

Technical Note

COORDINATED STRATEGY TO ABANDON FEMALE GENITAL MUTILATION/CUTTING IN ONE GENERATION



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COORDINATED STRATEGY TO ABANDON FEMALE GENITAL MUTILATION/CUTTING IN ONE GENERATION:

A Human Rights-Based Approach to Programming

LEVERAGING SOCIAL DYNAMICS
FOR COLLECTIVE CHANGE

ACKNOWLEDGEMENTS

This technical note and coordinated strategy presents an in-depth examination of the research documented in ‘Changing a Harmful Social Convention: Female genital mutilation/cutting’, *Innocenti Digest*, UNICEF Innocenti Research Centre, Florence, Italy, 2005, to provide a more comprehensive understanding of FGM/C as a form of social convention. Its focus is limited to the social dynamics of this harmful practice at the community level, and it specifically applies game theory to the social dynamics of FGM/C.

This note has primarily been coordinated by Maria Gabriella De Vita and a first draft was written by Gannon Gillespie. It was prepared under the guidance of Karin Landgren, Chief of UNICEF Child Protection Section, and general support was provided by Nassra Abass.

Data and data analysis from DHS and MICS were coordinated by Edilberto Loaiza.

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TERMINOLOGY

Community-led initiatives pursue the vision and goals of the community. They are characterized by non-directive, non-judgmental forms of communication and aim to stimulate dialogue and discussion rather than to prescribe solutions or different behaviours.

Digest refers to ‘Changing a Harmful Social Convention: Female genital mutilation/cutting’, *Innocenti Digest*, UNICEF, Florence, Italy, 2005.

Organized diffusion strategy refers to a process through which the knowledge and actions of one family or community can spread to other families or communities through social networks, provided that this process is organized towards coordinated abandonment.

Social convention theory refers to game-theoretic analysis of female genital mutilation/cutting (FGM/C). It argues that families carry out FGM/C to ensure the marriageability and status of their daughters within the intramarrying group. For marriage, and for status, what one family chooses to do will depend on what other families in that community choose to do. FGM/C in this way resembles a self-enforcing social convention of a type identified by Thomas C. Schelling in *The Strategy of Conflict*, Harvard University Press, Cambridge, 1960.

INTRODUCTION

“Every year, three million girls [...] are subjected to genital mutilation/cutting, a dangerous and potentially life-threatening procedure that causes unspeakable pain and suffering.¹ This practice violates girls’ and women’s basic human rights, denying them of their physical and mental integrity, their right to freedom from violence and discrimination, and in the most extreme case, of their life.”²

The coordinated strategy presented in this technical note describes a human rights-based approach to female genital mutilation/cutting (FGM/C) programming. The note aims to provide guidance to programmers who are supporting large-scale abandonment of FGM/C in Egypt, Sudan and countries in sub-Saharan Africa.

To provide a more comprehensive understanding of FGM/C as a social convention, this coordinated strategy includes an in-depth examination of the research documented by the UNICEF Innocenti Research Centre in ‘Changing a Harmful Social Convention: Female genital mutilation/cutting’, *Innocenti Digest* (UNICEF, Florence, 2005). Its focus is limited to the social dynamics of the practice at the community level, and it applies game theory, the science of interdependent decision-making, to the social dynamics of FGM/C.

This strategy does not cover everything that occurs at the community level, but rather, looks at the practice from the perspective of a particular type of social convention described by Thomas C. Schelling in *The Strategy of Conflict*. It introduces an innovative approach to FGM/C programming that is intended to bring about lasting social change.

It provides a:

- Review of the current status of FGM/C.
- Detailed account of the social dynamics of FGM/C, using theoretical models based on game theory analysis.
- Graphic illustration of the organized diffusion strategy model, which traces the spread of information beginning with a small number of people and expanding to influence larger groupings of people.
- Vision and guiding principles.
- Goal by 2015.
- Communication approach to initiate and support social convention shifts.
- Strategic direction by subregions.
- Summary of UNICEF’s concept of a protective environment for children.
- Monitoring and evaluation strategy, based on commonly agreed indicators.
- Modular approach to costing.

Innocenti Digest conclusions

The *Digest* provides a much-needed analysis of FGM/C. Central to the *Digest* is an understanding that this complex practice is a social convention linked to marriage – concurring with the premise that families carry out FGM/C to ensure the marriageability and status of their daughters within the intramarrying community. The *Digest* presents a careful analysis of the types, prevalence rates and locations of this practice. It also details current efforts to encourage FGM/C abandonment through interventions at international, national and local levels. The conclusion of the *Digest* provides a summary of the underlying factors perpetuating FGM/C and the steps necessary to bring about its abandonment:

“Female genital mutilation/cutting has been perpetuated over generations by social dynamics that make it very difficult for individual families as well as individual girls and women to abandon the practice. Even when families are aware of the harm it can bring, they continue to have their daughters cut because it is deemed necessary by their communities for bringing up a girl correctly, protecting her honour and maintaining the status of the entire family. Not conforming to the tradition brings shame and stigmatization upon the entire family and prevents girls from becoming full and recognized members of their community.

“This *Digest* demonstrates that change is possible. Societal attitudes do shift and communities are making the choice to abandon this harmful practice. The elements needed to transform communities have become increasingly clear.

“The most successful approaches guide communities to define the problems and solutions themselves to ensure that they do not feel coerced or judged. They also encourage communities who have made the decision to abandon the practice to publicly declare their choice and spread their message to their neighbours. Approaches that are based on the principles of human rights have demonstrated the greatest potential for promoting the abandonment of FGM/C. Rather than addressing FGM/C in isolation, they focus on building the capacity of people, especially of girls and women, to promote and safeguard their own human rights. Finally, communities need support if they are to abandon FGM/C on a large scale. They need the engagement of traditional and religious leaders, legislative and policy measures, fora for public debate, and accurate and culturally sensitive media messages.

“The time is right to catalyse a global movement for positive and lasting change. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child represent important international standards to shape States’ policies and programmes to address and promote the abandonment of FGM/C and other harmful traditional practices. Regional initiatives are building on a growing momentum to end the practice. In Africa, ratification of the Maputo Protocol to the African Charter on Human and Peoples’ Rights [entered into force 25 November 2005] reaffirms States’ commitment to promoting and protecting the human rights of women and children.

“Ending FGM/C is an ever-growing reality. The basic knowledge of how best to support communities to end FGM/C exists today. It can be applied widely, within and across countries. With global support, it is conceivable that FGM/C can be abandoned in practising communities within a single generation.”

Foot-binding and FGM/C

Important and instructive parallels between FGM/C and the well-documented practice of foot-binding in China help explain how such harmful social conventions first developed. In ‘Ending Footbinding and Infibulation’,³ Gerry Mackie describes the similarities between the two practices. Among the correspondences between foot-binding and FGM/C, they both:

- Are nearly universal customs within groups where they are practised; they are persistent and are practised even by people who oppose them.
- Control sexual access to females and promote female chastity and fidelity, at least in their origins.
- Are considered to be necessary for proper marriage and are believed to be sanctioned by tradition.
- Seem to have a past of contagious diffusion and are supported and transmitted by women.

The practice of FGM/C, like that of foot-binding, is thought to have evolved in the context of a highly stratified empire, in which the emperor and his elite used it to control the fidelity of their many female consorts. With time, these practices came to be adopted by families in lower strata of society to enable their daughters to marry into higher strata. Foot-binding and FGM/C eventually became essential signs of marriageability throughout the respective empires and in all but the poorest groups in society. In this way, the practices became social conventions that had to be observed if a girl was to find a husband – conventions that persisted after the original imperial conditions faded.

The strategy used by reformers to end the practice of foot-binding had three key elements: They educated the population that the rest of the world did not bind women’s feet and that China was ‘losing face’ by continuing the practice. They explained the advantages of natural feet and the disadvantages of bound feet. And they formed ‘natural foot societies’ whose members pledged not to allow their sons to marry women with bound feet, as well as not to bind their daughters’ feet.

The reformers’ strategy was very successful and supported the hypotheses that foot-binding was a self-enforcing convention and that to end the practice, a shift in social convention was required. This same strategy can be used in the abandonment of FGM/C, as described in this technical note. *Annex I* compares foot-binding and its abandonment in China with traits of FGM/C and its abandonment in Egypt, Senegal, Somalia and Sudan. The annex lists the main operating social mechanisms of both practices, along with the similarities and differences for more than 30 traits.

¹ It has been calculated that 3,050,000 girls were subjected to FGM/C on the African continent in 2000 (figure courtesy of Stanley Yoder, Measure DHS, ORC Macro). This figure is derived by taking the number of females born in 2000 in these countries, calculating a loss due to infant mortality, and multiplying the resulting figure by the prevalence of FGM/C among the 15- to 24-year-old cohort in each of the countries where FGM/C is practised. The resulting figure is approximate, in part because there are no figures for prevalence among girls younger than 15, and in part because there is uncertainty over FGM/C prevalence in a number of countries, including the Democratic Republic of the Congo, the Gambia, Liberia, Senegal, Sierra Leone and Sudan.

² United Nations Children’s Fund, ‘Changing a Harmful Social Convention: Female genital mutilation/cutting’, *Innocenti Digest*, UNICEF Innocenti Research Centre, Florence, 2005, p. vii.

³ Mackie, Gerry, ‘Ending Footbinding and Infibulation: A convention account’, *American Sociological Review*, vol. 61, no. 6, December 1996, pp. 999–1017.

CHAPTER 1: CURRENT STATUS OF THE PRACTICE OF FGM/C¹

According to the World Health Organization (WHO), between 100 million and 140 million women and girls have undergone some form of female genital mutilation/cutting.² While the precision of these figures is open to debate, they provide some indication of the massive scale of this human rights violation.

1.1 Where is FGM/C practised?

The majority of girls at risk of undergoing FGM/C live in some 30 countries in Africa and the Middle East (*see Map 1*). In Africa, these countries form a broad band from Senegal in the west to Somalia in the east. Recent analysis reveals that an estimated 3 million girls are at risk of FGM/C each year on the African continent (Egypt, Sudan and countries in sub-Saharan Africa).³ Of these, nearly half are from two countries: Egypt and Ethiopia.

Some communities on the Red Sea coast of Yemen are also known to practise FGM/C, and there are reports, but no clear evidence, of a limited incidence in the Islamic Republic of Iran, Jordan, Oman, the Occupied Palestinian Territory (Gaza) and in certain Kurdish communities in Iraq. Beyond these areas, the practice has also been reported among certain populations in India, Indonesia and Malaysia.⁴

The most reliable and extensive data on the prevalence and nature of FGM/C are provided by the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). These represent an important resource for situation analysis in, at present, 20 countries in which FGM/C is practised. The most current data from these sources (*see Table 1*) indicate that FGM/C prevalence – defined as the percentage of women aged 15–49 who have undergone some form of FGM/C – varies significantly from country to country, from as low as 1 per cent in Cameroon to as high as 96 per cent in Egypt and Guinea.⁵

Countries in which FGM/C is practised but for which there are not, as yet, DHS or MICS data are the Democratic Republic of the Congo, Djibouti, the Gambia, Guinea-Bissau, Liberia, Sierra Leone, Somalia, Togo, Uganda and Zambia.⁶ In these countries, estimates of FGM/C prevalence vary widely: The Democratic Republic of the Congo is thought to have less than 5 per cent prevalence, while Somalia is estimated to have prevalence around or above 90 per cent.

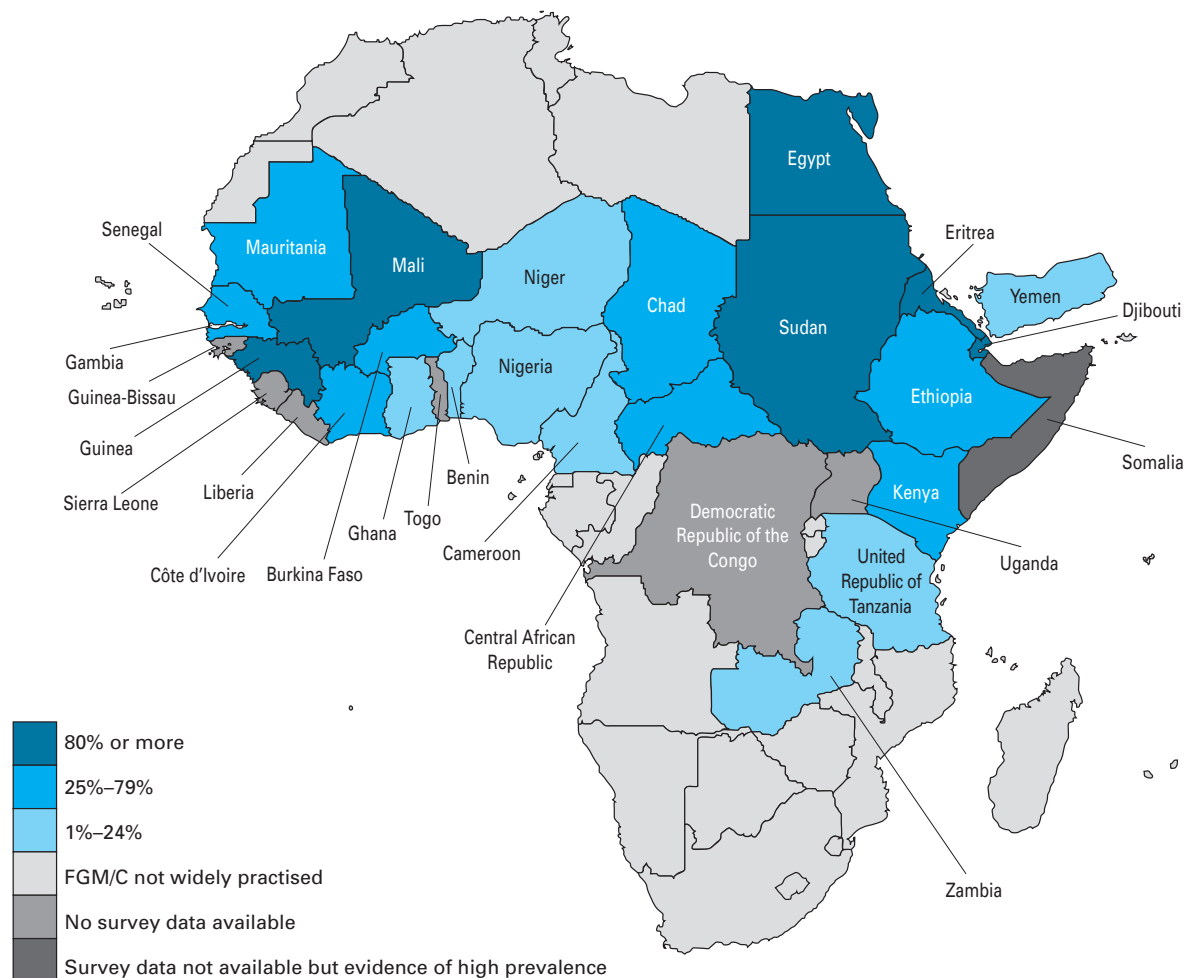
Table 1: FGM/C prevalence among women/girls aged 15–49, by country

Country	Survey type, date	National FGM/C prevalence
Benin	DHS, 2001	17%
Burkina Faso	DHS, 2003	77%
Cameroon	DHS, 2004	1%
Central African Republic	MICS, 2000	36%
Chad	MICS, 2004	45%
Côte d'Ivoire	DHS, 1998-1999	45%
Djibouti	PAPFAM, 2004	98%
Egypt*	DHS, 2005	96%
Eritrea	DHS, 2002	89%
Ethiopia	DHS, 2005	74%
Ghana	DHS, 2003	5%
Guinea	DHS, 2005	96%
Kenya	DHS, 2003	34%
Mali	DHS, 2001	92%
Mauritania	DHS, 2000-2001	71%
Niger	DHS, 1998	5%
Nigeria	DHS, 2003	19%
Senegal	DHS, 2005	28%
Sudan (north)*	MICS, 2000	90%
Tanzania, United Republic of	DHS, 2004	15%
Yemen*	DHS, 1997	23%
Zambia	ZSBS, 2005	1%

* Sample consisted of ever-married women.

