RESEARCH TO ACTION ON FGM

ENDING FGM IN SUDAN:

MAKING IT POSSIBLE FOR WOMEN AND MEN TO TALK ABOUT FGM

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BACKGROUND

In Sudan, 87 per cent of women aged 15–49 years have undergone female genital mutilation (FGM). This percentage differs by state, ranging from 97.5 per cent in Northern State, to 87.5 per cent in Khartoum State.[1] It is estimated that two-thirds of girls aged 0–14 are at risk of undergoing FGM before reaching the age of 15. In rural areas, 70.9 per cent are at risk of being circumcised, compared with 56.2 per cent in urban areas, showing that girls living in rural areas are more likely to be circumcised than girls residing in urban areas.[2]

FGM in Sudan is perpetuated and sustained by deeply rooted social norms and in equal gender power structures, and is centred on the need to reduce women's sexual desire to protect them.[3] The 2010 Sudanese Household and Health Surveys (SHHS) found that the most common reasons stated by women for the continuation of FGM in Sudan were "purification, cleanliness and hygiene, acceptability within the group and reducing sexual desire".[4]

A 2019 cross-sectional study concluded that decision-making regarding FGM may involve discussions between relevant family members, whether nuclear or extended family, and sometimes non-family members; however, a girl's parents are the main decision makers.[5] The discussions not only focus on whether girls should undergo circumcision but also the timing and the type of FGM performed.[6] Mothers play an important role in the decision to perform FGM as concluded by many studies[7,8] Still, studies stress the influence of older family and non-family members, especially grandmothers, in decision-making, as younger women have less power than older women.[9] Fathers have an important role to play in the decision of FGM, as they tend to be the final decision maker when the decision is taken not to perform FGM.[10] This suggests fathers' participation is required to free mothers from the social pressures and responsibility of maintaining traditions, and that they could have a central role in moves towards ending FGM.[11]

A national law was passed in Sudan in 2020 to amend the Sudanese criminal law of 1991 and include Article 141, which prohibits FGM practice inside a hospital, health centre, dispensary or clinic or other places[12]. However, this must be translated into real social change if women and girls are to experience the gains. An effort to shift general norms around the practice is represented by the Saleema Initiative, a campaign established in 2008 by the National Council of Child Welfare (NCCW) with support from UNICEF Sudan. It supports the protection of girls from FGM, particularly in the context of efforts to promote collective community abandonment of the practice.[13] Saleema aims to strengthen existing or new positive values for girls and women within society. The campaign grew out of the recognition of a critical language gap in colloquial Sudanese Arabic, which does not include a positive term for an uncut woman or girl. The initiative introduced the term Saleema, a positive term for an uncut girl that portrays her as whole, healthy and complete. The campaign uses varied communication tools to mobilize communities to shift away from traditional practices and beliefs to new social norms through the use of positive language and messages.[14]

METHODOLOGY

The study was conducted in two states, Khartoum State and Northern State, representing an urban and a rural site. In Khartoum State, the study was conducted on Tuti Island, in the heart of Khartoum city. In Northern State, the study was conducted in the rural areas of Dongla in Nawa and Sharq Elnil Villages.

The research used qualitative methods (focus group discussions (FGDs) and in-depth interviews (IDIs)) to collect relevant data. Eleven IDIs were conducted in Khartoum State. The interviews included key informants from NGOs and institutions such as the National Council of Child Welfare, UNICEF and UNFPA Sudan, Y-Peer, Family and Child Association and Entishar organization, along with midwives and religious leaders. Each interview lasted 45–60 minutes and was conducted by a trained researcher. All interviewees verbally agreed/signed a consent agreeing to be interviewed and recorded.

IN-DEPTH INTERVIEWS TARGET GROUP	NUMBER CONDUCTED
NGO representatives	6
Religious leader	1
Midwife	1
Young man	1
Young woman	1
Grandmother	1

Six FGDs were conducted with young women and men, and older married women and men. Participants had different educational backgrounds and some had no formal education.

