN IN THE FIGHT AGAINST FGM

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BACKGROUND

Female genital mutilation (FGM) is widespread in Djibouti, with approximately 94 per cent of women having undergone FGM.[1] It is mostly performed on girls between the ages of 4 and 9 years (67 per cent) and the majority of procedures (92 per cent) are performed by traditional practitioners. Around 30 per cent of girls in Djibouti undergo the most severe type of FGM, Type III (involving the cutting and sewing of their genitalia).[2]

Support for the practice is decreasing in Djibouti, with 48 per cent of women between the ages of 15 and 49 supporting the continuation of FGM.[3] Younger women and more educated women are more likely to denounce the practice.[4] Unfortunately, there has been little significant change in FGM prevalence across generations, but there is a trend towards practicing less severe types.[5]

A decrease has occurred in the prevalence of infibulations in Djibouti. In urban areas, prevalence fell from 78.5 per cent to 69.1 per cent between 2012 and 2019.[6] According to a recent UNICEF study examining social norms in relation to FGM, an important shift took place from Type II and Type III (infibulation) to Type I (the cutting of the clitoris and/or prepuce), which is locally referred to as 'sunna'.[7,8] Type I is much more widely practiced today than it was previously, with 41 per cent of girls between 0 and 17 years having undergone Type I at the age of 4.[9]

Further, a recent UNICEF study stated that 47 per cent of women and men respondents discuss FGM as a couple, with only 4 per cent of people seeking the opinions of others when deciding about FGM; only 6 per cent of men and 8 per cent of women see grandmothers as FGM decision makers.[10] However, there can be pressures from parents or other older family members who support FGM.

The government of Djibouti passed a law in 1995 prohibiting FGM (Article 333 of the Criminal Code). However, the law did not provide a definition of FGM, nor criminalize aiding or abetting FGM. In 2009, Law No. 55 introduced amendments to supplement and strengthen Article 333 of the Penal Code, including a definition of FGM and criminalizing the failure to report FGM to the authorities. The law also tightens penalties for 'accomplices' of FGM.[11] Yet, there have been no convictions in Djibouti to date. The 2016 annual report of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation (UNJP) did not list any cases of legal enforcement of the anti-FGM legislation in Djibouti before 2016, and no other source suggests any cases since then.[12]

Reinforcing the anti-FGM legislation, the following national bodies and strategic documents provide a supportive policy environment for the work on FGM in Djibouti:[13]

- The National Steering Committee for the Abandonment of All Forms of Excision (2009) serves as a national coordination mechanism for the work on FGM
- National Policy for the Integrated Development of Djiboutian Early Childhood (2005)
- National Gender Policy (2010)
- National Strategic Plan for Children in Djibouti (2010)
- National Health Development Plan (2012)
- A National Strategy for Abandonment of All Forms of Excision (2016).

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Djibouti was one of the first countries to join the UNFPA–UNICEF Joint Programme in 2008, and most of the anti-FGM activities in the country take place under the auspices of the UNJP.[14] The Joint Programme has collaborated with different government departments, including the Ministry of Women and Family, the Ministry of Islamic Affairs and the Ministry of Health. It has also collaborated with different civil society organizations such as the National Union of Djiboutian Women.[15] The work of the Joint Programme in Djibouti during Phases I and II is structured at these three levels:[16]

- Policy and legal framework: strengthening the anti-FGM legislative framework and training government officials
- Provision of FGM-related services: Integrating FGM Prevention in Adolescent Sexual and Reproductive Health (SRH) Programmes and including FGM within governmental counselling services
- Galvanizing social dynamics: raising the awareness of community members in relation to FGM and other forms of violence against children as well as through public declarations, where communities/villages declared themselves free of FGM. In this area, working with religious leaders is pivotal to sustained behavioural change.

METHODOLOGY

Study sample

At the administrative level, the country is made up of five regions in addition to Djibouti City: Ali Sabieh, Dikhil, Tadjourah, Obock and Arta. Statistics on FGM in Djibouti are available only by region and not by ethnic group. The prevalence of FGM varies across the regions, from 68.5 per cent in Djibouti City, 61.2 per cent in Ali Sabieh, 82.0 per cent in Dikhil, 88.2 per cent in Tadjourah, 73.6 per cent in Obock, to 76.4 percent in Arta.[17]

Given their high prevalences of FGM, Tadjourah, Dikhil and Obock were selected for the data collection effort. Tadjourah and Obock are located in the north of Djibouti and have populations of 86,704 and 37,856, respectively. These two regions are mainly populated by the Afar community. The Dikhil region is located in the west of the country with a population of 88,948 and is populated by both Somali and Afar communities. The large populations of the Afar community in the selected regions means that they may be over-represented in this study.