Source: Table compiled by the UNICEF Strategic Information Section, Division of Policy and Planning.

Map 1: FGM/C prevalence among women/girls aged 15–49



This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Sources: DHS, MICS and other national surveys, 1997–2005.

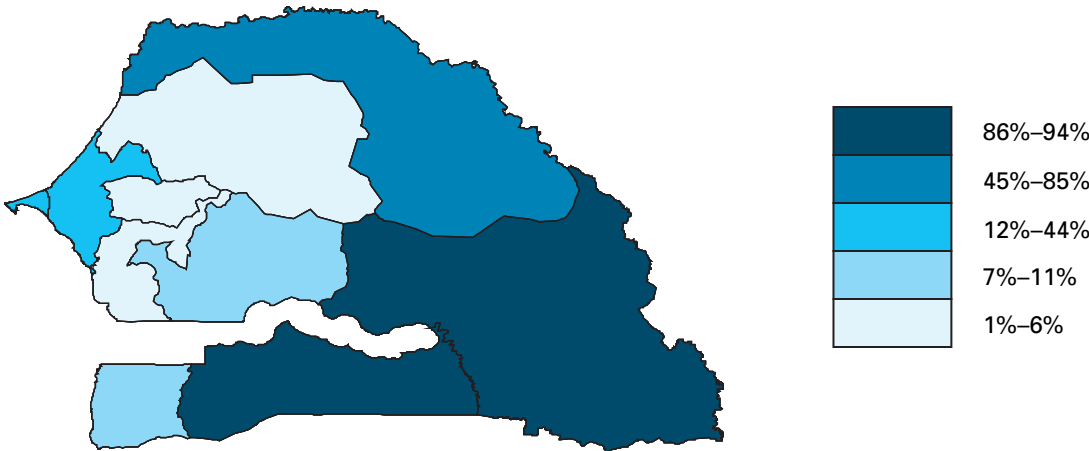
1.2 Disaggregated data

Many surveys show differences in prevalence by ethnicity and religion, and both DHS and MICS permit national-level data to be disaggregated by age group, urban-rural residence, household wealth, women’s education and region or province. The possibility of analysing disaggregated data on prevalence is of crucial importance because national averages can disguise significant in-country variations. In countries where a significant proportion of the population does not pursue the practice, disaggregation can enhance understanding of the phenomenon.

The value of disaggregation by region or province is illustrated by the case of Senegal (*see Map 2*), where data from DHS 2005 indicate that at the national level 28 per cent of women aged 15–49 have undergone FGM/C. Looking at the situation from a subnational perspective reveals significant geographic variations. FGM/C is a widespread practice in Senegal’s southern regions of Kolda (94 per cent) and Matam (93 per cent), while less than 6 per cent of women have undergone some form of cutting in the central regions of Diourbel, Fatick and Louga.⁷ The variation is largely explained by the presence of diverse ethnic communities with differing attitudes and practices regarding FGM/C.

In Senegal countrywide, FGM/C prevalence ranges from 2 per cent among the Wolof and the Serer to 78 per cent among the Soninke. DHS analysts point out that data vary far more by ethnicity than by any other social or demographic variable. When analysing data on ethnicity, the following issues need to be considered: Ethnic groupings rarely correspond to clearly defined national and international administrative divisions, and different groups that practise FGM/C may be present in the same provinces or districts. Even in a relatively detailed survey, the ethnic groups listed may be an ethnic category consisting of many subgroups with differing practices. However, the disaggregation of FGM/C prevalence by ethnicity can be useful for informing programmatic action.

Map 2: FGM/C prevalence among women aged 15–49 in Senegal

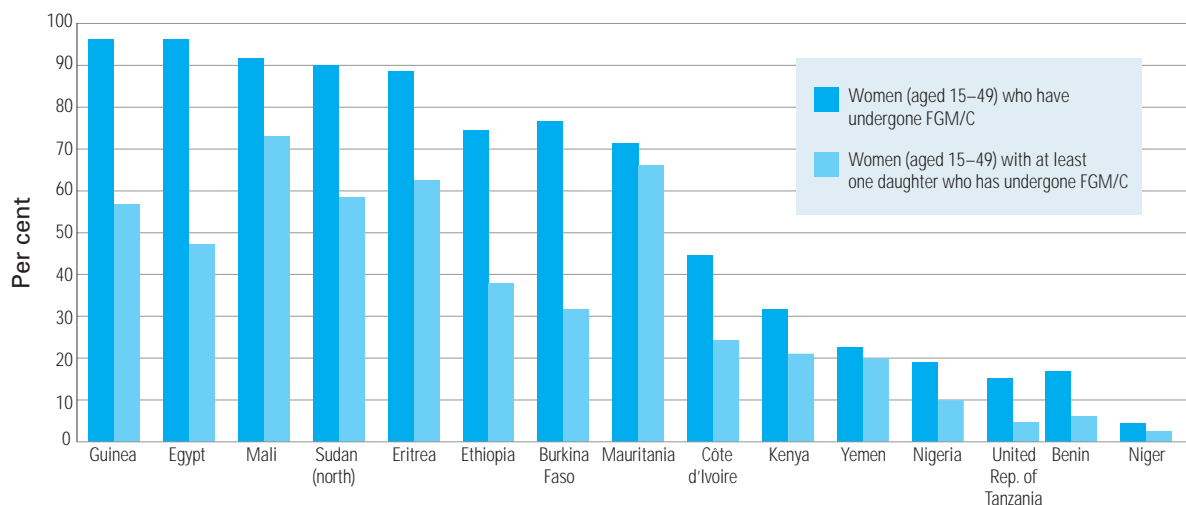


This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Source: DHS, 2005.

Generational trends: The difference between the percentage of women aged 15–49 who have undergone FGM/C and the percentage of women aged 15–49 with at least one daughter who has undergone FGM/C indicates a change in prevalence, a generational trend towards ending the practice. This is of particular importance in countries where the prevalence among women is more than 75 per cent. In Egypt and Guinea, for example, where almost all women aged 15–49 have undergone FGM/C, only about half of the women indicated that their daughters have undergone FGM/C (see Table 2).

Table 2: FGM/C prevalence among women and daughters



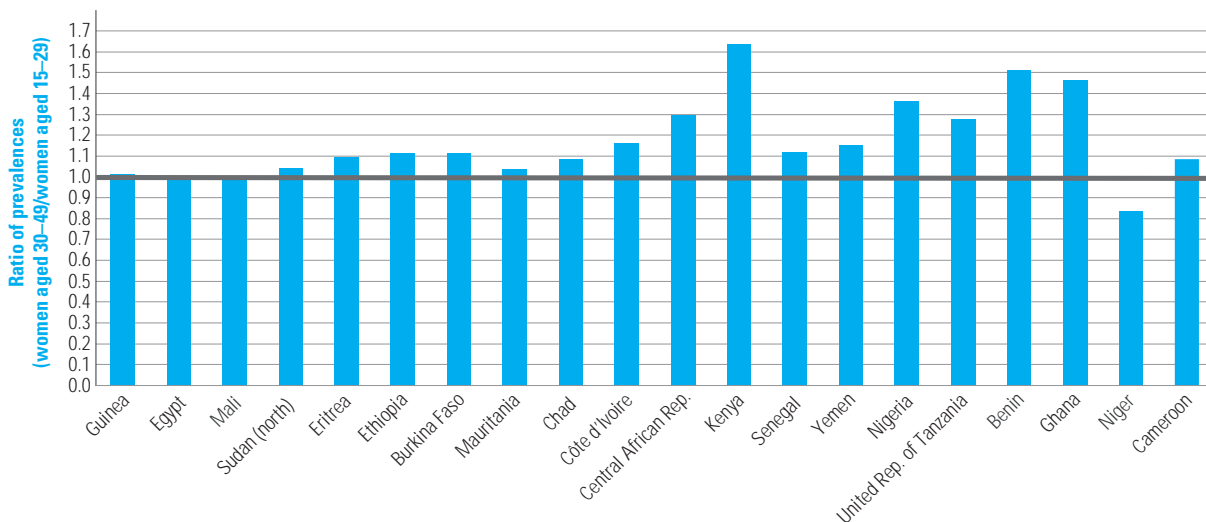
Note: Countries are listed from higher to lower levels of FGM/C.

Sources: MICS and DHS, 1997–2005.

Age: Table 3 compares FGM/C prevalence among women aged 30–49 with those aged 15–29, using the ratio of these two percentages (a ratio value above 1.0 indicates that FGM/C is more prevalent among women aged 30–49, a ratio below 1.0 indicates FGM/C is more prevalent among women aged 15–29, and a ratio of 1.0 indicates that the prevalences in the two groups are equal). Younger generations have lower prevalence of FGM/C in 16 countries – Benin, Burkina Faso, Cameroon, the Central African Republic, Chad, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Kenya, Mauritania, Nigeria, Senegal, northern Sudan, the United Republic of Tanzania and Yemen. All of these countries have a ratio greater than 1:1, indicating a possible trend towards a decrease in the practice. For countries with higher prevalence – Egypt, Guinea, Mali and northern Sudan – the ratio is very close to 1, indicating that FGM/C is constant across ages and has therefore remained constant in the recent past. In Niger the ratio is below 1, indicating higher FGM/C prevalence among younger generations.

Table 3: Change over time: Levels of FGM/C are lower among women in younger generations

Ratio of FGM/C prevalences, by women's age (30–49/15–29)



Note: Countries are listed from higher to lower levels of FGM/C among women aged 15–49. A ratio above 1.0 indicates FGM/C is more prevalent among women aged 30–49. A ratio below 1.0 indicates FGM/C is more prevalent among women aged 15–29. A ratio of 1.0 indicates the prevalences in the two groups are equal.

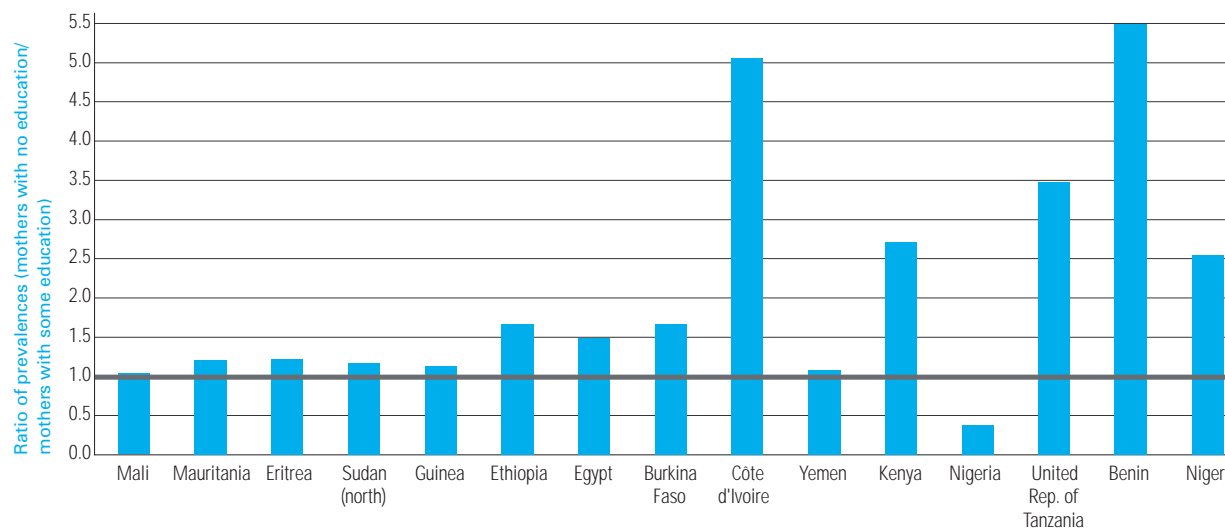
Sources: MICS and DHS, 1997–2005.

Education: DHS and MICS also allow FGM/C prevalence among women to be disaggregated according to their educational attainment. Establishing a relationship between a woman's FGM/C status and her educational level can often be misleading because FGM/C usually takes place before education is completed and often before it commences. A mother's level of education, however, appears to be a significant determinant of FGM/C status of daughters when FGM/C prevalence is below 75 per cent.

Of the 15 countries with available survey data, eight present a positive relationship between a mother's education and the FGM/C status of her daughters, with ratios of 1.5 or greater; six countries show no difference by level of education; and one shows that the likelihood of having at least one daughter who has undergone female genital mutilation/cutting is greater among women with some education (*see Table 4*).

Table 4: A mother's education is associated with the FGM/C status of her daughters

Ratio of FGM/C prevalences in daughters, by mother's education (none/some)



Note: Countries are listed from higher to lower levels of FGM/C among daughters. A ratio of 1.0 indicates the prevalences in the two groups are equal.

Source: *Female Genital Mutilation/Cutting: A statistical exploration*, UNICEF, 2005, p. 9.

A more in-depth analysis of socio-economic and demographic differentials affecting FGM/C prevalence rates can be found in the UNICEF publication *Female Genital Mutilation/Cutting: A statistical exploration, 2005*.⁸ It is notable that more in-depth analysis demonstrates there is a gradual shift towards medicalization of FGM/C in many countries. The UNICEF publication points out that by serving as a tool to perpetuate and legitimize this practice, this shift presents enormous challenges to advocacy efforts. It also notes it is necessary to more fully understand who is participating in the decision-making surrounding the practice. *Chapter 2* provides a systemic response to this complex issue.

¹ This chapter is an updated and revised version of Chapter 2, 'Magnitude, Assessment and Measurement' in United Nations Children's Fund, 'Changing a Harmful Social Convention: Female genital mutilation/cutting', *Innocenti Digest*, UNICEF Innocenti Research Centre, Florence, 2005, pp. 3–9. Map 1 and Tables 2, 3 and 4 (including description of the data) were published in United Nations Children's Fund, *Female Genital Mutilation/Cutting: A statistical exploration, 2005*, UNICEF, New York, 2005.

² World Health Organization, 'Female genital mutilation', Fact Sheet No. 241, WHO, June 2000, <<http://www.who.int/mediacentre/factsheets/fs241/en/>>, accessed 12 March 2007.