FOCUS GROUP DISCUSSION TARGET GROUPS	NUMBER CONDUCTED
Young women aged 20–25 years old (youth)	1
Mothers aged 30–45 years old, and grandmothers	1
Mothers aged 30–45 years old (married)	1
Young men aged 20–25 years old (youth)	1
Men aged 35–50 years old (married	1

Data collection and tools

Data collection began in January 2022 and ended in May 2022. The data were collected through different semi-structured guides tailored for the different categories of the targeted participants. The guides were initially developed in Arabic and were translated into local languages as needed. The IDIs took an average of 45–60 minutes each, whereas the FGDs took an average of 90–100 minutes each. Both IDIs and FGDs were audio-recorded after obtaining permission from the participants. Socio-demographic data was collected from each participant (age, level of education, residency, employment status and number of children if married. All interviews were conducted in places and times of participants' choosing and were done privately.

A detailed guide was developed for the IDIs and 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 of FGM and male involvement, ways to encourage men to take an active role in ending FGM and encountered challenges.

The IDIs with an NGO representative asked about their implemented projects to end FGM, and the extent of men's engagement in these projects. For the midwives, doctors and religious leaders, the main questions were around the information requested by people, men's engagement in the activities aimed to end FGM and the medicalization of FGM.

Data analysis

The data from the IDIs and FGDs were analysed using thematic analysis of the audio-recordings and transcriptions. A blended approach of deductive and inductive coding was used. The initial thematic framework was developed based on the objectives of the study, and updated with emerging themes identified through familiarization, indexing and sorting. This comprehensive process involved reading through the transcripts for familiarization and then identifying key themes and codes that were entered into the final thematic framework. The interviews were conducted in Arabic, while codes and themes were translated into English in anticipation of writing the country report.

KEY FINDINGS AND DISCUSSIONS

Gender roles within the household

FGM is a gendered violent practice and a manifestation of gender inequality deeply entrenched in social, political and economic structures. Therefore, it was important to understand the perceptions of the different practicing communities regarding gender norms to develop recommendations on ways to transform the unequal structures and norms that perpetuate FGM.

Household chores: Study findings showed a wide acceptance of the traditional division of housework, especially among older generations in rural areas, where women perform the majority of domestic tasks such as cooking or cleaning, while men carry out tasks such as repairs or shopping for food and supplies. However, men are expected to help if needed, especially in cases when the wife cannot carry out those activities due to travel or sickness.

> "We are sharing outside work, and they are sharing with us the housework but still it's our responsibility and he is helping."
>
> *(urban, married woman)*

"Life is sharing. We share with them the work and payments, and they share with us housework, but the paid work and paying is men's responsibility, and housework is for women."

(urban, married woman)

The clear division of gender roles is further extended to children, where young boys are expected to perform tasks and chores outside the household and girls to help with activities inside the house.

"Boys do not have any kind of work inside the house, and girls are responsible for inside the house activities."

(rural, married man)

Participants mentioned that when boys are asked to perform or help in any domestic chores such as washing clothes or cleaning the house, this could be viewed as punishment, as it is regarded as humiliating.

"We used to be punished by washing clothes in front of our sisters' friends. It was very humiliating and I will not let my boys do that."

(rural, married man)

Changes are observed among younger women and men in urban communities, who are more in favour of more fluid gender roles. Still, men's participation in house chores is conditioned by their availability and willingness to help. For them men's primary responsibility, still, is to provide the main income for the household.

Fatherhood: Many male participants indicated that they take fatherhood very seriously. They involve themselves in their children's upbringing, and they can undertake domestic work directly related to their children, such as ironing their clothes or getting them ready for school.

"I participate in the small things inside the house such as preparing the tea, juice or anything light except cooking. I also help with the children and ironing their clothes."