Data collection

The research used qualitative methods (focus group discussions (FGDs) and in-depth interviews (IDIs)) to collect relevant data. Eleven semi-structured IDIs were conducted with various actors, including non-governmental organizations (NGOs), ministry representatives, religious leaders, doctors and grandmothers. The themes discussed included:

- Programmes/projects implemented by various organizations to combat FGM
- Men and boys' engagement in activities to combat FGM
- The difficulties of involving men in the fight against FGM
- The roles of religious leaders in the fight against FGM.

Focus groups

The focus groups targeted all communities in Djibouti City and in the interior regions. There were eight

focus groups in total (five in the regions and three in Djibouti City), composed as follows:

- Three focus groups including married men aged between 25 and 45
- Two focus groups including married women aged between 25 and 45
- Three focus groups including young people aged between 15 and 20.

A detailed guide was developed for the FGDs including questions around concepts of masculinity, perceptions around gender roles and decision-making processes in the household. Further questions addressed knowledge and perceptions around FGM, decision-making processes for FGM and male involvement, ways to encourage men to take an active role in ending FGM and challenges encountered. The guide was developed in English and translated into relevant languages (French or local languages).

Data analysis

Data analysis was conducted manually; recorded IDIs and FGDs were transcribed in Arabic. Researchers read the transcribed data, annotating and separating it by questions and/or topical areas. Later, major themes were identified that correspond to the objectives of the study and relevant quotes were selected. Data were examined in light of the demographics (age, education, employment and gender) to explain the patterns observed, and conclusions and recommendations were drawn accordingly. All of the major themes identified are closely linked to the practice of FGM and involving boys and men in ending FGM. The data analysis aimed to provide a practical guide through the voices of community members and grassroots organizations on how to accelerate ending FGM.

KEY FINDINGS AND DISCUSSIONS

Gender roles and power relations in the household

Household chores: The majority of the study participants supported traditional gender roles, where husbands are the main provider and women are responsible for the management of the household and performing domestic chores.

> "I do all the tasks in the home: the follow-up of the children's education and health, the housework, the management of the home, etc. ... My husband contributes financially with his retirement pension."
>
> *urban, married, uneducated woman, 45 years old*

Many of the women participating in the study stated that men rarely help in any household chores or caregiving, although many of them tend to have more free time than women, in which they spend socializing with their friends, including getting together to chew khat.[18]

> "My husband does not help me since he works in the morning and in the afternoon he has his khat session."
>
> *Afar, rural, married, educated woman, 25 years old*

A UNICEF 2022 study of social norms and behavioural drivers on FGM in Djibouti stated that more than 70 per cent of men believe that women's main role is to carry out household-related activities and caregiving, and 37 per cent believe that educating men is more important than educating women.[19]

> "My father was not interested in our excision [circumcision] because the mother is the one who takes care of the children."
>
> *urban girl, 19 years old*

Regarding household gender roles, differences are reported by study participants according to level of education and demography. Both women and men who are higher educated and living in urban areas are more likely to adopt more gender-fluid roles. Women are increasingly involved in household finances and men participate more in household tasks. A similar shift among the younger generation can also be observed, but to a lesser extent.

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"If we don't have a housekeeper, I do the cooking and my husband does the cleaning. As far as finances are concerned, my husband finances the household and I am in charge of managing the budget. However, if there are any unexpected expenses, I pay them."

urban, married ,educated woman, 29 years old

Decision-making process on FGM and men's involvement

Many of the study participants stated that the decision to perform FGM is mostly taken by females in the family as men view this as a 'women's issue' and therefore do not interfere. Often the circumcision of young girls occurs in the men's absence, but the men are asked to finance the procedure. Whether Afar or Somali or Arab, educated or uneducated, urban or rural, many study participants stated similar perceptions during the discussions.