³ It has been calculated that 3,050,000 girls were subjected to FGM/C on the African continent in 2000 (figure courtesy of Stanley Yoder, Measure DHS, ORC Macro). This figure is derived by taking the number of females born in 2000 in these countries, calculating a loss due to infant mortality, and multiplying the resulting figure by the prevalence of FGM/C among the 15- to 24-year-old cohort in each of the countries where FGM/C is practised. The resulting figure is approximate, in part because there are no figures for prevalence among girls younger than 15, and in part because there is uncertainty over FGM/C

prevalence in a number of countries, including the Democratic Republic of the Congo, the Gambia, Liberia, Senegal, Sierra Leone and Sudan.

- ⁴ United Nations Children's Fund, 'Changing A Harmful Social Convention: Female genital mutilation/cutting', *Innocenti Digest*, UNICEF Innocenti Research Centre, Florence, 2005, p. 3.
- ⁵ Institut National de la Statistique and ORC Macro, *Enquête Démographique et de Santé du Cameroun 2004* (Demographic and Health Survey, Cameroon 2004), National Statistics Institute and ORC Macro, Calverton, Maryland, June 2005, pp. xxvi, 236, 237. Direction Nationale de la Statistique and ORC Macro, *Enquête Démographique et de Santé, Guinée 2005* (Demographic and Health Survey, Guinea 2005), National Center for Statistics and ORC Macro, Calverton, Maryland, April 2006, pp. xxii, 222. El-Zanaty, Fatma, and Ann Way, Egypt Demographic and Health Survey 2005, Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro, Cairo, March 2006, pp. xxvi, 211.
- ⁶ Household survey data exist for Djibouti (PAPFAM 2004) and Zambia (Sexual Behaviour Survey 2005); in the other countries, only estimates are available to date.
- ⁷ All data from: Ndiaye, Salif, and Mohamed Ayad, *Enquête Démographique et de Santé au Sénégal 2005* (Demographic and Health Survey, Senegal 2005), Research Centre for Human Development (Senegal) and ORC Macro, Calverton, Maryland, April 2006.
- ⁸ United Nations Children's Fund, *Female Genital Mutilation/Cutting: A statistical exploration, 2005*, UNICEF, New York, 2005.

CHAPTER 2: THE SOCIAL DYNAMICS OF FGM/C

2.1 Social convention theory: A brief account

This section expands on the third chapter of the *Digest*, which is devoted to the social dynamics of FGM/C and is a necessary introduction to better understanding of the material in this technical note.

The social processes of FGM/C resemble the social dynamics of the self-enforcing social convention theory identified by Schelling.¹ Families carry out FGM/C to ensure the marriageability and status of their daughters within the intramarrying group. For marriage and for status, what one family chooses to do depends on what other families in that community choose to do. No one family can abandon the practice on its own; to do so would ruin the marriageability and status of that family's daughters. To change the convention, it is necessary to coordinate abandonment by the intramarrying community as a whole.

To succeed at such mass abandonment, it is not necessary at the outset to gain the support of the entire community. Following the logic of Schelling's social convention theory, if an initial core of families within a larger intramarrying group decides to abandon FGM/C, it is immediately in the interest of this initial group to recruit other families in the community to abandon cutting. By recruiting other families, the core group that has agreed to abandon cutting increases marriage choices for those within the non-cutting subgroup. Similarly, it is immediately in their interest to persuade others of the disadvantages. In other words, the knowledge and actions of one family or community can spread to other families or communities through social networks, provided that this process is organized towards coordinated abandonment.

There are two thresholds in the type of convention shift identified by Schelling. First, the initial core group mentioned above must mobilize a sufficient number of people to become self-sustaining (a 'critical mass'). Second, the growing core group, at some point, must become a large enough proportion of the intramarrying group to create a 'tipping point'. Once past the tipping point, a shift to the new convention becomes irreversible for most of the population. After the convention shift, the practice is no longer linked to marriage, and thus there is no reason to return to FGM/C.

Because of the conventional nature of the practice – what one family chooses to do depends on what other families choose to do – it is unlikely that the shift from a convention of cutting to a convention of not cutting would come about spontaneously. After the core group is mobilized, a sufficient proportion (past the tipping point) of families willing to abandon the practice must be enrolled – which would be unlikely in the absence of an organized abandonment effort. There must also be a moment of social recognition, e.g., a public declaration, where the ending of the practice is witnessed – a moment of coordinated abandonment when most people are assured that most other people are ending the practice. Only at this point is the marriageability and status of their uncut daughters assured.

Three assumptions are made below:

- FGM/C is linked to marriageability.

- The typical family or daughter prefers marriageability to non-marriageability.
- People will always move to the highest possible value among their available choices.

2.2 The game-theoretic model

The following section provides a more in-depth explanation of game theory as it relates to social convention theory. The reasoning is not intrinsically difficult, but the method may be unfamiliar to many people.

Static version

a. Interdependent decision-making: Game theory is the study of interdependent decision-making. The choice made by one player in the game depends on the choice made by the second player, whose choice, in turn, depends on the choice made by the first. In a larger group, the choice of each depends on the choice of all. In order to model a larger group's choice, simple Game Theory asks us to look at things from the standpoint of the typical chooser, here labelled *Self*, and from the standpoint of all others in the group as if they were one, here labelled *Other*.

The interdependent choices made by these players form different 'states of the world' (see below). Imagine, for example, in a community where FGM/C is widely practised, two families (*Self* and *Other*) each have a daughter planning on marriage. Four possible states of the world result from the families' interdependent choices on whether to cut their daughters:

- *Self* Uncut, *Other* Uncut: All Uncut
- *Self* Uncut, *Other* Cut
- *Self* Cut, *Other* Cut: All Cut
- *Self* Cut, *Other* Uncut

The agents – individuals or families – rank these states of the world from best to worst. For convenience, game theory assigns a higher number to indicate a higher ranking of a state of the world. A typical member of a practising group in the community would rank the four states as follows:

- ***Self* Uncut, *Other* Cut** ranks worst at 0: If *Self* is Uncut and *Other* is Cut, then *Self* suffers worse marriage choice and lower status. The cutting *Other* obtains better marriage choice and higher status.
- **All Cut** ranks third-best at 1: If both *Self* and *Other* are Cut, then each retains marriageability and status, although each suffers harm to health and human rights. For a typical family in a community where all are cut, FGM/C damages a daughter's health and violates her human rights, but the loss of marriageability and status from going Uncut would be perceived as an even greater harm.
- ***Self* Cut, *Other* Uncut** ranks second-best at 2: If *Self* is Cut while *Other* chooses to be Uncut, then *Self* gains marriage and status advantage even though suffering damage to health and human rights. FGM/C is connected to marriageability; if one family were the only one to cut its daughter, she would be able to make the best marriage choice in the community. This helps to explain the origination of FGM/C. The full model assumes, however, that the daughter would be even better off going Uncut if everyone else goes Uncut, as described below.
- **All Uncut** ranks highest at 3: If everyone chooses to be Uncut, then each retains marriageability and status, and each avoids harm to health and loss of human rights.

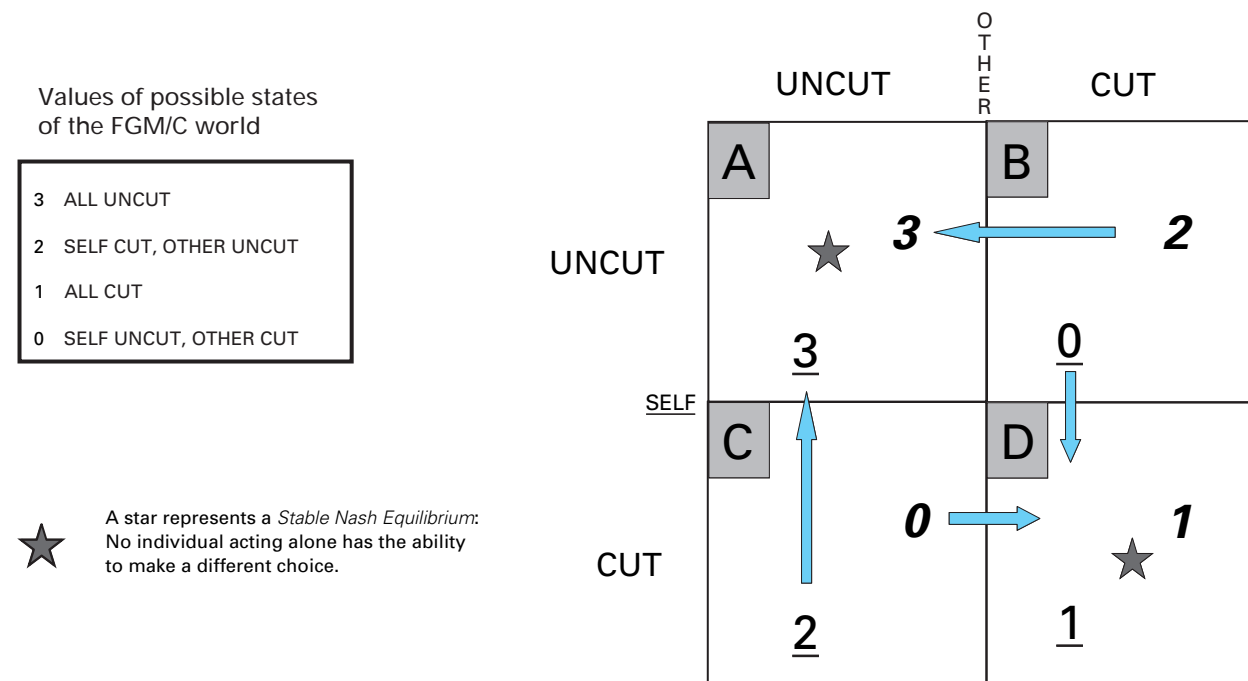
b. How *Self* and *Other* value each state of the world: Thus, the typical *Self* and typical *Other* would rank the four possible states of the world as follows:

	<i>Self</i>	<i>Other</i>
• All Uncut	3	3
• All Cut	1	1
• <i>Self</i> Uncut, <i>Other</i> Cut	0	2
• <i>Self</i> Cut, <i>Other</i> Uncut	2	0

Next, this same information will be laid out in a game theory matrix.

c. The game theory matrix: In the following diagram, the four boxes represent the four possible states of the FGM/C world. The underlined numbers represent the ranking value of each state to *Self*, and the italicized numbers represent the ranking value of each state to *Other*.

Figure 1: Game theory matrix: Values of FGM/C in four possible states of the world



To begin with, there are four interdependent states of the world within the chart. The box D on the lower right indicates the state of the world where *Self* chooses Cut and *Other* chooses Cut, in other words, All Cut. Each individual or family ranks this state of the world at a value of 1. The box A on the upper left indicates the state where *Self* chooses Uncut and *Other* chooses Uncut, in other words, All Uncut. Each ranks this state at a value of 3. The box B on the upper right shows how *Self* and *Other* value the state of the world when *Self* chooses Uncut and *Other* chooses Cut: *Self* values this state at 0, *Other* at 2. The box C on the lower left shows how each values the state where *Self* chooses Cut and *Other* chooses Uncut. *Self* values this at 2 and *Other* at 0.

Individuals necessarily choose a higher-ranked state over a lower-ranked state. The arrows in the diagram point from a lower-ranked to a higher-ranked state and indicate that the agent would choose the higher-ranked state. The two boxes B and D on the right side of the diagram, for example, show the states of the world where *Other* chooses Cut. If *Other* chooses Cut, *Self* has two options: to choose Cut (ranked at 1), or Uncut (ranked at 0).

The arrow illustrates that, faced with this choice, *Self* chooses Cut. The bottom two boxes C and D show the same dynamic from *Other*'s point of view: If *Self* chooses Cut, then *Other* chooses Cut at 1 rather than Uncut at 0.

d. Equilibrium states – no one individual could choose otherwise: In two of the four states (A, upper-left and D, lower-right), each *Self* and *Other* has no higher-ranked choice available to them, each has no incentive to choose otherwise. For example, in the upper-left box A, in the state where *Other* chooses Uncut, *Self* chooses Uncut, ranked 3, rather than Cut, ranked 2. In the All Uncut state of the world, neither *Self* nor *Other* has an option valued higher than Uncut. The same can be said of the lower-right box D: In an All Cut state of the world, neither *Self* nor *Other* (acting alone) has an option valued higher than 1. A state of the world where no single agent has an incentive to act otherwise, and no higher-ranked choice is available, is termed a 'Nash Equilibrium'. In the diagram above, a blue star indicates each of the two Nash Equilibria: All Cut and All Uncut.

e. Disequilibrium states of the world – not stable: The remaining two boxes in the diagram, the upper-right box B and the lower-left box C, represent disequilibrium states, unstable social choices. For example, the lower-left box C, where *Other* chooses Uncut and *Self* chooses Cut, is in disequilibrium: If *Other* were to choose Uncut, then *Self* would prefer to choose Uncut (following the arrow from lower-left box C to the upper-left box A), if *Self* were to choose Cut, then *Other* would choose Cut (following the arrow from the lower-left box C to the lower-right box D). Similar reasoning applies to the upper-right box B. In either disequilibrium state, *Self* and *Other*, each has an incentive to choose a more highly ranked state of the world, and each state does. Disequilibrium states are rarely observed.

f. Stuck in the tragic equilibrium: The members of a FGM/C-practising community find themselves in the tragic equilibrium portrayed in the lower-right box D: *Self* Cut and *Other* Cut – All Cut. Individually, each would be better off in the hopeful equilibrium portrayed in the upper-left box A: *Self* Uncut and *Other* Uncut – All Uncut. Each values the tragic equilibrium of All Cut at 1, each values the hopeful equilibrium of All Uncut at 3, but no individual acting alone can make the move from the worse equilibrium, All Cut, to the better equilibrium, All Uncut. To do so on her own would make her worse off.

g. Even if each wants to escape: The tragic equilibrium of All Cut traps everyone. Because of the interdependency of choice, even if every single individual in the community wanted to abandon the practice, no individual could do so on her own. Why? Abandonment of cutting would make an individual

worse off, unless she can be sure that everyone else would stop as well. The fact that *Other* may want to stop provides *Self* no assurance that *Other* actually has stopped, or will stop. And from *Other*'s point of view, the fact that *Self* hopes to or might stop provides no assurance either.

h. Coordinated move to hopeful equilibrium: Thus, because of the interdependency of their choices, *Self* and *Other* must *coordinate* their abandonment, their move from the tragic equilibrium to the hopeful equilibrium – from All Cut to All Uncut. Collective abandonment of cutting makes each individual better off, but only if all members of the intramarrying group abandon at the same moment. In terms of the diagram, the collective must move together, simultaneously – the boxes are flipped, if you will – from the lower-right box D to the upper-left box A. Successful abandonment of FGM/C within an intramarrying group would typically be rapid and organized rather than spontaneous and gradual.

i. Summarizing the game theory matrix: To reiterate, individual abandonment would make a family's daughter worse off because it denies her marriageability and status. Collective abandonment makes each individual better off, as the daughter of the typical family preserves her marriageability and status but does not undergo the health and human rights harms of FGM/C. Abandonment is possible but typically only by coordinating a collective abandonment within the intramarrying group.

