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Dynamics of a Social Norm: Female Genital Mutilation/Cutting

Manual on Social Norms and Change

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Cover Photo   Alawia Ali sits with her five-year-old daughter, Fatma Salik, on a bed in their home in Aroma Village, near the city of Kassala. Ms. Alawia chose not to have Fatma cut. FGM/C was discussed at a training for traditional birth attendants and community volunteers, spurring public discussion about the practice. "People are becoming a lot more open to the idea of abandoning the practice," Ms. Alawia said.

A MOTHER'S STORY: CHALLENGES FACED BY THOSE WHO BEGIN THE PROCESS OF CHANGE

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Neshwa Sa'ad, 15, sits in her home in the Abu Si'id neighbourhood of Omdurman, a city in Khartoum State. Neshwa was subjected to FGM/C and is opposed to the procedure. "There is this new movement that is trying to teach people about the dangers of cutting their daughters," she said. "It is good for us to be able to discuss these things in school...we have been able to form our own opinions about the issue."

Case study adapted from GRUENBAUM 2004

Khadija is a devout Ansar Sunna Muslim from the Beni Amer tribal group in Eastern Sudan. She lives with her extended family. When she leaves the house, she covers herself in a black abaya (garment) and face veil to be properly modest. As a girl, according to Beni Amer tradition, she underwent infibulation. This is the most severe form of FGM/C and known in Sudan as "pharaonic" cutting. Now she has a six-year-old daughter who has not yet been cut. Khadija attended a programme that covered the topic of harmful practices, where she learned about the health complications associated with FGM/C. She also learned that, contrary to common belief, the practice is not required by Islam.

Along with other women, she registered her daughter with the group of uncircumcised girls. Yet, Khadija is troubled. Although she doesn't want her daughter to suffer from the health complications she heard about, she knows that men favour the practice for religious reasons. She also expects her mother-in-law will have something to say about it. "If I don't cut her, there won't be anyone to marry her," says Khadija. "I wish I didn't have daughters, because I am so worried about them."

Eastern Sudan Scenario, understanding Khadija's dilemma

Wad Sharifae, where Khadija lives, is a large settlement with good transportation to the nearby city of Kassala in Sudan. The settlement has an unofficial subdivision into east and west zones, roughly corresponding to the ethnic division of people of West African origins and others. The division among the two settlements is quite invisible, as both make use of the same market. The Eritrean border is 35 kilometres away, and recently a refugee camp has been located in the area. Around 14,000 people live in Wad Sharifae. The ethnic composition includes the Beni Amer, one of the nomadic populations of eastern Sudan, and the Hadendawa and Hausa, mainly concentrated in West Was Sharifae. Many Eritrean or people of Eritrean origin also live here.

The economic situation is quite good, with irrigated orchards, herding, brickmaking, urban employment and day labour. There are seven basic schools for boys and seven for girls (grades 1-8); there is one high school for boys only. There are also 10 Koranic schools. Although illiteracy remains high among women, it is estimated that 60% of the population has some degree of education. Schools are in a very deplorable state, and teachers complain about the lack of government support.

The most prominent groups of Muslims are the Khatmiyya, a traditional Sufi group quite numerous in Eastern Sudan, and the Ansar Sunna, a Wahhabist-oriented religious movement with close ties to Saudi Arabia. Pharaonic circumcision is quite diffuse; 57% of girls aged 5-11 years have already been submitted to infibulation. Political and religious leaders from the Ansar Sunna movement often criticize Sudanese traditions, including girl's circumcision and parts of the traditional wedding celebration. A wedding now consists of just a contract signing and a large, segregated gathering for a meal, after which the groom takes the bride home. Women's movement is restricted; they must be accompanied by others and wear black veils when moving beyond the family compound.

Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) data on the level of support to and prevalence of FGM/C

DHS and MICS data reveal that, among women 15-49 years of age, support for the practice is lower than actual FGM/C prevalence in Sudan, as well as in most countries where FGM/C is concentrated. Even in countries where FGM/C is almost universal, the level of support among girls and women is lower than the prevalence level.