"It often happens that she [the mother or grandmother] performs it in secret from the father. I know a woman in my neighbourhood who circumcised a young girl at home and in the absence of the father. The girl had a haemorrhage and had to be taken to the hospital. A neighbour took them there."

female religious leader

"I came home from work to find my wife in a panic because our 6-month-old daughter had a fever and she refused to take her to the hospital. I forced her to take her to the hospital and the doctor informed me that the fever was due to the infection of the wound following the FGM. I did not understand and asked my wife when she had circumcised her. She told me in a low voice that she had circumcised my little girl while I was away. I went straight to the police station taking my wife and the matron with me. Since that day, she stopped circumcising our daughters."

Afar, married man, 27 years old, FGD in rural region, Obock

In Djibouti, men are largely expected to support and uphold social norms and traditions. Therefore, they are expected to endorse FGM as a normalized practice in the community and not to oppose family and community members.

"In [some[20]] rural areas, people marry cousins. In this case, if the bride and groom are cousins, the husband will find it difficult to say no to his aunt, who is also his wife's mother, if she is going to circumcise his little girl.

male doctor

At the same time, many participants stated that men's decisions are very important as they are the heads of the families and could play a decisive role in ending FGM. Further, they stated that if any man did not want his daughter circumcised, she would not be circumcised, stressing that only men can stand up against the elderly or contain the family pressure to perform FGM. Some study participants stated that men with higher levels of education tend to oppose FGM.

"They have a decisive role in rural areas. However, it is valid in the other direction too. When they want her to be circumcised, she will be."

male rural religious leader

"There is a change in mentality with the increase in the level of education and the fact that men travel and see what happens in other countries. This gives a certain open-mindedness."

medical doctor

During the discussions, study participants mentioned the power held by men to stop FGM, but that, in many cases, the men choose not to interfere because of their beliefs that FGM is 'women's business' or that their responsibility is to maintain traditions, not oppose them. This finding is consistent with findings from other countries in which similar studies were performed (e.g., Egypt, Yemen and Sudan), and is shared by other relevant studies.[21] In a recent UNICEF study in Djibouti,[22] 46 per cent of women and 53 per cent of men stated that men expressed anti-FGM views. However, 96 per cent of all study participants stated that there is rarely any argument or disagreement regarding decisions about FGM. Although men may oppose FGM, they rarely enter into confrontation or challenge decisions

Many female study participants stated that the decision to perform FGM is taken despite the majority of women being aware of the negative consequences of FGM. Social pressure and women's responsibility to carry on traditions are stronger than their knowledge and sometimes their negative personal experiences.

"They are aware of all the harm it causes, but there is pressure from parents who force them to circumcise our young girls. Some of them sometimes cry at the time of the awareness sessions and testify about what they have experienced."

female religious leader

As mentioned by study participants, the decision to perform FGM is largely taken by family members, with girls undergoing the practice not being consulted, especially given that in Djibouti the average age of circumcision is 4 years.[23] Age at circumcision differs between the Afar and Somali communities; the Afars circumcise young girls as babies, before they are 1.5 years old, while the Somali community circumcises them before the age of 6.

"In Tadjourah, girls are circumcised before they are 5 years old and usually when they are 1.5 years old. Therefore, they do not participate in the decision-making process."

urban medical doctor

Families largely feel that girls do not have the capacity to discern or have anything to say about the decision, and usually the girls are not informed that they will be circumcised for fear that they might run away. However, some study participants expressed the need to consult girls in the decision about whether to perform circumcision.

" ... [M]y young daughter is not circumcised and the other children made fun of her to the point where she came to me and told me to cut her. But with time, she understood that it was for her own good."

female religious leader

A recent study by UNICEF stated that 28 per cent of men and 26 per cent of women believe that it is important to ask the opinion of the girls regarding FGM.[24]

Unlike other countries, medical doctors in Djibouti are largely not involved in the decision-making, as non-medical professionals perform the majority of circumcisions and medical doctors rarely discuss FGM with the families. Many of the study participants stated that some parents discuss the health impact of circumcision with their physicians; however, if the parents wish to have the girl circumcised they usually call upon midwives, as around 78 per cent of FGM cases are performed by traditional practitioners.[25] Still, doctors can play an important role by providing clear and effective information about the negative consequences of FGM.