Dynamic version

For simplicity of presentation, *Other* is treated here as if it were a single person. As a result, the story so far is vague about how to flip from the tragic equilibrium of All Cut to the hopeful equilibrium of All Uncut. Another graphic device, the Schelling Diagram, disaggregates the single *Other* into multiple *Others*: How individuals value being Cut or Uncut as a function of the percentage of the remaining members of the group choosing to be Uncut is examined. The details of the Schelling Diagram and its interpretation are presented in *Annex I*. A brief summary follows here.

The Schelling Diagram suggests that the process of change within a group begins with a smaller critical mass of families, who together find themselves better off going Uncut. Their resolve, however, would not be stable in the long run. To succeed they must attain a sufficient number of others in order to irreversibly abandon the practice.

Since each additional family recruited to potential abandonment adds to the value of abandonment for each, members of the critical mass each have an incentive to recruit more families, as do their new recruits. There is a larger percentage of families, past the tipping point, which, if organized, would be sufficient to irreversibly abandon the practice. Once the larger percentage of families is organized, they need to coordinate on a moment of abandonment. Remaining families then have an incentive to abandon as well; the minority has no incentive to resist the convention shift. The diagram also shows how health and human rights education ease the organization of abandonment.

As described by Gerry Mackie: "To understand, imagine that there is a group that has a convention whereby audiences (at the cinema, at plays, at recitals) stand up, rather than sit down. Sitting has been forgotten. Standing is both universal and persistent. An outsider comes along and explains that elsewhere audiences sit. After the shock of surprise wears off, some people begin to think that sitting might be better, but it would be better only if enough other people sit at the same time. If only one person sits, she doesn't get to see anything on the stage. If only one family abandons FGC, its daughter doesn't get married."²

Mackie continues by explaining that if a critical mass of people in the audience – even if less than the majority – can be organized to sit and recognizes the advantages of sitting, or of abandoning FGM/C, they will have an incentive to declare their intention and to recruit the remaining audience members to adopt their new practice. In a similar way, if a critical mass of people in an intramarrying group decides to refrain from FGM/C, it immediately becomes in their interest to persuade others to join them – until it becomes everyone’s best interest to do the same. Understanding this underlying mechanism illuminates how abandonment of an entrenched practice is prompted by a group’s public declaration of intent.

¹ Thomas C. Schelling, *The Strategy of Conflict*, Harvard University Press, Cambridge, 1960.





² Mackie, Gerry, ‘Female Genital Cutting: The beginning of the end’, Chapter 13, in Bettina Shell-Duncan and Ylva Hernlund, eds., *Female ‘Circumcision’ in Africa: Culture, controversy, and change*, Lynne Rienner Publishers, Boulder, Colorado, USA, 2001, p. 253.

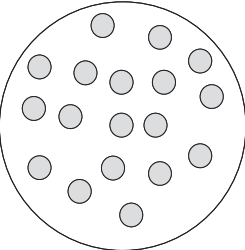
CHAPTER 3: THE ORGANIZED DIFFUSION STRATEGY

The diagrams in this section present a hypothetical scenario designed to trace the spread of information, beginning with a small number of people and expanding to influence larger groupings of people. The terms used have the following definitions:

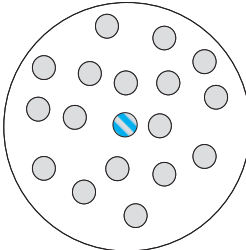
- Family: immediate decision-making group (typically relatives)
- Community: residential cluster of families
- Intramarrying group: people considered suitable for marriage

These diagrams are only intended to show the process of abandonment within an intramarrying group. It is important to consider the assumptions made in *Chapter 2*, i.e., FGM/C is linked to marriageability, each individual/family in practising communities prefers marriageability to non-marriageability, and people will always move to the highest possible value among their available choices.

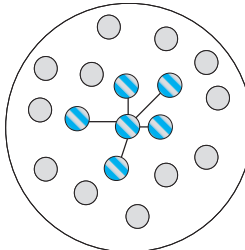
-  Grey represents a cutting convention
-  Blue indicates a non-cutting convention
-  A mixture of blue and grey indicates a transition state
-  To avoid confusion, communities are represented in a star shape when shown as a part of an intramarrying group



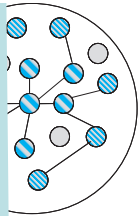
The families within a given community. All practise FGM/C.



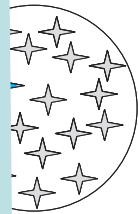
Information on human rights and health leads an individual or a small group to consider abandonment.



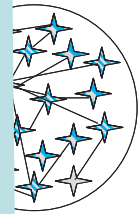
This small group has discussions with others in the community. Information also diffuses from the classroom via awareness-raising activities; in addition to FGM/C, many other issues may be discussed.



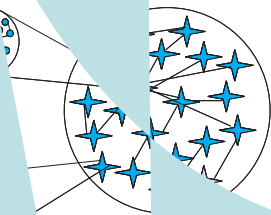
Those newly recruited, in turn, seek consensus among much of the community. The further spread of information and discussion leads to community consensus. Notice, however, that not every family has decided to pursue abandonment.



As this community marries with others within a larger intramarrying group, it must also seek the approval of those within that group. In this example, imagine this community is 1 of 20 comprising an intramarrying group. Imagine that it is 1 of 2 communities receiving direct information from an education process.



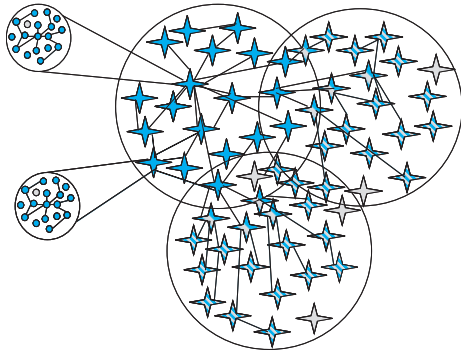
Diffusion within the intramarrying group is similar to the diffusion of information within a community. The two communities receiving direct information make contact with other communities, gaining new allies in the process. If this process is successful, the intramarrying group comes to a consensus through discussion, representing a change in attitude. Still, there will not be massive behavioural change and thus there is a need to find a means for collective change.



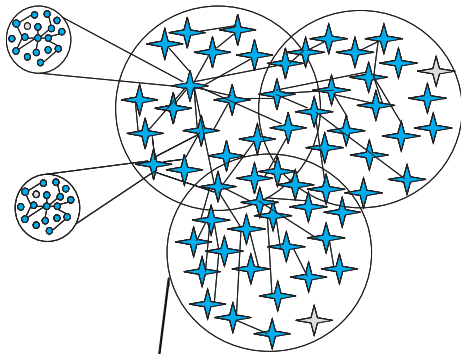
A public declaration provides a guarantee of safety, as families are able to see that other families are doing the same. This may lead to a change that is collective and permanent. The community shifts from 'cutting' to 'not cutting'.



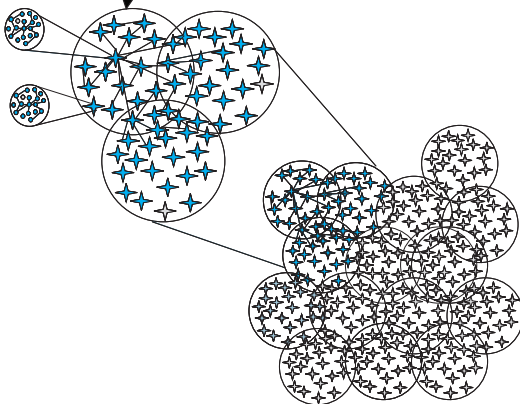
Certain communities in this (now) non-cutting intramarrying group also marry into other intramarrying groups. In other words, intramarrying groups overlap. It is thus important to ensure that these other groups also receive information, bringing in these other groups to abandon the practice.



The diffusion process now spreads to other intramarrying groups, which again must reach consensus and coordinate an abandonment to address the marriageability of their daughters.



Each of the new intramarrying groups acknowledges the change publicly, in different forms.



The process of diffusion can continue to influence other intramarrying groups throughout the ethnic group and social networks. Therefore, the process extends beyond state boundaries, as ethnic lines and social connections expand across borders and follow different lines.

CHAPTER 4: PROGRAMMATIC IMPLICATIONS

The programmatic implications of using game theory analysis to understand FGM/C are significant and include the facts that:

- It is theoretically possible that 100 per cent of the practising population is against the practice but continues it anyway.
- It is not necessary to recruit 100 per cent of a population at the outset, because in the build-up to a declaration, it becomes a core interest of the converted to convert others.
- The introduction of human rights education can ease the abandonment process.
- There must be a moment of social recognition (public declaration/written statement/public subscription list) when the ending of the practice is rendered public and explicit.

Six elements for abandonment

Insights from academic theory in *Section 2.1* correspond with lessons learned from such field experiences as Tostan in Senegal and Deir el Barsha in Egypt, and from the historical experience of foot-binding in China. Together, these suggest that six key elements can contribute to transforming the social convention of cutting girls and encourage the rapid and mass abandonment of the practice.

1. A non-coercive and non-judgemental approach in which the focus is fulfilling human rights and empowering girls and women: Communities tend to raise the issue of FGM/C when they increase their awareness and understanding of human rights and make progress towards the realization of those areas they consider to be of immediate concern, such as health and education. Despite taboos regarding the discussion of FGM/C, the issue emerges because group members are aware that the practice causes harm. Community discussion and debate contribute to a new understanding that girls would be better off if everyone abandoned the practice.

2. Community awareness of the harm caused by the practice: Through non-judgemental public discussion and non-directive reflection, the costs of FGM/C tend to become more evident as women and men share their experiences and those of their daughters.

3. The collective choice of a group that intramarries or is closely connected in other ways: FGM/C is a community practice and, consequently, is most effectively given up by the community acting together rather than by individuals acting on their own. Successful transformation of the social convention ultimately rests with the ability of members of the group to organize and take collective action.

4. An explicit, public affirmation by communities of their collective commitment to abandon FGM/C: It is necessary, but not sufficient, that many members of a community favour abandonment. A successful shift requires that they manifest – as a community – the will to abandon FGM/C. This may take various forms, including a joint public declaration in a large public gathering or an authoritative written statement of the collective commitment to abandon.

5. A process of organized diffusion that ensures the decision spreads rapidly from one community to another and is sustained: Communities must engage neighbouring villages so that the decision to abandon FGM/C can be spread and sustained. It is particularly important to engage those communities that exercise a strong influence. When the decision to abandon becomes sufficiently diffused, the social dynamics that originally perpetuated the practice can serve to accelerate and sustain its abandonment. Where previously there was social pressure to perform FGM/C, there will be social pressure to abandon the practice. When the process of abandonment reaches this point, the social convention of not cutting becomes self-enforcing and abandonment continues swiftly and spontaneously.

6. An environment that enables and supports change: Success in promoting the abandonment of FGM/C also depends on the commitment of government, at all levels, to introduce appropriate social measures and legislation, complemented by effective advocacy and awareness efforts. Civil society forms an integral part of this enabling environment. In particular, the media have a key role in facilitating the diffusion process.

CHAPTER 5: COMMUNICATION TO INITIATE AND SUPPORT SOCIAL CONVENTION SHIFTS

Programmes for the abandonment of FGM/C that are guided by social convention theory and implemented through a strategy of organized diffusion must develop an approach to communication that is consistent with the overall strategy. Essential elements include:

- A non-directive approach that values dialogue and discussion, creating space for people to learn and change.
- A primary focus on facilitating interpersonal communication within and between social networks, so network members have an opportunity to discuss such private issues as FGM/C among themselves.
- A secondary focus on the development of mass-media programmes that support dialogue rather than transmit messages.
- Senior-level advocacy that is synchronized with the process of organized diffusion, so policies and legal frameworks encourage and support shifts in social convention.

Often, members of a social network (insiders) do not respond to directive, health-promoting messages from communication specialists (outsiders). The specialists are not part of the trusted group that influences decision-making in the network, so their messages are often ignored. Instead, health information should be integrated into interpersonal discussion, so that it can be considered by the network. This is particularly true in communication about such sensitive issues as FGM/C.

Because sexuality is such a private topic, and because sexual behaviour is largely determined by cultural beliefs, it is difficult for outsiders to discuss FGM/C with community members, let alone prescribe behaviours to stop it. A more effective approach that respects human rights is for outsiders to facilitate interpersonal communication in which all viewpoints are discussed, guided by the principles of self-determination, participation and inclusion. In this approach, the role of the outside communication specialist is to:

- Help community members create ‘safe spaces’ in which sensitive topics can be discussed.
- Facilitate discussion or develop the capacity of community members to facilitate discussion that enables all people to exchange opinions and listen to each other.
- Negotiate collective change by helping community members reach consensus on what should be done.

Change is then produced from a mix of insider and outsider knowledge that is agreed upon by all. This non-directive communication approach builds community ownership, a necessary precondition for sustained change. If outsiders direct the conversation towards FGM/C abandonment, rather than facilitate a process in which people come to this conclusion themselves, it is unlikely they will build the collective will to change.

By definition, non-directive communication addresses priorities that are set by community members themselves. FGM/C, therefore, is rarely the starting point for interpersonal discussion. Rather, discussion about this practice should be integrated into holistic communication about child health and community

development, focusing on community norms and standards as much as on individual behaviour. The challenge for governments and development agencies is to facilitate community discussion at scale, through an organized diffusion strategy, and to maintain commitment to large-scale, non-directive communication for an extended period of time.

Currently, the dominant communication paradigm is health education through the design and delivery of messages. The messages are usually delivered in time-bound campaigns and are designed to persuade people to comply with health-seeking behaviours. In the case of FGM/C, these campaigns often build knowledge in their target audiences but fail to convert that knowledge into widespread abandonment.

Even when individuals easily understand the campaign messages, they are unable to act on them because they will face stigma if they do so by themselves. No matter how much they would like to abandon FGM/C, most mothers continue to proceed with genital mutilation/cutting of their daughters because that is the only way the daughters can be properly married and able to maintain the family's place in society. Survey data from Eritrea, for example, indicate that many people are against FGM/C, but the practice continues unabated. Effective communication for FGM/C abandonment must therefore not only explain why the practice is harmful. It must also help communities discover how they can stop, by facilitating non-directive communication to help them make a collective decision to change the social practice.

To move ahead with effective communication for the abandonment of FGM/C, governments and development agencies must develop a human resource base of communication specialists who can facilitate large-scale, non-directive communication. They must shift from issue-specific vertical communication campaigns to integrated communication strategies that address health and community development holistically. And they must lengthen the time frame for development projects, so that community-based discussion can be converted into a collective decision to shift social conventions. These are significant changes from current communication practice and will require advocacy if they are to be funded and adopted.