FGM/C PREVALENCE VERSUS SUPPORT TO THE PRACTICE AMONG WOMEN 15-49 YEARS OLD

	Prevalence of FGM/C	Think FGM/C should continue
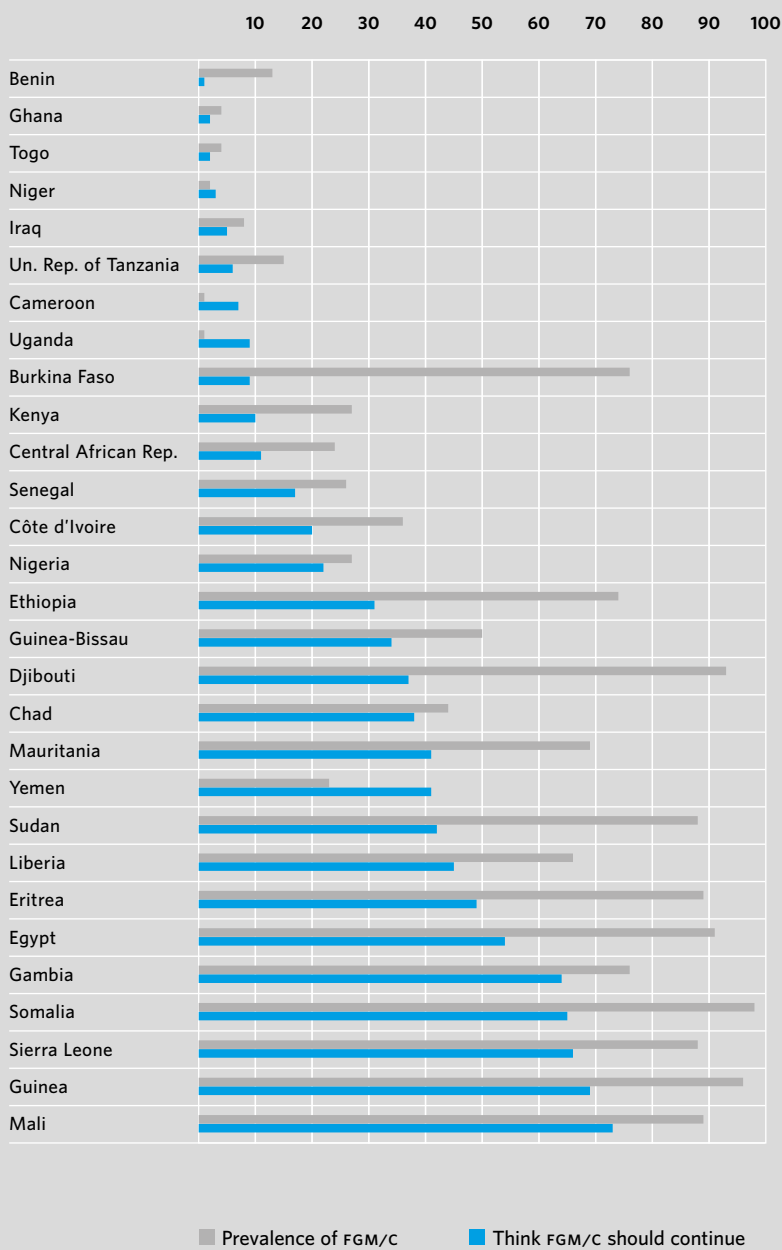
Notes: MICS data for Ghana (2011), Nigeria (2011) and Sierra Leone (2010) were not used to report on attitudes towards FGM/C due to the fact that information is missing for girls and women with no living daughters; data from older surveys were used for these three countries.
Data for Yemen refer to ever-married girls and women.

SOURCE: UNICEF 2013.

1. How would you describe Khadija's state of mind? What do you infer from Khadija's statement?

   "If I don't cut her (her six-year-old daughter) there won't be anyone to marry her. I wish I didn't have daughters, because I am so worried about them."

2. What does Khadija think others expect her to do?

3. What does Khadija believe would happen if she does not have her daughter cut?

4. What does Khadija prefer to do, given her context?

5. Can you suggest an explanation for the discrepancy between the prevalence of FGM/C and support for the practice shown in the Sudan data?

Note that data from Sudan show that the prevalence of FGM/C is 87.6%, while only 42.3% of women think the practice should continue.

Case Study Discussion: "Khadija's Dilemma"

Khadija understands that FGM/C implies a risk for her daughter and future newborn babies. Khadija herself experienced the pain of the procedure. However, if she does not cut her daughter, the risk of her daughter being penalized, shunned and having an inferior status in her community is very high.

Khadija sees others around her continuing to engage in FGM/C. She assumes that others support the practice since they are doing it. She is afraid to communicate her concerns about FGM/C to others, and she has no access to others' private preferences about FGM/C. Therefore, even though she rejects cutting in her private thoughts, she may prefer, in her given situation, to perform cutting on her daughter in order to avoid the negative consequences that she believes would result both for her daughter and for herself and her family.