Religious leaders play an important role in advocating for continuation of the practice, as stated by many study participants. The recent UNICEF study found that 51 per cent of study participants believe that FGM is a religious obligation.[26]

"Fathers discuss with us before making a decision about circumcising their daughters."

male religious leader

There is no uniform position on FGM among religious leaders, according to study participants: while some oppose the practice, some promote its continuation and others stress the need to shift from Type III infibulation to Type I, widely referred to as 'sunna'. Study participants stated that religious leaders who oppose FGM are often referred to by community members as the 'religious elite', and while they are influential, people can sometimes doubt their veracity when they are perceived as receiving financial benefits from donors.

The constant use of the word 'sunna' to refer to the practice of FGM is quite problematic, as it strengthens the perception that FGM is a religious obligation. According to study participants, many Djiboutians relate FGM to 'proper' behaviour for Muslims.

"Yes, I made the right decision to excise my daughter. It is about 'sunna'. We have followed what religion has advised us. It allows us to maintain the family honour."

married man, FGD urban region

"The sunna reflects the actions of the prophet. However, the prophet did not circumcise any of his daughters. We tell them about the hadiths on this subject and we also mention the medical reasons."
male religious leader, IDI

Challenges to engaging men in Djibouti

An important obstacle to engaging men in FGM is the difficulty of getting them together. Men may have limited interest in awareness-raising workshops on FGM (although anecdotal reports suggest as many as 40 per cent of participants in some workshops are men). It is more difficult to mobilize men in Djibouti City, as the men work and then have their khat sessions after work, and are also reluctant to be disturbed during the weekend. Men in rural areas have more time and are more likely to attend awareness sessions; however, they watch over the herds and only return in the evening. Younger men have stated they are not concerned with FGM and blame women for the practice; they state that they would rather attend sessions tackling issues in which they are more interested such as unemployment.

"Young people, on the other hand, tell us that there are more interesting issues like unemployment. [In general] men at the regional level are more interested and ask more questions on FGM."

male, religious leader

RECOMMENDATIONS

Approaches

Utilize a gender-transformative approach that links FGM to broader challenges faced by women and men.[27] Initiate discussions around power, gender inequality, sexuality and sexual pleasure, meaning of fatherhood and manhood, and examine the inter-relationships between these concepts and FGM. This will ensure that men and women, young and old will be more engaged and interested in the discussion.

Rely on a 'community conversations' approach rather than a didactic, health-information-heavy approach. Community-mobilizing activities implemented by locally engaged community activists who initiate discussion and advocacy within their social networks and through other platforms such as social media can be powerful.

Encourage intergenerational dialogues at the family level. Most important are discussions between members of the same family, such as a daughter asking her mother why she was circumcised or why her mother chose to circumcise her. These discussions could also take place prior to the decision to perform FGM, with girls encouraged to participate.

Positive deviance is an effective approach. Many male study participants stated that men opposing FGM would most likely contribute to the reduction of the practice within their immediate family. Therefore, using those male figures who have taken a stand against FGM could also have an impact on their peers at the community level.

Diversify awareness activities to suit the nature and interest of different targeted groups. Awareness-raising activities, meetings and seminars are more suitable for older men and women, while other engaging activities such as sports, street theatre or artistic performances such as short films are more interesting to the younger generation.

Apply a simple approach to the religious debate around FGM, which clarifies that FGM is not religious (Islamic) but cultural. For the purposes of countering FGM, the simple question of whether or not FGM is Islamic requires a one-dimensional and definitive response in the negative. Although this reduction

oversimplifies the connections between FGM and religion,[28] this strategy is necessary to accelerate the abandonment of FGM. According to the recent UNICEF study on social norms and FGM, around 51 per cent of study participants stated that FGM is a religious obligation, while more than 70 per cent perceive it as cultural and traditional.[29]

Utilize creative methods to spread anti-FGM messages. In addition to diversifying activities for different target groups, creative methods/ways in which to spread messages should be considered. For example, khat sessions provide a male gathering space in which to initiate discussion; however, this should not inadvertently lead to promotion of drug use. Other possible locations include cafés, youth centres, or before or after sports matches, where men have come together for some other purpose and may be open to discussing their shared experiences. Anti-FGM messages are currently widely spread through Friday sermons, which are largely attended by men. However, this medium has been criticized as many community members feel that religious leaders are paid to talk about FGM or forced to talk about it by the state authorities. In such mediums, it is recommended to address FGM within broader family-related issues or the child protection framework.