CHAPTER 6: COORDINATED IMPLEMENTATION STRATEGY

A number of community-level programmes are protecting girls from FGM/C. These programmes are participatory in nature, do not address FGM/C directly and generally guide communities to define the problems and solutions themselves. Established to help bring about social change, some programmes incorporate some or all of the six key elements for abandonment identified in *Chapter 4*.

To bring about large-scale abandonment within and across countries, a coordinated strategy/action plan is needed. This calls for strengthening and accelerating existing programmes while adapting and scaling up community-led initiatives, with the goal of extending the abandonment process to a subregional level. It calls for applying the six key elements in a more systematic way – within a broad programmatic framework that defines vision and principles, an international time-bound goal, and specific subregional and national objectives.

By systematically disseminating and applying the knowledge acquired through academic theory and associated evidence of community-led initiatives, it is possible to bring about the abandonment of FGM/C in a single generation.

6.1 Vision and guiding principles

This coordinated strategy is guided by the principles of human dignity, gender equality, trust, participation, inclusion and cultural respect. The human rights of girls and boys are respected, and as one consequence among others, harmful traditional practices – including FGM/C – are abandoned.

6.2 The goal and objectives

The goal of this strategy/action plan is the abandonment of FGM/C in one generation¹, with demonstrated success in many countries by 2015. This is intended to be a general goal that countries should strive to achieve. Countries may also elect to set interim steps by 2015 that promote the achievement of overall abandonment of FGM/C.

6.3 Strategic dimensions

The strategic dimensions outlined in this technical note are drawn from the analysis of DHS/MICS findings, from assessments and evaluations of project interventions, and from social convention theory.

Ethnic groups: According to DHS findings, FGM/C prevalence rates vary more by ethnicity than by any other social or demographic variable. In countries with very high FGM/C prevalence, at 90 per cent or

more, disaggregation of data by demographic variables shows relatively little difference in distribution of FGM/C. In countries where a major proportion of the population does not practise FGM/C, however, the distribution of FGM/C varies widely and can be better understood by examining data disaggregated by such variables.²

Ethnicity has proved to be the most discriminating variable in the distribution of FGM/C, as prevalence in the same country has varied between 1 per cent in one ethnic group and 95 per cent in another.³ This finding is confirmed by many researchers who note that FGM/C prevalence varies with ethnicity or that FGM/C serves as an ethnic marker.⁴ Therefore, interventions should not be limited by state boundaries where the same ethnic groups are present in more than one state, e.g., the Gambia, Guinea, Guinea-Bissau, Mauritania and Senegal.

Although this hypothesis is not fully researched, there is evidence that the spread of FGM/C was historically connected with certain dominant ethnic groups across Africa, such as the Mandinka Empire in West Africa, where the practice may have spread to a given population based on whether it was influenced by or conquered by the Mandinka. Because the Niominkas were under Mandinka control, this could explain why such groups as the Serere do not practise FGM/C, while the closely related Serere Niominka do. It also provides an explanation for the large number of variations in the type of practice, from ‘sealing’ to pinpricking. As each ethnic group adopts the practice or has it imposed on them by the conquering group, they adapt it to their own traditions, beliefs and customs. Interestingly, a group influenced in this way would continue the practice even if no longer under control of the dominant ethnic group because it would have become the standard of marriageability after only one generation.

Regional dimensions: In the absence of sufficient data on prevalence by ethnic groups, prevalence data on FGM/C at national levels are used. These data serve to estimate the size and scope of the practice in a country and to calculate the number of girls annually undergoing female genital mutilation/cutting.

Measure DHS groups national-level data into five general geographical regions, where similarities on the type and prevalence of the practice are apparent:

- **East Africa North**, data available for Egypt, Eritrea, Ethiopia, northern Sudan: High prevalence and presence of widespread practice of infibulation, in addition to less severe forms of FGM/C.
- **West Africa North**, data available for Burkina Faso, Guinea, Mali, Mauritania, Niger, Senegal: High prevalence and presence of less severe forms of FGM/C, with infibulation limited to small pockets. The exception is Niger, with a relatively low prevalence of 5 per cent.
- **West Africa South**, data available for Benin, Central African Republic, Côte d’Ivoire, Nigeria: Low prevalence of less severe forms of FGM/C.
- **East Africa**, data available for Kenya and the United Republic of Tanzania: Low prevalence and mixed practice.
- **Western Asia**, data available for Yemen: Low prevalence.⁵

When combined with knowledge of ethnic groups, these broad regional groupings, although too loose to guide local programme efforts, are useful to provide guidance on the overall planning effort.

Intramarrying groups and social networks: Every family has beliefs about the proper and practical person for their sons and daughters to marry, and these beliefs define a ‘horizon of marriageability’, or the group of people a given family finds acceptable. This horizon can vary by familial, cultural, social and economic circumstances. Typically, families see themselves as within the same or similar circle of

marriageability as others in their locality, ethnicity and class. A larger group of families that feel they are part of this same or similar circle roughly defines an intramarrying group.

Change within an intramarrying group typically takes place via the local and ethnic social network. Community-level programming efforts must, therefore, identify and work through the social networks of the intramarrying group to bring about change. Successful community-level strategies attempt to create this change through a combination of careful planning and a reliance on community input in identifying the key actors in the social network.

It is important to note that the programmatic implications of working via social networks extend far beyond the community. Intramarrying groups and their local and ethnic social networks are not necessarily defined by traditional geographical or political boundaries. Communities may intermarry with those in a different country, or influential members of their social network may have emigrated to new countries or regions. Also, declarations in one intramarrying group spread to overlapping groups in the larger ethnic group, through communities that marry within both. This type of spread could encompass multiple countries and even multiple regions.⁶

Additional perpetuating factors: The link to marriageability probably accounts for the universality and persistence of FGM/C within most practising groups, and for the difficulties encountered in abandonment efforts targeted towards individuals rather than communities. In some ethnic groups, however, the practice will also be held in place by additional norms or practices – including association with religion, ethnic traditions and social customs that have added significance to female genital mutilation/cutting.

It is important to identify each factor that sustains FGM/C in a given community because each should be addressed by an abandonment programme. The presence of such factors should be established by investigation rather than assumed. Offering an alternative initiation rite to a group that has never embraced such rites, for example, is unlikely to be effective.

Although marriageability is likely to be a consideration for most practising groups, there are strong regional and local variations in the presence of additional factors. The following factors may also apply in a particular group:

- FGM/C is an obligation that must be fulfilled to comply with a strict honour and modesty code for girls and women (identified in Sudan and other countries in East Africa North). This differs from the more general belief that FGM/C is honourable or makes women more modest.
- FGM/C is a specific step a girl or woman must take to fulfil perceived religious obligations, as identified in Djibouti, Kenya (Somali communities), Somalia and Sudan in East Africa North, and possibly Mali in West Africa North. This differs from a general belief that FGM/C is important to becoming a ‘good’ girl or woman in accord with religious precepts.
- FGM/C is a specific step an adolescent must take to fulfil a rite of passage into adulthood (identified in Kenya and in localized areas of West Africa). This differs from the more general belief that FGM/C is part of becoming a stronger woman.
- FGM/C is a specific step in the process of gaining membership to a secret society, as identified in Sierra Leone.

Because a population’s perceived rationale for the practice does not necessarily match its actual causes, these determinations should not be based solely on testimony from those who practise FGM/C. Any

assessment in this area should focus on a considered analysis of its role within a given society and how that role interacts with other practices and norms.

There are existing programmes that address these types of additional causal associations. In Sudan, for example, the Entishar Charity Society is working to address the association of FGM/C with Islam and the honour and modesty code. The work of Maendeleo Ya Wanawake (MYWO), a Kenyan women's organization, has shown progress in addressing FGM/C when it is associated with rites of passage.

Lessons from the abandonment of another harmful traditional practice: As noted in the *Introduction*, parallels between FGM/C and foot-binding can provide useful guidance for encouraging the abandonment of a harmful practice.⁷ In addition, *Annex I* presents the operating social mechanisms of both practices and outlines specific traits and activities of the accomplished abandonment in China and the ongoing process in Egypt, Senegal, Somalia and Sudan.

Successful community-led initiatives: Within the spectrum of initiatives to end FGM/C, some countries have developed approaches based in or led by the community that include a public-acknowledgement component aiming at leveraging action for the collective and rapid abandonment of the practice. Their adaptation in new contexts may be considered based on shared characteristics between the original and the new context (geographical proximity, ethnic group, similar associations with the practice, etc.), and/or the opinion of local actors regarding the applicability of the initiative within their social and cultural environment.

Some of these initiatives have been externally evaluated. External evaluations have partly or fully confirmed the findings in the field and in particular have:

- Determined how daily life has changed in certain contexts or communities, as measured by such indicators as literacy, the retention of girls in school, domestic violence, village hygiene and rates of immunization.
- Assessed the impact of the main elements of the initiative – including the public element, i.e., village declarations, written statements, public lists and rite-of-passage ceremonies – on reducing support for the practice and the rate of FGM/C in young girls.

Moreover, these initiatives reflect the understanding of FGM/C as a social convention and have some if not all of the six elements described in chapter 5.

Community-led initiatives utilize processes that are evidence-based, promote human rights and responsibilities and address complex social issues, including harmful practices. They promote collective social changes and explicit public affirmation of abandonment.

Examples of successful community-based initiatives include:

East Africa North, upper Egypt: Coptic Evangelical Organization for Social Services (CEOSS⁸) – villages of Al Bayadya, Al Tayeba, Beni Ghani and Deir el Barsha in the governorate of Minya. Initiatives include community capacity-building, community leaders' enhancement, and a gender-sensitive, responsibility-based and integrated approach.

External evaluation: 'It Is Not Going Back: The experience of an Egyptian village in combating female circumcision', Cairo Center for Human Rights Studies, 1998. The evaluation found a sharp decrease in FGM/C prevalence over a period of five years, which was sustainable over time. The

process of abandonment comprises five stages. During the fourth stage (the ‘action’ stage), it is reported that groups convinced of the harmful consequences of FGM/C are formed within the communities. They develop a concept that is strong enough to declare and insist on. In other words, their behaviour changes publicly.⁹ Leaders signed a public statement, and public lists for subscribing to not choose FGM/C for their daughters were circulated by women’s committees among families willing to abandon the practice.¹⁰

West Africa North, Senegal: Tostan – regions of Fatick, Kaolack, Kolda, Matam, Saint-Louis, Tambacounda, Thies and Zinguishor.¹¹ Tostan is a non-formal, learner-centred education programme with a human rights foundation. Key elements of the main strategy to end FGM/C include community-led social mobilization, public declaration and organized diffusion strategy (Tostan¹²).

External evaluation: ‘The Tostan Program: Evaluation of a community-based education program in Senegal’, Frontiers in Reproductive Health, Population Council, GTZ, Tostan, 2004. This evaluation states: “The impact of the Tostan program on women and men’s well-being has been substantial. The program has been able to bring about a social change within the community and to mobilize the villagers for better environmental hygiene, respect for human rights and improvement of health, as well as specifically reducing support for and practice of FGC. Extending the Tostan program to other areas of Senegal and to other African countries could make a difference to the well-being of women and of the community as a whole.”

East Africa (highlands), Kenya: Alternative rites of passage, Maendeleo Ya Wanawake¹³ – districts of Gucha, Narok and Tharaka. This approach influences some families and individuals to adopt alternative rituals that exclude genital cutting but maintain other essential components of the traditional ritual, such as education for girls on family life and the role of women, exchange of gifts, eating good food and a public declaration for community recognition.

External evaluation: ‘An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya’, Frontiers in Reproductive Health, Population Council, 2001. According to the evaluation, what contribution an alternative rite intervention can make depends on the socio-cultural context in which FGM/C is practised. The successful replication of this approach in other situations will require a good understanding of the role of public (as opposed to familial) ceremonies in that culture and a judgement as to what ritual format can be most appropriately utilized to help those who have decided to abandon the practice to actually do so.

This list is not exhaustive. Rather, it exemplifies community-led initiatives with demonstrated results available at the time of writing this technical note. They are consistent with social convention theory, which informs this coordinated global strategy and provides insights on the direction to take. All three initiatives use an integrated development approach and contain an element of public pledge as a major step in the process to abandon FGM/C.

For other innovative initiatives such as the positive deviance approach (Egypt) and the community dialogue approach (Ethiopia, among others), external evaluations are expected to be carried out to confirm results and define processes.

6.4 Subregions or blocks of countries (segmentation approach)

In view of the dimensions described above, a subregional approach is called for that is not unduly

constrained by national boundaries, builds upon current approaches that have demonstrated success and fosters coordinated action among countries that display similar characteristics or factors. The characteristics to be evaluated include:

- **Status of the practice:** Type/severity of practice; prevalence of FGM/C; number of population practising; location in the DHS regions.
- **Attitude:** Discrepancy between attitude towards the practice (opposition) and practising behaviour, according to DHS/MICS.
- **History of abandonment:** Previous demonstrations of abandonment in the country and in the vicinity.
- **Regional/ethnic connections:** Shared practising ethnic groups with neighbouring countries; shared ethnic groups with neighbouring countries that have already abandoned the practice; influence on other countries via ethnic group; shared languages.
- **Enabling environment:** Attitude of communities, governments and policymakers at the national and local levels, and of international, non-governmental and community-based organizations (commitment towards abandonment); attitude of the traditional and religious leadership, and the intellectual/educational community; the media environment and presence of potentially supportive actors and resources (*see* 'Creating an Enabling Environment for Change', Chapter 6, the *Digest*, pp. 29–34).

To maximize acceleration of abandonment efforts, programme planning, focus and resources should strategically consider:

- Where abandonment or explicit intention of abandonment through any form of public pledge is unfolding at a large scale.
- Where an evolving community context leads to increasingly widespread opposition to the practice, which may rapidly lead to a collective decision to abandon FGM/C and may spread rapidly and be sustained.
- Ethnic lines, because ethnicity is the most aggregating variable across a given subregion, as well as common additional perpetrating factors.
- Where there is a history of abandonment.

Identifying subregions or blocks of countries

According to the above, six subregions/blocks of countries (segmentation approach) have been identified for immediate acceleration, as follows¹⁴:

1. Abandonment is unfolding at large scale

Senegal, the Gambia, Guinea, Guinea-Bissau, Mauritania and Mali

Rationale: The abandonment process occurring in Senegal has reached a critical point in its development and needs to be extended. Senegal's progress to date indicates the likelihood of widespread abandonment in all regions where FGM/C is practised, provided that resources are devoted to accelerating the process. The Senegal experience is being contextualized in the Gambia, Guinea and Mauritania.

2. Increasingly widespread opposition to the practice and effective law enforcement

Burkina Faso and northern Ghana

Rationale: Burkina Faso is one of the countries where a law against FGM/C is enforced, and the pace of implementation is unique in sub-Saharan Africa. A high discrepancy between prevalence

and attitude also indicates a receptive population. Burkina Faso shares ethnic groups with the northern region of Ghana, where FGM/C prevalence is very high, up to 80 per cent, while national prevalence in Ghana is estimated to be 5 per cent (DHS 2003). Ghana's law prohibiting FGM/C is also enforced. Adding law enforcement to application of the six elements for abandonment at the community level may mean a major acceleration of the abandonment process could occur in Burkina Faso and Ghana by 2015.