**QUESTIONS TO DISCUSS IN PART 1
OF THE WORKING GROUP EXERCISE**

1. What do you infer from Khadija's situation in light of the concepts linked to the nature and definition of social norms that have been covered so far?

2. In the absence of communication, what is Khadija best strategy? Does she have any alternative?

3. What can be done to encourage Khadija and other members of her community to discuss FGM/C?

**QUESTIONS TO DISCUSS IN PART 2
OF THE WORKING GROUP EXERCISE**

1. What are some examples where a significant proportion of individuals have private attitudes/preferences in conflict with the prevailing norm?

2. What might happen if an increasing number of individuals have private attitudes/preferences in conflict with the prevailing norm?

3. What are the implications for the design of policy and programmes?

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Amina Ali, 28, sits with (left-right) her son and her seven-year-old daughter, Fatima, in their home in Karenssa Village, in Amibara District, Afar Region. Amina was subjected to FGM/C as a child, as was Fatima. Amina is in the first trimester of her fourth pregnancy but is now speaking with health workers, who have received training on harmful practices, through the Rohi-Weddu Pastoral Women Development Organization.

SOCIAL NORMS DEFINITION

Based on excerpts from BICCHIERI 2008A, 2010

1. What are social norms?

The concept of social norms lends itself to different definitions. For clarity, here is a definition of social norms that has operational implications:

A social norm is a behavioural rule 'R' that applies to a certain social context 'C' for a given population 'P'. People in the population prefer to follow the rule in the appropriate context if they believe that a sufficiently large part of the population follows the rule (empirical expectations), and further, if they believe that other people think that they ought to follow the rule, and may sanction them if they don't (normative expectations). For example, in Western countries, brides traditionally wear white at weddings because nearly all other brides do (empirical expectations) and they believe that others think that they should wear white (normative expectations) because white represents purity. This is unlike why everyone wears shoes. I wear shoes because I want to protect my feet, not because I'm concerned about what others do or what they think of me.

Social norms can **solve** social dilemmas.[1] They can resolve the tension between what is the best choice for the group and the best choice for the individual. By aligning our incentives, they make it possible for us to coordinate on the best outcome. Social norms represent equilibrium states,[2] which means that they are sustainable in the long run. Once we reach equilibrium, it becomes difficult to leave it.

A social norm might be enforced by informal social sanctions that range from gossip to open censure, ostracism and/ or dishonour. Social sanction motivates individuals to follow a norm out of fear of punishment or out of a desire to please and thus be rewarded.

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1 A social dilemma is, by definition, a situation in which each group member gets higher outcomes if she/he pursues her/his individual interest, but everyone in the group is better off if all group members further the common interest. Examples of social dilemmas in everyday life include: overpopulation, pollution, and the depletion of scarce and valuable resources such as energy. These are all examples of situations in which the temptation to defect must be tempered by a concern with the public good BICCHIERI 2006, P. 140.

2 Equilibrium state: no individual acting alone has the ability to make a choice that fails to conform to the "established" choice of the group UNICEF 2007. Equilibrium is a situation that involves several individuals or groups, in which each one's action is a best reply to everyone else's action. It is a situation of stable mutual adjustment: Everyone anticipates everyone else's behaviour, and all these anticipations turn out to be correct. Equilibrium is a self-fulfilling prophecy that individuals formulate about each other's actions. Note that the fact that social norms are in equilibrium does not mean they are good: There are a lot of cases of "bad" equilibrium around.

2. Social norms are NOT:

→ Legal norms, which are enforced by formal sanctions with specialized enforcers

→ Moral norms, which are inner sanctions, often unconditional (we do not care much about others' actions or expectations)

→ Conventions, which define situations where "what we expect other people to do matters;" however, there are no sanctions If we do not comply with them

3. The importance of the concept of expectation

Normative[3] and empirical[4] expectations are crucial in the process of norms change.