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Target groups

Reach out to young people, although they are not involved in decision-making on FGM. Although it can be quite difficult for young people to argue against their elders, they could play a critical role as future fathers and leaders in FGM prevention. Their skills must be developed to be able to convey their views. Religious leaders will continue to be important stakeholders. Programmes should continue to work with religious leaders as influential community members and also as men, who face the same challenges as other men in engaging in anti-FGM prevention.

Educate students of middle- and high-school age to understand and question FGM. Working with the Ministry of Education, courses on FGM could be integrated into the school curriculum. Young adolescents have a strong sense of justice and they are also at an age where they are learning about gender roles and the injustice of gender inequality. The introduction of this topic and its links with women's rights and health could facilitate discussions around FGM within the household.

Work with married future parents in anticipation of the decisions they will have to make about their daughters. Religious leaders could play a role with newlyweds as they get to know each other and prepare to become parents. Doctors often already play an important role in informing and influencing people, but special attention could be focused on the first pregnancies of young couples. The government could play an important role, encouraging young men to learn about FGM by offering a financial incentive to new parents to attend courses on connections between FGM and women's rights and health, and on the health and well-being of infants and young children who undergo the practice.

Work with medical professionals (nurses, trained midwives and doctors) and train them to deliver effective anti-FGM messages. Given that FGM is performed on very young girls, messages could be integrated during antenatal and prenatal visits. Delivered messages should be comprehensive, explaining the physical, emotional and sexual possible consequences of FGM and stressing that all types of FGM whether Type I or Type III (infibulation) are harmful practices and are considered violations of women's human rights.

Work with men not only as parents or future parents, but also as influential members of the households. Highlight to men that they are more influential than they think in resisting FGM. Men need to be shown that they have a say even though it is the women in their families who are affected by the practice. It is necessary to motivate them to recognize their role and be more active in countering FGM, and for that, there should be more training in the urban areas as well as in the rural areas.

Key messages

Develop messages for boys and men around sexual satisfaction and pleasure and the importance of a healthy intimate life. Explain the possible negative impact of FGM on their closeness with their wives and on their sexual lives. The idea here is to further engage men in the decision to perform FGM, by increasingly making them view FGM as 'everybody's issue' rather than just a 'women's issue'.

Ensure that the messages directed to men reflect the language of positive parenthood and care rather than protection, to ensure that inequitable gender power relations are not reproduced and reinforced.

Encourage women to understand FGM in the context of violence and gender inequality and to be able to draw linkages between FGM and other forms of violence such as early marriage and intimate partner violence.

Messages should address misconceptions around female sexuality and anatomy. The female genitalia, in particular the clitoris, are regarded as a source of sexual desire rather than sexual pleasure. This effort will clarify that FGM is strongly associated with reduction of women's sexual satisfaction and pleasure and not sexual desire. This subtle distinction is important, as it will help to address some of the harms of Type I, which is so widely practiced.

Avoid overemphasizing the medical consequences of FGM. The heavily disseminated medical messages lead to the wide adoption/acceptance of the lesser type of FGM rather than complete abolishment. Among circumcised girls between the ages of 0 and 17, 70 per cent have undergone Type I in comparison with only 1 per cent who have undergone infibulation.[30]

Develop messages around the importance of male involvement in ending FGM. Many men among the study participants perceive themselves as lacking influence over the decision-making process, despite the fact that 53 per cent of men in the recent UNICEF study think that female circumcision (FGM) should end.[31]

Fight the medicalization of FGM by incorporating rights-focused content in training curricula. Twenty-one per cent of FGM cases are now performed by medical professionals: nurses, trained midwives and doctors.[32] Including anti-FGM messages in relevant curricula of medical, nursing and midwifery schools would expose medical personnel to a rights-oriented framing of FGM that would influence how they respond to families seeking information and services.

Messages that implement a strategy of working with religious leaders must be clear and definitive. Messages that address the relationship between FGM and religion should be simple and straightforward, for example, "FGM is a cultural practice that existed before Islam" or "In many practicing countries FGM is practiced by both Muslims and Christians" or "FGM is not practiced in many Muslim countries, including Saudi Arabia". As one step toward this clarification, it will be important to develop messages that discourage the use of the word 'sunna' in reference to FGM and introduce other culturally known terms to describe Type I.