(rural, married man)

Sexuality, marriageability and family honour: The majority of the study participants stated that girls need to conform to social norms and to maintain good reputations, which greatly affect the reputation of their families and their opportunities to get married. The term 'good reputation' revolves around making sure that girls do not engage in any premarital sexual relations or get pregnant outside marriage.

"Any pregnancy before marriage that appears in a woman would destroy the whole family and the whole family would lose their honour."

(rural, married woman)

Dynamics of FGM decision-making

WHO MAKES THE DECISIONS ABOUT FGM?

FGM is largely portrayed among study participants as a collective decision, in which different family and non-family members are involved. Yet study participants often highlight the influential role played by grandmothers. Many stated that grandmothers often change the opinion of someone who decides against FGM, persuading them to circumcise the girls and continue the practice. This finding is shared by several other studies on FGM in Sudan.[15,16]

"The final decision is in the grandmother's hand."

(urban, married man)

"The problem is the grandmothers, they insist."

(rural, married man)

"There is a pressure to obey the elders' talk, and the grandmother is the most insistent person, and sometimes people do a little thing (sunna) to please her."

(rural, married man)

The study findings point to changes in perceptions regarding the decision-making process based on the participants' education level and socio-demographic characteristics. Younger and more educated participants (males and females) are more likely to argue that things have changed and, for them, the father and mother take the decision together. These findings are supported by other studies highlighting a complex web of social, religious, cultural, economic and political factors, as well as individual and collective experiences, which influence the decision of FGM.[17]

"Yes, I talked to my wife about cutting our daughter, we discussed its harmful consequences, and she was very determined to cut her, so we talked for long period to convince her not to cut our daughter."

(rural, highly educated, married man)

Others stated that there is intergenerational change, where the current grandmothers are less insistent to circumcise the girls.

"In the past the grandmothers were insisting, but the generation after them are less insistent."

(rural, married man)

THE ROLE OF MEN IN DECISIONS ABOUT FGM

The role of men in the decision-making of FGM is largely described in the study as complementary or supportive. Many participants stated that fathers are only expected to support the decision of FGM by paying the cost or agreeing on the type to be performed or the time of performing it.

"The decision is taken by the women, the decision is either from the mothers or the grandmother, but men are only complementary."

(urban, married man)

"I told him that I want to circumcise the girl, and he had to pay only."

(rural, married woman)

Many of the study participants stated that men are often consulted in the type of FGM to be performed, and that the majority of them prefer to choose Type I, which is widely referred to as 'sunna'. Participants tend to believe that men choose the Type I/'sunna' type as it is widely perceived to be the type approved by Prophet Mohammed.

"He wouldn't say something [against FGM]. He did not say this or that because it is our custom and it is sunna."

(rural, married woman)

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"He had a role, to determine the place of circumcision either at home or in the midwife's house. He was involved in the discussion."

(rural, young, unmarried man)

"Our men decide the type of circumcision; they asked us to circumcise sunna."

(rural, married woman)

These findings are confirmed by a recent cross-sectional household survey conducted in Khartoum and Gedaref States, which concluded that 21 per cent of fathers and 2 per cent of uncles were involved in the discussions on type of circumcision to be performed.[18]

Further, the role of men was largely framed by study participants as supporters of the decision not to perform FGM when taken rather than being the initiators of such a decision. They stated that men often shy away from standing against traditions out of fear of being stigmatized or losing their social status within the community.

"Yes sure, because these are customs and norms, and when you stand against them, they consider you changed after you study and deny your people [and roots], and you become socially isolated."

(rural, highly educated, father)

"No one talks to you directly, but he knows that people talk about his girls and may call them names [curse them]."

(rural, young, unmarried man)

"Parents are responsible, but there are customs and norms and social obligations. If you abandon them in one day, they will consider you as outsiders."

(rural, married man)

During his interview, a religious leader who holds anti-FGM views stated that he would not loudly voice his opinion so as not to compromise his creditability at the community level.