> " *As examples, I discuss children's sexual exploitation, but my point is more general. Negative practices are part of a complex of norms, attitudes and values that support them. My work on social norms has many practical implications and recommendations for changing such practices. In particular, I stress the importance of changing people's expectations, and of doing it in a public, collective way. I also recommend re-categorizing[5] the practices that we find harmful in a way that is easily accepted and understood by the parties involved.*"

A norms-based approach predicts consistency between expectation and actions (and lack of consistency would suggest that other factors are at work). Since so many of our choices are interdependent, we don't simply have the option of making our choices without regard to what others do or expect us to do. We have to think about what they are going to do. My decision to drive on the right side of the road is completely based on my expectation that everyone else will drive on the right side of the road. If they are driving on the left, then so will I. Likewise, when I go to a party, I want to coordinate how dressed-up I get with how dressed-up I think everyone else will be. If I wear a T-shirt and shorts to a formal dinner party, I expect that other people will be upset with me.

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3 Normative expectations: not only we do expect others to conform; we are also aware that we are expected to conform.

4 Empirical expectations, expectations of conformity matter—in other words, one expects people to follow a certain norm in a certain situation because he/she has observed people doing just that over a long period of time BICCHIERI 2006, P. 11.

5 Recategorization: activate a comparison process to assess the similarity of a new situation with members of a category stored in memory. A category is a collection of instances that have a family resemblance; it is organized around a prototype or is represented by exemplars BICCHIERI 2008B.

LEARNING TO UNDERSTAND SOCIAL SITUATIONS

In order to understand the dynamics of social norms, we should refer to the process by which we interpret, understand and encode social situations. This entails a series of steps, including categorization:

> A category is organized around a prototype or exemplar (social, gender stereotyping)

Once a situation is categorized, a schemata or a script is invoked:

> A schema represents knowledge about people or events (hunting in the forest, trading)

> A script refers to social events (going to a restaurant, teaching a class)

> *" A shared schema or script enables us to understand the situation, to make inferences [interpretations] about unobservable variables, to predict behaviours, to make causal attributions and to modulate emotional reactions."*

The following figure briefly outlines what it means to activate a norm[6]:

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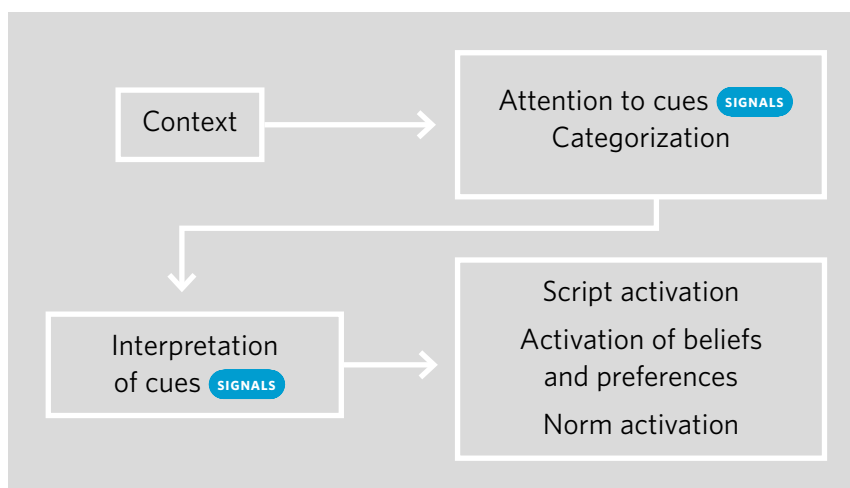
6   Bicchieri 2006, Chapter 2, p. 56. See also Bicchieri 2010.

4. Why may public pledges trigger wider change?

A norm can be very fragile, particularly in cases of pluralistic ignorance. This occurs when a majority of individuals have private attitudes/preferences in conflict with the prevailing norm. Often people are not able to freely talk about their private attitudes, for fear of social sanction, and so the norm remains in place, even if most people do not want to continue to follow it. Until expectations are changed, individuals in a group will continue to obey the norm because of their belief that he/she is expected to do so. A public pledge to abandon a bad norm suddenly and collectively changes expectations and can therefore induce a norm shift. Public pledges allow people to create common knowledge of new expectations. For example, everyone knows that everyone else knows that we expect others not to cut their daughters.

5. Practices and views that function/could function as social norms

To offer a few examples, the following practices and views function/could function as social norms:

→ *"Acceptable behaviour governed through a set of known sanctions or through a powerful process of internalization that serve to recruit women themselves into norms upholding gender inequalities, such as a range of practices that control women's mobility and autonomy, undercut rights such as to bodily integrity, and enforce a rigid division of labour by sex"* JUTTING ET AL. 2007, PP. 52, 54.
→ The view that children can be used by families for economic purposes.
→ The view that children should be severely disciplined, including through corporal punishment.
→ Peer pressure to enter sex work and imitate the "successful" group.
→ Different views of what exploitation is, and whether it is legitimate: *"Haya girls who practiced prostitution in Nairobi helped buttress their fathers' suffering finances... and were seen as dutiful daughters"* UNICEF 2008A.