ENDNOTES

1 UNICEF, Female Genital Mutilation in the Middle East and North Africa, Facts and Figures. 2020. FGM English .pdf (unicef.org)

2 UNICEF, Statistical Profile On Female Genital Mutilation, 2020. https://www.28toomany.org/country/djibouti/

3 UNICEF, Female Genital Mutilation in the Middle East and North Africa, Facts and Figures. 2020. FGM English .pdf (unicef.org)

4 UNICEF, Statistical Profile On Female Genital Mutilation, 2020. https://www.28toomany.org/country/djibouti/

5 Ibid.

6 Petit, V. (2018). Female Genital Mutilations and Population Policy in Djibouti. In Population Studies and Development from Theory to Fieldwork (pp. 133–147). Springer, Cham.

7 Sunna is widely used to refer to the practices, habits, deeds and actions of the Prophet Mohammed.

8 UNICEF, Étude sur les normes sociales et les facteurs comportamentaux des MGF à Djibouti, 2022.

9 Ibid.

10 Ibid.

11 28 too many, Djibouti: The Law And FGM, July 2018 https://www.28toomany.org/country/djibouti/

12 Accelerating Change by the Numbers-Annual Report of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting, 2016 p. 28. UNFPA_UNICEF_FGM_16_Report_web.pdf (reliefweb.int)

13 Performance Analysis For Phase II UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change. UNFPA-UNICEF-Phase2Performance_2018_web_0.pdf

14 Joint evaluation of UNFPA_UNICEF Joint Programme on the abandonment of female genital mutilation: accelerating change Phase I and II (2008–2017) Joint_FGM_Eval_Methodological_Note.pdf (unfpa.org)

15 28 too many, Djibouti: The Law And FGM, July 2018 https://www.28toomany.org/country/djibouti/

16 Performance Analysis For Phase II UNFPA-UNICEF Joint Programme on Female Genital Mutilation: Accelerating Change UNFPA-UNICEF-Phase2Performance_2018_web_0.pdf

17 Ministere De La Femme Et De La Famille Institut National De la Statistique de Djibouti Rapport de L'enquete Nationale Sur les mutilations Genitales Feminines et Les Violences Faites Aux Femmes Djibouti, Janvier 2020. P 31

18 Khat is a leaf that grows in parts of East Africa and the Arabian Peninsula. It is chewed daily by a large proportion of the adult population of Djibouti and neighbouring countries for its stimulating effect.

19 UNICEF, Étude sur les normes sociales et les facteurs comportamentaux des MGF à Djibouti, 2022.

20 The doctor was talking about the Tadjourah area, which is predominantly populated by the Afar community.

21 Abdelshahid, A., & Campbell, C. (2015). 'Should I circumcise my daughter?' Exploring diversity and ambivalence in Egyptian parents' social representations of female circumcision. *Journal of Community & Applied Social Psychology,* 25(1), 49–65.

22 UNICEF, Étude sur les normes sociales et les facteurs comportamentaux des MGF à Djibouti, 2022.

23 Ibid.

24 Ibid.

25 UNICEF (2013) Djibouti: Statistical Profile on Female Genital Mutilation/Cutting, December 2013. https://data.unicef.org/wp-content/uploads/country_profiles/Djibouti/FGMC_DJI.pdf

26 UNICEF, Étude sur les normes sociales et les facteurs comportamentaux des MGF à Djibouti, 2022.

27 Based on a conceptual model developed by Erin Casey et al. Casey, E., Carlson, J., Two Bulls, S., & Yager, A. (2018). Gender transformative approaches to engaging men in gender-based violence prevention: A review and conceptual model. *Trauma, Violence, & Abuse, 19*(2), 231–246.

28 Van Raemdonck, A. (2017). Female genital cutting and the politics of Islamicate practices in Egypt: Debating development and the religious/secular divide. *Afrika Focus, 30*(1), 162–168.

29 UNICEF, Étude sur les normes sociales et les facteurs comportamentaux des MGF à Djibouti, 2022.

30 UNICEF, Étude sur les normes sociales et les facteurs comportamentaux des MGF à Djibouti, 2022.

31 Ibid.

32 UNICEF (2013) Djibouti: Statistical Profile on Female Genital Mutilation/Cutting, December 2013. https://data.unicef.org/wp-content/uploads/country_profiles/Djibouti/FGMC_DJI.pdf

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