3. Increasingly widespread opposition to the practice and newly enacted law prohibiting FGM/C Eritrea

Rationale: There exists a high discrepancy between the rate of prevalence, 89 per cent, and opposition to the practice, at 49 per cent (DHS 2002). This is a high-priority country because it might be possible to 'easily' spearhead an accelerated process of abandonment. There is evidence that a critical mass of the population is willing to abandon or has already silently abandoned FGM/C in Eritrea; a tipping point may be reached that will establish a permanent shift. A law prohibiting FGM/C was enacted on 20 March 2007.

4. Along ethnic lines and shared additional perpetrating factors Sudan, Djibouti, Somalia and Kenya (Somali).

Rationale: A religious movement is unfolding in Sudan to disconnect FGM/C from religious teachings, which may have an overall impact in the Eastern African region and on this block of countries in particular. As religious duty is a separate causal factor, supporting religious authorities to make FGM/C unnecessary is a key element to increasing the speed of the abandonment process. An honour and modesty code is also shared. Moreover, Djibouti, Kenya (Somali) and Somalia share the same ethnicity, culture and language. The hypothesis is that the first three elements for abandonment described in *Chapter 4* and an enabling environment for change are growing in the region. Therefore, it may be possible to use the existing Sudanese religious movement and some initiatives already unfolding, such as Entishar in Sudan and/or adaptation of the Deir el Barsha initiative in Egypt, to accelerate the movement for abandonment in this block of countries.

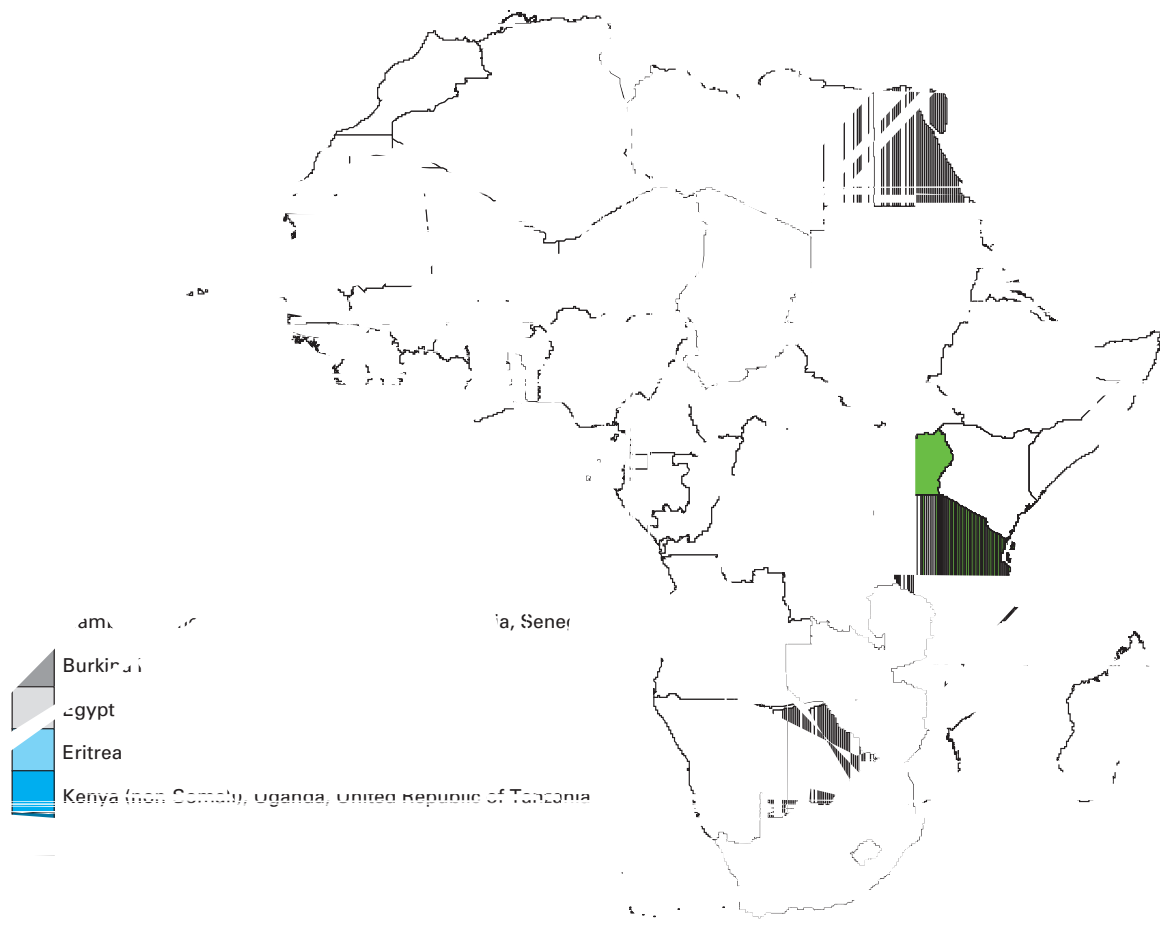
5. History of abandonment and high prevalence Egypt

Rationale: The 2005 Egypt Demographic and Health Survey reports a decrease in the number of adolescent girls subjected to female genital mutilation/cutting, indicated by a 77 per cent prevalence for girls aged 15–17 versus 96 per cent for ever-married women aged 15–49.¹⁵ This is an indication of change unfolding in Egypt. Support for the practice has decreased by 14 points, according to 2005 DHS data, as compared to 1995 DHS data. This is a slow decrease compared to Burkina Faso and Eritrea, but it also indicates an unfolding abandonment trend. It should be a priority to extend the Deir el Barsha experience to other regions in Egypt and beyond the Coptic enclave where it is currently confined, because it encompasses all the six elements identified in *Chapter 4* and has proved to be successful and to withstand external scrutiny. The Deir el Barsha experience has also developed a public pledge process that is extraordinarily similar to the public pledges made in China at the end of the 19th century/beginning of the 20th century. This way of approaching the public elements deserves to be evaluated.

6. History of abandonment and medium/low prevalence Kenya (non-Somali), Uganda, the United Republic of Tanzania

rationale: In non-Somali Kenya, as in other countries, the FGM/...
 The younger age groups consistently show lower prevalence rates.
 ...ive in close contact with non-practising groups. The ... is asso
 interventions, along with the overall model ... of the country
 found in Uganda and the United Republic of Tanzania, ... and some o
 would be possible to address certain weaknesses of the ... of-pas
 in a powerful abandonment movement across these three countries.

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6.5 Knowledge development to enhance programme effectiveness

It is important to note that defining a modular strategy for programme acceleration is an ongoing process, continuously evolving as situations change within countries and within subregions. Some resources will also be devoted to building on the knowledge and understanding presented in the *Digest* and this technical note. This will entail undertaking further studies and documentation – possibly in the form of case studies – to gain a more in-depth understanding of the social dynamics that have successfully led to abandonment in different contexts.

Further study is of key importance for programmes designed to set in motion a process of social change aimed at eliminating discrimination and promoting human rights through community-based dialogue. Such experiences as that in Senegal indicate these programmes, when supported by an enabling environment, lead to the protection and development of children through increased birth registration, immunization coverage, and enrolment and retention in schools – as well as the abandonment of harmful traditional practices. Research may include studies of contexts displaying characteristics that appear to differ from those where successful abandonment has taken place. Possible countries, and the rationale for their inclusion, are:

- **Egypt, Kenya and Senegal:** Further study of why the approaches developed and successfully implemented in these countries had stronger results in some areas than in others can enhance understanding of the factors conducive to a rapid abandonment process.
- **Ethiopia:** Ethiopia has high rates of prevalence, some 74 per cent of women (DHS 2005). However, the silence around FGM/C has been broken, debate on the issue is increasing and prevalence is decreasing, particularly in urban areas. Research will be needed to assess the best possible means of going to scale.
- **Nigeria:** Nigeria's extremely large population makes the country both a high priority for intervention and a difficult place in which to implement strategies. Although overall prevalence is low, among specific ethnic groups the practice is widespread. Research is required into how to best implement in this environment.
- **Sierra Leone:** Sierra Leone has been identified as a country that cannot be addressed only by a strategy based on the collective abandonment theory. Because the practise of FGM/C has become associated with membership in secret societies throughout the country, research is required to develop an implementation strategy in line with this unique environment.

Partnership with the academic community will be strengthened to provide the opportunity for the best social science to contribute to the design and measurement of abandonment efforts. It will be essential to continue to bring together academic theory and practical experience in the field to further develop conceptual models of collective action that can guide programme implementation.

¹ The demographic definition of mean generation length is the mean age of mothers who gave birth to a girl. In many African countries with child marriage, this is roughly 23 to 25 years and somewhat higher in countries where child marriage is less common. This figure can vary from one population to another and can change over time.

- ² Yoder, P. Stanley, Nouredine Abderrahim and Arlinda Zhuzhuni, 'Female Genital Cutting in the Demographic and Health Surveys: A critical and comparative analysis', *DHS Comparative Reports No. 7*, ORC Macro, Calverton, Maryland, USA, September 2004, p. 31.
- ³ *Ibid.*, p. ix.
- ⁴ Bettina Shell-Duncan and Ylva Hernlund, eds., *Female 'Circumcision' in Africa: Culture, controversy and change*, Lynne Rienner Publishers, Boulder, Colorado, USA, 2001, p. 20.
- ⁵ Yoder, P. Stanley, et al., *DHS Comparative Reports No. 7*, op. cit.
- ⁶ Research shows that during the abandonment of foot-binding, diffusion spread through overlapping intramarrying groups. This trait of diffusion is explained in *Chapter 4*.
- ⁷ For more on the similarities between FGM/C and foot-binding, see Mackie, Gerry, 'Ending Footbinding and Infibulation: A convention account', *American Sociological Review*, vol. 61, no. 6, December 1996, pp. 999–1107.
- ⁸ Coptic Evangelical Organization for Social Services, *Empowerment: From theory to practice*, op. cit.
- ⁹ *Ibid.*, p. 95.
- ¹⁰ In China during the abandonment of foot-binding, although the organized diffusion took place through public meetings, it also involved a process of name registration, providing a detailed list of individuals. A listing has not yet taken place in Senegal, but one did take place in upper Egypt.
- ¹¹ The Tostan approach is being replicated in Guinea, and implementation started in 2006 in the Gambia and Mauritania. The Entishar Charity Society is unfolding a Tostan-inspired approach in Sudan. A feasibility study has been carried out in Eritrea, and a tentative Tostan contextualization in Burkina Faso was carried out by the Population Council (2003).
- ¹² Diop, Nafissatou J., et al., *The TOSTAN Programme – Evaluation of a community-based education programme in Senegal*, Population Council, Gesellschaft fuer Technische Zusammenarbeit, Tostan, August 2004, p. ii.
- ¹³ Chege, Jane Njeri, Ian Askew and Jennifer Liku, 'An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya', *Frontiers in Reproductive Health*, September 2001, pp. 3, 4, 21.
- ¹⁴ Countries are listed in order of the strength of their abandonment movement. Country lists in each group are not exhaustive because other countries can join.
- ¹⁵ El-Zanaty, Fatma, and Ann Way, *Egypt Demographic and Health Survey 2005*, Ministry of Health and Population, National Population Council, E-Zanaty and Associates, and ORC Macro, Cairo, 2006, p. 211, 212.

CHAPTER 7: THE PROTECTIVE ENVIRONMENT FRAMEWORK

In previous chapters, the dynamics of FGM/C at the community level and the strategies for its abandonment by communities are described. The coordinated strategy, developed to cover the regions affected by the practice, draws on this knowledge and experience and is designed to scale up activities in a coordinated manner. This effort, however, cannot be successful if key elements to protect children are not identified.

The Protective Environment Framework outlines eight factors that are instrumental in keeping children safe from harmful practices.¹ They are not limited to factors that explain or inhibit inequality and discrimination. They do lend themselves readily to programmatic action, through the engagement of many actors at different levels, including national and local governments, communities, families, the media and children themselves. This shared platform for analysis of human rights and development encourages a more cohesive response that can leverage changes at the community level. The elements crucial to creating or strengthening a protective environment are:

- **Government commitment and capacity:** This encompasses ratification of international conventions without reservations, budgetary provisions for abandonment of harmful traditional practices and public declaration of commitment, as well as explicitly child-friendly policies and support for public prosecution of rights violations.
- **Legislation and enforcement:** Relevant international standards, prosecution of violators, and police and judiciary systems that function without interference are crucial. Another component is a juvenile justice process that does not criminalize victims and does provide child-friendly and confidential legal procedures, accessible redress mechanisms and legal aid when necessary.
- **Culture and customs:** In a protective environment, women and girls are free from inequality and discrimination, female genital mutilation/cutting is not a requirement for marriage, underage marriage is not tolerated, and harmful practices are not underpinned by religious beliefs. Recourse to state institutions is common, peaceful resolution of disputes is valued, and violence is not a key component of masculine identity. In addition, children are treated with dignity, childcare practices are not harmful, and sexual exploitation of children is socially unacceptable.
- **Open discussion:** Civil society and the media need to be engaged, to recognize and report harmful phenomena and acknowledge protection failures at the community and national levels. Young people must be able to refer to such issues at home, at school and with each other, and victims must be free from threats or ostracism. In addition, the ability of non-governmental organizations and the media to work with minimal interference is crucial.
- **Children's life skills, knowledge and participation:** Protective conditions for children include learning problem-solving skills, having their self-esteem valued by adults and promoting intergenerational dialogue – so that children and young people are listened to within their families, schools and communities. Children are aware they have rights, are provided with necessary information and are encouraged to form views and express them.

- **Capacity of families and communities:** Support for parents and other caregivers is vital, so childcare needs can be fulfilled and child-rearing practices can be protective. This includes community support and monitoring, and securing living arrangements that do not separate girls from parental care.
- **Essential services:** Free education for all children, including refugees, and schools that provide trained teachers who are present and working, as well as safe and supportive classrooms, are a foundation of the protective environment. Other requirements include non-discriminatory provision of health care, including for sex workers and detainees, and a functioning social welfare system, with social workers, shelters and hotlines.
- **Monitoring, reporting and oversight:** Key components include systematic collection of data and review by policymakers, access by independent observers to children in traditionally marginalized groups, and encouragement and respect for civic review.

¹ Landgren, Karin, 'The Protective Environment: Development support for child protection', *Human Rights Quarterly*, no. 27, The Johns Hopkins University Press, Baltimore, 2005, pp. 214–248.

CHAPTER 8: MEASUREMENT

Programming for FGM/C abandonment requires an ongoing understanding of contextual variations. It also depends on accurate measurement of changes that result from programme activities over a sufficient period of time. Moreover, monitoring and evaluation of FGM/C programmes should consider the holistic nature of the human rights-based approach and therefore its associated ‘multiplier’ effect.

The abandonment of FGM/C is more an indicator of change in the choice capacity and empowerment of girls, women and communities than an objective per se. An overt focus on FGM/C should not overshadow the existence and necessity of simultaneous results in complementary areas.