"I'm an Imam at the mosque, but I cannot talk about this issue (FGM), because the community does not accept speaking about such an issue."

(urban, married father)

Still, study participants confirmed that only men could take the decision not to perform FGM and stand against elderly in the family, freeing women from the responsibility of carrying on traditions. Some of the female study participants mentioned that when they decided not to circumcise their daughter they had to get their husbands' approval.

"It's very common to hear the grandmothers talking to the fathers [to convince them that it has no harm]. [They say] we are in front of you to show what happened to us [it did not affect us]."

(rural, married woman)

"Most people who abandon circumcision do so because of men's decision to abandon."

(rural, married woman)

"A man's role is very influential, because he can punish the woman either by divorce or marry another one, or cut her off from money."

(rural, female midwife)

Experts and NGO representatives who are working in the field of social protection and advocacy to end FGM mentioned that men are very influential in the decision-making and could, if they choose, play a very strong role in ending FGM, in which they as decision makers are able to stop the practice among their daughters and sometimes their relatives.

In conclusion, the study discussions described men's role in the decision-making of FGM is being conditioned by several determinants, such as the pressure of social norms including family pressure especially from elderly relatives, men's level of education and the nature of their work. However, it is widely agreed by study participants that FGM is most likely not to happen if men support the decision of not circumcising their daughters and that they can play an instrumental role in ending the practice. This conclusion is supported by findings from other studies.[19]

EFFECTIVE MALE ENGAGEMENT IN ANTI-FGM INTERVENTIONS: OPPORTUNITIES AND CHALLENGES

Key informants from community NGOs who were interviewed stated that men were effectively engaged in FGM prevention, being facilitators during community dialogues as well as members of community-based protection groups. Men are also involved as messengers in early warning systems that are responsible for reporting the midwives who practice FGM to support the reporting system in the Ministry of Health, and now to support implementation of Article 141 which criminalizes the practice of FGM.

> "Yes, in my niece's circumcision, I told them that there is a law that criminalizes FGM."
>
> *(young rural man)*

Another early warning system that can engage men in FGM prevention is led by UNICEF's Sudan Country Office in partnership with Entishar, a local NGO. The purpose is to establish a community-based risk-mapping mechanism, currently being implemented in 10 communities, which aims at reporting cases of girls at risk of FGM. When cases are reported, they are referred to a local intervention taskforce that responds to prevent FGM. The local intervention taskforce consists of three system reporters and three community leaders in each community.

> "We have two messengers in each community, one man and one woman, and also we have men in a local intervention task force, and system reporters."
>
> *(representative of NGO)*

Engaging men in anti-FGM activities in Sudan is challenging, as older men consider themselves as the protectors of social norms and culture and are resistant to any change, while younger men who are more open to change find it difficult to challenge and confront elderly in the community.

> "Although youth are much easier to change, community influencers (mostly elders) have a higher impact in the community."
>
> *(rural, member of Y-Peer network, young man)*

FGM is widely perceived as a 'women's issue' in both rural and urban areas, and efforts to engage men in the decision-making can be resisted by women, and might subject men to wide community critiques.

> "Men consider FGM as women's issue and they have no relation with it."
>
> *(representative of an NGO)*

Most community key informants interviewed stated that men are mostly not interested or motivated to attend FGM-related activities. They added that they rarely managed to plan an activity to capture their attention and motivation, especially the elder ones, and thus there is always gender imbalance in FGM-related community functions.

"Bad planning creates weakness in engaging men in FGM"

(government official)

According to study participants, the strong link established between FGM and religion makes it challenging to talk or involve men in anti-FGM activities, as they could be stigmatized when seen as opposing their religion.

"Perceptions toward FGM – especially related to religion – make it hard to convince them to abandon the practice and stigmatize those who talk about it."