Experiences to date in Egypt and Senegal show that additional outcomes often accompany the implementation of an FGM/C abandonment programme. Although variations are idiosyncratic and vary by community, due to the participatory nature of the programme, typical outcomes of FGM/C abandonment include:

- Abandonment of early and forced marriages
- Increase in vaccination rates
- Increase in systematic pre- and post-natal consultations
- Increase in activities promoting birth spacing and good nutrition
- Increase in organization of health services in the community
- Systematic birth registration
- Campaigns to register girls in school
- Regular community clean-up activities
- Active peace committees for conflict resolution
- Improved communication among all members of the community
- Women emerging as influential leaders.

8.1 Impact indicators

The main tools to measure progress towards an FGM/C target at the international and national levels are social, cross-cutting household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). Together, DHS and MICS construct a joint portrait of FGM/C in a single country. This portrait has programmatic implications because it becomes the foundation for decisions taken when designing strategies to end the practice.

In 2003, the UNICEF Programme Division, Child Protection Section, and Division of Policy and Planning, Strategic Information Section, organized a ‘Global Consultation on Indicators’ with partners that included UN agencies, non-governmental organizations and ORC Macro. Participants at the consultation discussed how an FGM/C module should handle such issues as classifying the types of FGM/C and questions about daughters and individual perceptions. There was, for example, agreement that physical examination of girls is unethical for survey purposes and should be done only in hospital settings, during antenatal care or in other situations associated with medical services.

The discussions led to the revision of the FGM/C module and a consensus on five main indicators to measure impact over countries and over time, at the national and subnational levels. The agreed-upon indicators are:

- **Prevalence of FGM/C by age cohorts 15–49.** This is the most important indicator; age cohorts are 15–19, 20–24, 25–29, 30–34, 35–39, 40–44 and 45–49.
- **FGM/C status of all daughters.** This refers to FGM/C prevalence for all daughters of mothers aged 15–49. It is recommended that data be collected on the current age of daughters and the age at which they underwent FGM/C.
- **Percentage of ‘closed’ FGM/C (infibulation, sealing) and ‘open’ FGM/C (excision).** This simplified category is introduced in recognition of the difficulty of identifying the specific type of FGM/C a woman or her daughter has undergone.
- **Performer of FGM/C.**
- **Support of or opposition to FGM/C by women and men aged 15–49.**

8.2 Difficulties

A number of issues remained unresolved after the Global Consultation. Agreement was not established on the methodological challenges involved in obtaining data and related prevalence from girls under age 15.¹ The Global Consultation considered extending the age cohorts for prevalence to include the 5–9 and 10–14 cohorts. Further discussions extended to the age range 0–15 to take into consideration those settings where FGM/C is performed on infants. This presents methodological challenges, and a satisfactory measurement tool must still be identified.

An accurate picture of prevalence at the local level is another challenge and may be provided by local surveys only. In addition, data on incidence are not provided by household surveys, such as DHS and MICS. Girls and women may not always be certain of which procedure was performed on them; they only know whether they have been closed or not.²

There was agreement that physically examining girls for survey purposes is unethical in principle and should be left to hospital settings or other specific situations that meet ethical standards.

8.3 Output indicators

It was noted that at the local level, where programmes were implemented, there were no indicators that take into account different paradigms for FGM/C abandonment. FGM/C abandonment is not an individual or family matter, but rather a community, ethnic group and inter-village (on a zonal level) concern. Thus, it was considered important to include indicators that might enhance understanding of this concept and to limit their number to three general indicators to be applied in any circumstances:

- **Public declaration of intent:** Questions should capture individual, community and village intentions of abandoning FGM/C. Forms of public declaration include village declarations, public written statements, public lists for subscription, alternative rites of passage and positive deviance.
- **Community-based monitoring mechanisms to follow up on girls at risk of FGM/C:** Information

should be gathered from the community through the health and school systems, youth groups and other monitoring mechanisms chosen by the community.

- **Drop in prevalence:** This is the ultimate quantitative measure that demonstrates progress towards the abandonment of FGM/C and the effectiveness of programmes already in place. This figure can be obtained through various research methods at the local level, over a minimum period of five years and where a baseline survey has been conducted.

A fourth indicator was proposed for ‘government commitment’, a combined indicator including legislation, national plan of action and resources allocated for FGM/C prevention activities. Moreover, there is a need to develop a set of qualitative and quantitative indicators to measure NGO performance – including participation of relevant actors, commitment to abandonment of FGM/C, relevant programmes implemented, gender programmes and exercise of human rights. There is also a need to develop a set of different stages, based upon the different approaches used, e.g., public declaration, positive deviance, integrated development, health, provision of services and human rights.

¹ UNICEF Innocenti Research Centre, ‘Changing a Harmful Social Convention: Female genital mutilation/cutting’, *Innocenti Digest*, UNICEF, Florence, Italy, 2005, p. 3.

² *Ibid.*, p. 2.

CHAPTER 9: COSTING

Motivating a small number of people to influence a larger number and generating spontaneous, ‘natural’ scaling up once critical mass/a tipping point has been reached are key elements of the coordinated strategy. On this basis, UNICEF estimates that US\$240 million between now and 2015 could lead to a major reduction of the prevalence of FGM/C in 16 countries in sub-Saharan Africa that have a very high and medium prevalence.

The coordinated strategy requires implementation at various levels but mainly at the community level. Therefore, most of the resources are planned to be spent at that level. It is worth noting that the denominator for any calculated cost is that of practising populations covered by the programme, plus populations that will be reached by the programme through organized diffusion.

This estimate is based on the actual costs of the Tostan programme in Senegal. Through extrapolation – and taking into consideration that evidence shows that any human rights-based, community-based, integrated approach conducive to FGM/C abandonment includes similar activities – it is possible to roughly extend the calculated costing to different environments. Thus, it is possible to have a general idea of total costs needed for programme implementation in Egypt and sub-Saharan Africa.

The basic unit taken into consideration is a group of socially connected communities, or an intramarrying group. This unit varies in size from one location to another, one region to another within the same country and one country to another. A general estimate of cost, therefore, should eventually be replaced by more accurate measurements and cost calculations for each region and location.

Here we have utilized a basic unit of 60 villages in Senegal, which by extrapolation we consider to correspond in that context to a socially connected community group or intramarrying group. The cost reflects the full impact of the programme on the entire process of ‘social transformation’, which includes the results listed in *Section 6.2*, in addition to the public intention of abandonment of FGM/C. Evidence from the field shows that population estimates may increase up to 10 times those directly reached. The costing modules include start-up and running costs, and encompass preparation, non-formal education, organized diffusion, public pledge and administrative costs. These are the primary costs at the community level, but they do not include major activities at the international level.

Total resources of US\$240 million will be required to achieve a major reduction of FGM/C prevalence by 2015. As a consequence of social transformation processes unfolding in societies, applying these resources and implementing this strategy offer empowerment of women and reduction of gender inequality as additional major outcomes.

CHAPTER 10: CONCLUSION

An estimated 3 million girls are at risk of female genital mutilation or cutting each year. This means that in the past 24 hours, on average, more than 8,000 girls have had their bodies irreversibly changed and their basic human rights violated.

Social convention theory provides critical insight into how FGM/C and similar harmful practices have been sustained over generations. Interdependent decision-making influences both individual choices and collective behaviour in such complex and profound ways that even families who understand the health risks of FGM/C still choose to have their daughters undergo the practice.

In recent years, there has been increasing recognition that a human rights-based approach to development and the creation of a protective environment for children can improve the health, education and social welfare of individuals and communities. Social convention theory is consistent with these approaches, and applying it to programming efforts can further the progress already achieved.

This coordinated strategy outlines a means by which to build upon the success already achieved to bring about large-scale collective abandonment in a way that communities become not only FGM/C free, but also educated, empowered and better equipped to defend their human rights in the future.

There is evidence that social conventions do change. In 1889, the prevalence of foot-binding among the Han ethnic group in coastal China was extremely high. Yet by 1907, this destructive practice that lasted almost 1,000 years had all but disappeared. The small group of people who led this dramatic change possessed the insight to understand the mechanisms perpetuating foot-binding, as well as the foresight to apply that knowledge in a way that brought about its end.

The exponential impact of such efforts cannot be underestimated. Tens of millions of girls born in China since the abandonment of foot-binding have been given a simple gift: the chance to live a life free of pain. The international community now has the power to give this same gift to tens of millions more girls and women, in more than 30 countries throughout the world.

ANNEX I: Abandoning foot-binding and FGM/C – operating social mechanisms and other traits¹

Trait ↓ ↓	Setting →	Foot-binding China	FGM/C Egypt	FGM/C Senegal	FGM/C Somalia	FGM/C Sudan
Operating social mechanism(s)		Marriage	- Marriage - Honour code	Marriage	- Marriage - Honour code - Religious obligation	- Marriage - Honour code - Religious obligation
Relative scale		Large	Starting up	Small	Not yet started	Starting up
Ethnic groups practising		Han	Coptic	Many groups	Somali	Many groups
Abandonment movement first seen in:		One mission	Coptic enclave	One village (Malicounda)		Two large reputable families (Mahdi's and Badri's)
Main abandonment movement started in:		Shanghai	Deir el Barsha	Diabougou		Kassala, Gedaref and North Kordofan
'Outsider' presence at beginning of movement		Yes	Yes	Yes		Yes
Movement perpetuated by (evidence of indigenous locomotion)		Chinese population (offshoots of original natural foot societies)	Coptic Evangelic Organization for Social Services / authoritative male leader, e.g., the Coptic priest	Tostan, Senegalese population (local community actors / authoritative male leader, e.g., the imam)		- NGO network, e.g., ROCSS, Entishar and Sophist Council - National Council for Child Welfare - Media coverage
Main unit of spread		Large cities	Small town	Villages		Villages
Programme focus and approach		- Directive - End foot-binding	- Non-directive empowerment - Holistic approach	- Non-directive empowerment - Holistic approach	Cited holistic and non-directive as favourable to environment	- Non-formal literacy programmes - Empowerment - Positive social transformation
Programme content		- Health disadvantages - Outside world not practising - Advantages of natural feet	- Health disadvantages - Responsibility	- Health disadvantages - Outside world not practising - Advantages of not cutting - Human rights		- Body and health risks - Islamic world not practicing - Human and child rights advantages of leaving girls uncut (Saleema)
Nature of abandonment		Marriage societies	- Signed public written statement - Public subscription lists	Large public meetings		- Large public meetings - Statements by dignitaries - Role models, e.g., certificates for families who stopped
Language of messages		Several Chinese languages and dialects, using one script	Local language	Local language		- Local language - Community radio
Appeal to traditional values		List of 10 includes reference to tradition	Yes	Tostan programme distinguishes between traditions		Yes, e.g., collective support, reciprocity, honour and protection
Appeal to religious values		Yes	Yes	Yes		Yes
Programme respect of economic realities		Not applicable	Yes	- Microcredit - No classes during rainy season	Demand for microcredit	- Demand for income generation - No classes during rainy season
Use of resource participation		Had sign-up fees for membership	Used local resources	Donate housing/food and classroom space	Yes	Communities donate labour for construction, venue for classes and community centres and link with UNICEF's sectoral interventions such as health, education and water
Trust-building mechanisms		- Use of local language - Appeal to traditional values - Appeal to religious values - Resource participation	- Use of local language - Appeal to traditional values - Appeal to religious values	- Use of local language - Appeal to traditional values - Appeal to religious values - Resource participation - Small gains		- Use of local language - Entry points through community leaders - Appeal to religious values - Small gains

ANNEX I: Abandoning foot-binding and FGM/C – operating social mechanisms and other traits¹ (continued)

Trait ↓ ↓	Setting →	Foot-binding China	FGM/C Egypt	FGM/C Senegal	FGM/C Somalia	FGM/C Sudan
Psychosocial values in decision to abandon		- Marriage - No negative health consequences - Advantage of natural feet (natural foot societies)	- Marriage - No negative health consequences - Advantages of not cutting	- Marriage - No negative health consequences - Advantages of not cutting		- Marriage - Models for better reproductive health - Positive values to describe uncut girls
Economic incentives to abandon		- Marriageability (post-abandonment) - Improved labour abilities		Marriageability (post-abandonment)		- Improved women's participation in learning and community management - Acceptance of uncut girls for marriage and education
Means of communication		- Public meetings - Songs, poetry - Posters, leaflets		- Intervillage meetings - Songs, poetry, theatre - Workbooks		- Public meetings - Songs, folklore dancing, theatre - Sports competition between villages
Mechanism for abandonment		Public meetings with registration of individual names	Public written statement/public subscription list	Public declarations with registration of village names		Some declarations by list of names in newspaper and public statements on events
Involvement of 'elite'		- Government - Confucian / religious leaders - Educated	- Religious leaders - Doctors	- Traditional leaders - Religious leaders - Government		- Community leaders - Religious leaders
Involvement with non-prevalent religion		None	None	None		None
Involvement of media		Yes		Yes		Yes
Effect of law		- No effect - Some effect after start of movement (justification)	- Ministry of health decree - No effect	- Some negative effect initially - However, recent studies point to a 'deterrent effect' (more research is underway)		- Colonial law not effective - Amendments made to the penal code not effective (no direct mention of FGM/C though it could be covered by article on 'harm') - Medical Council decree effective - Revised Child Act bans FGM/C, but not yet endorsed by parliament
Effect of outside opinion on practice behaviour		Negative reaction to hectoring		Negative or no reaction to hectoring		Negative with major influence on the educated
Effect of outside opinion on attitude to practice		- Embarrassment for some elite - Awareness of non-practising population important		Awareness of non-practising population important		Embarrassment for some elite
Role of diaspora		San Francisco last place to abandon				
Role of youth				Important		Effective among students, when included in community development projects and when it does not exclude older people
Role of men			Authoritative male leaders, e.g., Coptic priest and doctors, on forefront	- Authoritative male leader, e.g., Imam, on forefront - Some core leaders - Support necessary		Authoritative male leaders, e.g., Sheikh, doctors and fathers, on forefront
Role of women				Core leaders		Civic pressure groups

¹ UNICEF NYHQ Child Protection Section workshop held at the Innocenti Research Center, Florence, March 2005.