(representative of UN agency)

Some participants, especially in the rural areas, indicated that the belief communities will not accept uncircumcised girls and that uncircumcised girls will find it difficult to get married, is one of the main reasons that fathers do not oppose the practice of FGM.

"Men refuse to marry an uncircumcised girl."

(rural, unmarried, young man)

RECOMMENDATIONS

Discuss **FGM among community members as a violation of rights** by explaining the harms inflicted on girls and women and the long-term consequences as a result of the practice. Further, debate the relationship between gender inequality and FGM so it can increasingly be recognized as a form of gender-based violence (GBV).

Stress the importance of **open communication between husbands and wives** around issues of sexuality, sexual pleasure and FGM in relation to greater enjoyment of the marital relationship. This will ensure the flow of knowledge, reduce the dangerous silence around FGM within many families and encourage men to be more involved in ending FGM.

Shift concepts of fatherhood among study participants. Many stated that they are involved or would like to be more involved in the lives of their children, which offers a pathway for engaging men in standing against FGM. Therefore, messages should focus on positive fatherhood in association to ending FGM. However, these messages should be framed in the wider context of gender equality within the family, that is, improving family communications and joint couple decision-making, rather than developing messages focused on protection, where father protecting their daughters from FGM contribute to reinforcement of the gender-inequitable power structure.

Develop **different messages for different men's groups and ages**. It is essential to apply concepts of intersectionality when developing and examining FGM messages targeting men. For example, messages developed for older married men should be different from the ones directed to young married men, and different from those directed to young unmarried men. The messaging should take into consideration social class, education and geographical settings. The fieldwork showed that older men have more influence than younger men when it comes to opposing family decisions about FGM, and this should be reflected in messaging.

Religious messages are very influential in all men's groups, especially with the older generation. These messages can encourage older men to stop and end FGM within their families, and create pressure on their sons to stop circumcising their daughters. However, due to the unified position of religious leaders on the position of Islam regarding FGM, it is recommended to use simple and straightforward messages that address the relationship between FGM and religion, such as, "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".

Shift the focus away from the physical harms such as bleeding, infection and infertility and towards emotional and sexual consequences, mistrust, trauma or shame. Health messages are very influential across all age groups; however, there is a risk that increased health messages can contribute to the medicalization of the practice. Focus messages on sexual pleasure and satisfaction in relation to FGM.

Develop **specific messages to address and condemn the medicalization of the practice**. Messages should clearly implicate health practitioners, whether midwives, nurses or doctors, who are violating girls' and women's bodily rights, which is not in accordance with their ethical medical code.

Anti-medicalization messages should also stress that the medicalization of FGM does not ensure freedom from complications. Messages, especially directed to men and religious leaders should explicitly mention that all types of FGM including Type I, or what they call 'sunna', will not prevent the negative consequences of FGM and especially the emotional and sexual effects. **Messages regarding family planning, maternal health and other areas of health can also integrate content on FGM.**

Rely on **'community conversations' rather than the didactic, information-based health-heavy approach** that has been most common. Being aware of the negative health consequences of FGM does not seem to lead to abandonment. Instead, knowledge of the harms has been noted to contribute to the medicalization of the practice and a measurable shift from the 'severe' Type III pharaonic to the Type I 'sunna' circumcision, which is perceived to be 'less harmful or 'not harmful'. Although not frequently perceived as a religious duty, the religious connotations in the use of the term 'sunna' (meaning 'Prophetic traditions' in Islam) may play an important function in disguising the main intention behind the practice, and work to normalize it.

Use a **gender-transformative approach to end FGM**. FGM interventions and programmes should challenge gendered social norms that support the regulation of women's sexuality and tighten these norms to concepts of masculinity and family honour. This requires designing interventions that empower girls by building girls' and women's agency. Design and organize sustained dialogues with parents, communities and gatekeepers debating concepts of masculinity and gendered power structure. Support girls' education, and ensure access to sexual and reproductive health services and justice in these messages to combat FGM.

ENDNOTES

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