ANNEX II: Organizing the process: Critical mass, tipping point, coordinated abandonment

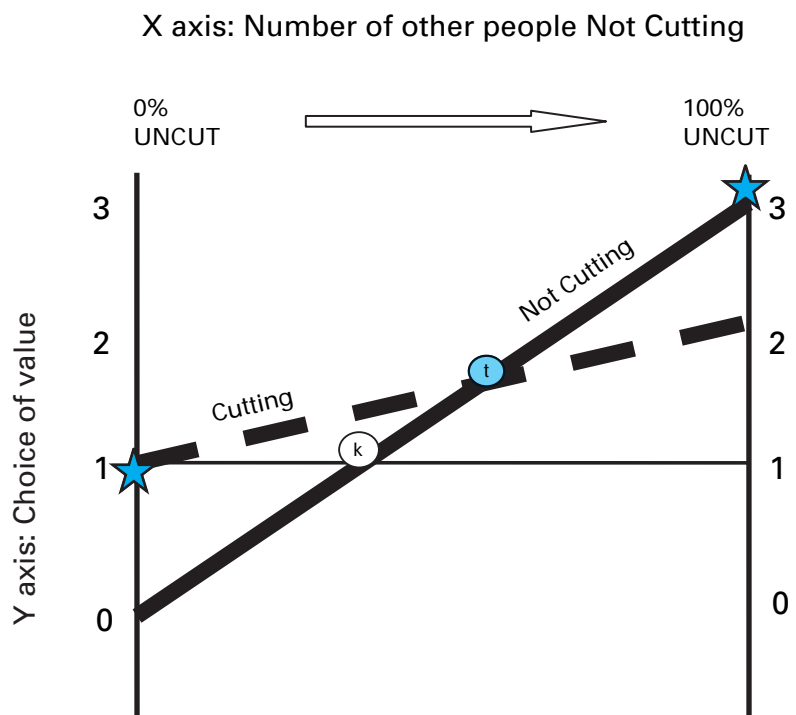
In presenting the game theory matrix in *Chapter 3*, we simplified reality by assuming that *Other* (everyone else, or the typical other) acts as a single person. As a result, the account did not explicitly state how to organize the ‘flip’ from the tragic equilibrium of All Cut to the hopeful equilibrium of All Uncut. Now, let’s take exactly the same ranking information but display it with another graphic device, one that disaggregates a typical single *Other* into typical multiple *Others*. The following diagram illustrates how the typical chooser (*Self*, in our account) values Cut or Uncut, depending on what percentage of the other people in the intramarrying group chooses Cut or Uncut. This will allow us to understand the dynamics of collective abandonment.

Schelling Diagram 1: Value of ‘Not Cutting’ to the typical chooser, depending on proportion of others who choose ‘Not Cutting’

Values of possible states of the FGM/C world

3	ALL UNCUT
2	SELF CUT, OTHER UNCUT
1	ALL CUT
0	SELF UNCUT, OTHER CUT

- k = Critical mass
- t = Tipping point
- ★ = Nash Equilibrium



a. The Schelling Diagram

To better understand this diagram, return to our intramarrying community. Suppose that a few years ago a small group of people in this intramarrying community started a movement to abandon FGM/C. Over time, their movement grew, and their larger community was able to successfully coordinate their abandonment of FGM/C.

The diagram above presents what must have happened during the community’s shift from a convention of All Cut to one of All Uncut. We know that before the movement started, the community

was at the old convention of All Cut, that is, 0 per cent of the population was Uncut. The community shifted to the new convention of All Uncut, that is, 100 per cent of the population is Uncut. The diagram shows change in the evaluation by the typical chooser as we move from 0 per cent on the left (no one Uncut) to 100 per cent on the right (everyone Uncut).

b. Same rankings of social states

To compare the values of Cutting and Not Cutting as we move from 0 per cent to 100 per cent abandonment, let's review the values of each state of the world to a typical person in a village where FGM/C is practised (now labelled A through D):

A	<i>Self</i> Uncut, <i>Others</i> Uncut	3
B	<i>Self</i> Uncut, <i>Others</i> Cut	0
C	<i>Self</i> Cut, <i>Others</i> Uncut	2
D	<i>Self</i> Cut, <i>Others</i> Cut	1

c. The rising solid stick graphs the value of Not Cutting (to the typical chooser)

First, let's look at the values when *Self* chooses Uncut (states A or B). At the onset of the abandonment movement, the social convention is All Cut. If *Self* is Uncut and *Others* are Cut (B), then the value to *Self* of being Uncut is 0 (because *Self* loses marriage and status). At completion of the convention shift to All Uncut (A), the value to *Self* of being Uncut is 3 (because *Self* gains marriage and status and avoids harming health and human rights). The solid stick on the diagram graphs the value to *Self*, the typical chooser, of Not Cutting, and moves from 0 to 3 as the percentage of people Uncut moves from 0 to 100.

d. The solid horizontal line indicates the value of the All Cut equilibrium

Further, at the onset of the abandonment movement, with All Cut, the value to *Self* is 1 (D). The solid horizontal line merely shows the value of the All Cut equilibrium (for an upcoming comparison).

e. The thick-rising-dashed line graphs the value of cutting

Finally, consider the possible values when *Self* chooses Cut (states C or D). As mentioned, at the onset of the abandonment movement, when *Others* are Cut, the typical chooser, *Self*, values Cutting at 1 (D); at this point, Cutting is bad, but not so bad that *Self* will suffer in the marriage market for being the only one Uncut. At the completion of convention shift to All Uncut, the value of Cutting to *Self* is 2 (C). At All Uncut, *Self* is better off with a value of 3; but to be one of the few to Cut when others go Uncut (2) is better than being one of the many to Cut when others Cut (1). The thick-rising-dashed line graphs the value to *Self*, the typical chooser, of Cutting and moves from 1 to 2 as the percentage of people Uncut moves from 0 to 100.

The solid stick starts on the left below the thick-rising-dashed line, rises more rapidly to the right than does the thick-rising-dashed line and ends on the right above the thick-rising-dashed line.

f. The larger the choice of suitors, the better the marriage match

The diagram asks us to imagine the viewpoint of the typical chooser in the community and how she values the choices of Not Cutting or of Cutting as a function of the percentage of the population choosing Uncut. In a practising community, FGM/C is associated with marriageability and marriage

choice. For marriage choice, the more potential partners the better: It is preferable for a daughter to be eligible to marry among 40 per cent of the community than among 20 per cent because she has double the number of potential suitors. The value of Not Cutting to the typical person as the percentage of those choosing Not Cutting increases is shown by the solid stick; it rises rapidly to the right as the number of potential suitors goes up.

g. The critical mass

Observe the point marked k on the solid stick just above the thick-rising-dashed line's intersection with the solid horizontal line (we put the solid horizontal line in the diagram so we are able to point out k). Point k represents the minimum size of the Not Cutting movement – the minimum percentage of the population it would take to have enough marriage choice so that the members of k would find themselves better off than at the tragic equilibrium of All Cut. Their marriage choices at k are much worse than at All Cut, but their health and human rights are better than at All Cut. In a village, k is the *critical mass* sufficient to begin the organization of abandonment.

Once group k is formed, it is in the best interest of each person in the group to recruit others to abandon FGM/C and for new recruits to do likewise. Each Non Cutter added beyond k increases the value of choosing Not Cut to each member of the abandoning group because each recruit enlarges the marriage pool for Not Cutters (the solid stick rises as we move right). Unfortunately, k is not stable in the long run, and there is a temptation for those in the initial group to revert to All Cut (notice that the thick-rising-dashed line, the value of Cutting, is higher than k). Thus, members of k and their recruits all have an urgent incentive to recruit enough additional families to obtain a stable convention shift. The members of k must believe they will be able to mobilize much more of the population and thereby obtain a stable shift to the new convention of All Uncut.

Abandonment begins with a small cadre in the intramarrying group, each member strongly motivated to recruit the remaining families in the intramarrying group. Each person added to the abandoning group increases the value of Not Cutting.

h. The tipping point

Observe point t , which marks a point on the solid stick just higher than the thick-rising-dotted line. The percentage of Not Cut increases as we move from left to right, and just to the right of this *tipping point* the value to the typical chooser of Not Cutting exceeds the value of Cutting. Once this proportion or more of the intramarrying group is committed to abandonment, a stable convention shift from All Cut to All Uncut is possible. If the percentage of the population committed to Not Cutting is to the left of t , there is pressure to revert to the tragic equilibrium of All Cut, but if the percentage of the population committed to Not Cutting is to the right of t , there is pressure on the entire population to proceed to the hopeful equilibrium of All Uncut. All Cut and All Uncut are the only stable equilibria (each marked in the diagram with a star, indicating a Nash Equilibrium), and dynamics pressure the population towards one equilibrium or the other.

Incidentally, the diagram shows that it is difficult for a population to move from right to left, from a convention of All Uncut to a convention of All Cut. At the All Uncut equilibrium people enjoy full marriage choice and are free from the harms of cutting. To establish a stable convention of All Cut, it is necessary to recruit a proportion of the population to the left of the tipping point t . The one way this could come about is if a few rich men with many consorts demand harsh fidelity-control practices, such as FGM/C or foot-binding, of their mates. The harmful practice then diffuses from the richest families down through the social strata.

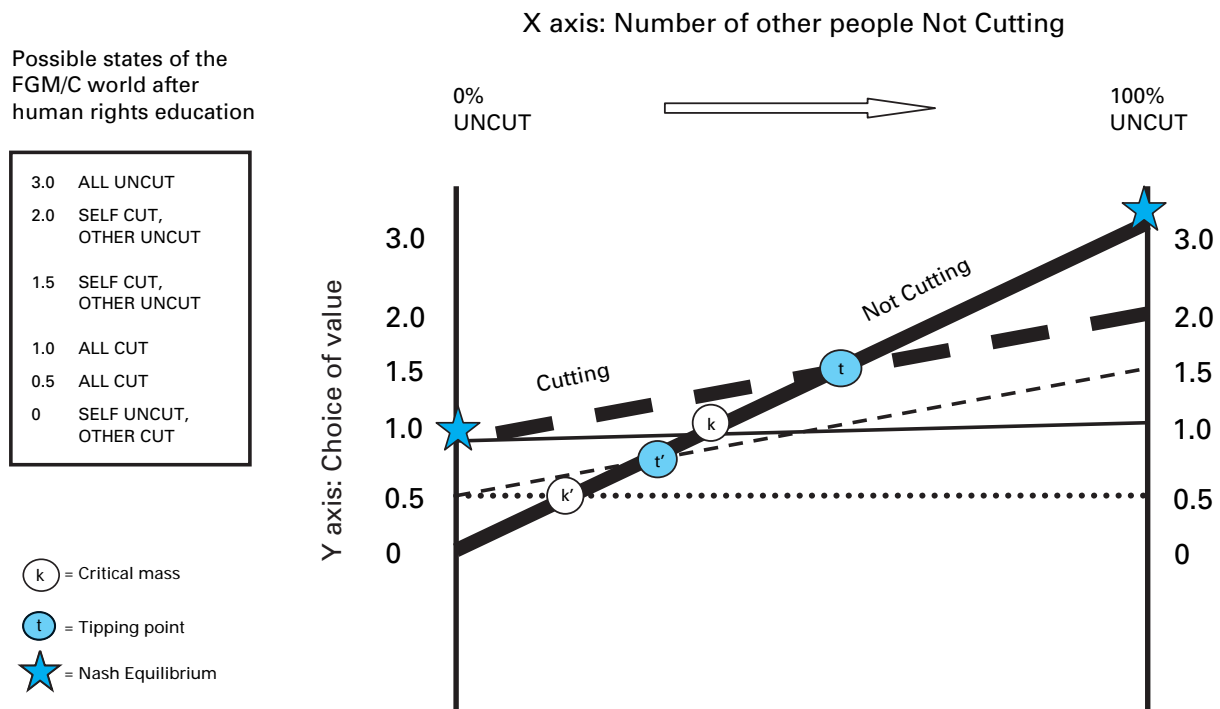
i. Coordinated abandonment

A critical mass emerges whose members have an incentive to recruit more members of the population. Once a percentage of the population to the right of the tipping point becomes committed to potential abandonment, a stable convention shift to All Uncut is possible. The final step is a coordinated abandonment in order to enact the convention shift. The typical *Self* must see that the typical *Other* will abandon the practice, must observe the simultaneous abandonment of FGM/C by a large enough percentage of the population. For the convention to shift, there must be a moment of broad social recognition, such as a public declaration, which shows that most would, and that most do, abandon the practice. The end must be *seen* to be achieved.

j. A second mechanism to promote abandonment: Human rights education

The preceding analysis was based on the typical person’s assessment of the harms and benefits of the practice. It was seen that abandonment could come about by mobilizing an initial core or critical mass, which then recruits an additional portion of the population. It was also seen that past the tipping point, an irreversible convention shift is guaranteed if marked in a moment of social recognition. Notice, however, that during this process the typical person did not re-evaluate the practice itself, only the value of the practice in relation to other people’s choices. Now suppose that human rights education results in a devaluation of the practice itself.

Schelling Diagram 2: The Impact of human rights education



k. Devaluation of FGM/C

The dotted horizontal line and the dashed diagonal line will help us understand the effect of human

rights education on the abandonment dynamic. Education typically reduces one's valuation of Cutting or increases the valuation of Not Cutting. We could show either or both, but for simplicity of exposition we show in the diagram a devaluation of situations in which *Self* chooses Cut.

A	<i>Self</i> Uncut, <i>Other</i> Uncut	3		
B	<i>Self</i> Uncut, <i>Other</i> Cut	0		
C	<i>Self</i> Cut, <i>Other</i> Uncut	2	→	1.5
D	<i>Self</i> Cut, <i>Other</i> Cut	1	→	0.5

l. Dashed diagonal line: Reduced valuation of cutting

Originally, we said the value to the typical chooser of *Self* Cut, *Other* Cut was 1; now suppose that human rights realizations lower that valuation to 0.5 (D). We also originally said that the value of *Self* Cut, *Other* Uncut was 2; now suppose that human rights realizations lower that valuation to 1.5 (C). To reflect these changes in our diagram, we draw the dashed diagonal line, from 0.5 on the left to 1.5 on the right. The dashed diagonal line expresses this devaluation of Cutting. The dotted horizontal line shows the now reduced value of the All Cut equilibrium.

m. Devaluation shifts *k* and *t* to the left, easing abandonment

There are two changes as a result of this devaluation. First, the number of people needed to organize a critical mass is reduced from *k* to *k'*: It is easier to start the abandonment process. Second, the number of people needed to tip the group into the new convention is reduced from *t* to *t'*: It is easier to finish the abandonment process.

n. Critical mass recruits and devalues

Look at the original *k*, or the critical mass originating the abandonment process. Members of this group have an incentive to add new members in order to reach the tipping point. They also have an incentive to promulgate a devaluation of the practice because it reduces the number of people needed to reach the tipping point. Thus, a critical mass of a few dozen people is able, after some work, to bring along a village of 2,000. If abandonment is accomplished, the model suggests there is little temptation to revert to Cutting.

o. Limitations of the model

Predicting the actual numbers of people needed to reach points *k* and *t* in real-world villages, however, is beyond the limits of the model. Our diagram assumes that a typical chooser exists. In actual populations, one would expect to find a spectrum of attitudes, with a small number eager to abandon on the one side, a small number reluctant to abandon on the other side, and a larger number of typical choosers in the middle. The pioneers most eager to abandon would help form the initial *k*. The stragglers most reluctant to abandon might continue even after everyone else has stopped.

We know that the Not Cutting line is below the Cutting line on the left axis, that the Not Cutting line is above the Cutting line on the right axis, that there is some critical mass *k*, and that there is some tipping point *t*.

Further information on this Technical Note can be obtained from:

UNICEF Child Protection Section
Programme Division
3 United Nations Plaza
New York, NY 10017, USA
Tel.: (+1-212) 326-7000

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