6. What can we learn from what we have said about social norms?

→ Given the collective nature of social norms, all interventions have to reach the entire group in which the norm is practised.
→ Making people aware of the negative impact of a given practice, or implementing top-down policies may not be sufficient to change practices that are perceived as "normal" and approved by the relevant community.
→ If norms are part of larger scripts, then we may often need to recategorize the situation or the practice (Saleema example). Propose different scripts (new alternatives and/or new meanings), and pay attention to the network of values, beliefs, etc. that are part of the script.
→ Changing expectations is a relatively long process. It involves trust, public pressure, collective deliberation, common pledges and attaining common knowledge of what the group is going to do and expects one to do.

SKIT ON GREETING HABIT AND CHOLERA OUTBREAK

The skit is played to explain the persistence of FGM/C, even if populations are aware of the physical harm that it causes. The sketch is about the persistence of social norms and sanctions related to not conforming to norms even though conforming may cause harm.

Imagine that there is a cluster of villages socially connected in various ways, including through marriage and economics ties. A group of women from different villages on their way to the market meet and greet each other by hugging and kissing.

Another woman, an outsider, comes from another village far away. Over there, many people are severely ill, and some died because of a cholera outbreak. She explains that because of this, people in her village stopped greeting by kissing and hugging, because this practice can propagate the infection. She also explains that the cholera outbreak is spreading and about to reach the village where the group of women live. They too need to stop hugging and kissing when they greet each other.

After the surprise wears off, the women start to contemplate the idea of refraining from hugging and kissing. They think that they can't change this practice. Other people in their villages will be offended. A social cost is associated with refraining from hugging and kissing, which is perceived to be higher than the consequences of the cholera outbreak.

From a social perspective, the choice for women (and men) in the village is between the risk of physical illness and possibly death and the expectation of social death. It is very difficult for anyone on her own to abandon this practice. It would be possible only if enough other people in the villages perceive that it is in everyone's best interest to refrain from greeting by kissing and hugging, **and** they agree to stop the practice.

ACTORS

▸ A group of three women from neighbouring villages
▸ The other woman, the outsider

QUESTIONS TO BE DISCUSSED IN PLENARY

1. Why did the women from the village reject, at first, the idea of refraining from hugging and kissing? Didn't they trust the outsider? Other reasons?

2. What have you learned from this skit?

3. How would you apply lesson learned to FGM/C abandonment?

HANDOUT 1.4

SKIT ON STANDING AT PLAYS AND AT CONCERTS

Adapted from MACKIE AND LEJEUNE 2009

Imagine a community that has a rule whereby audiences (e.g., people gathered at plays or concerts) stand up rather than sit down. It is believed that people should stand because sitting is disrespectful of the performers and something terrible will happen to any individual who sits (for example, she/he will have a heart attack). Standing is both universal and persistent.

An outsider comes along and explains that elsewhere audiences sit, and think that sitting is better because individuals do not get tired, their feet do not swell, etc. After the surprise wears off, some people begin to think that sitting might be better. Unless they are in the front row, however, they are aware that this would be the case only if enough other people who are standing in front of them also sit so that their views are not blocked by others who are standing. They will not decide to sit alone, but they may conditionally commit to sit — "I would sit if enough other people would sit as well" — so as to be more comfortable while continuing to have a view.

If an initial group of people can be organized to sit, even just a column of people who are far less than a majority, they realize that they can attain both the ease of sitting and a limited view of the stage. Those who are still standing now have evidence that those who sat did not suffer from heart attacks or other negative consequences. Seeing others sitting and being more comfortable makes it more likely that they will consider sitting to be a better option, individually and in groups (for example, an entire family or group of friends). Meanwhile, the initial people who are sitting have an incentive to persuade their neighbours of the ease of sitting and recruit them to sit, for this will improve their limited view of the stage.

At a certain point, as more and more of the audience sits, a point is reached where there is a massive shift from standing to sitting. Past this point, sometimes called the tipping point, people who remain standing and continue to insist on the superiority of their practice lose credibility. Over time, they will adopt the new rule, possibly even if they do not agree with it. If they remain standing, pressure from the majority will be on them to sit, since they will block people's view. The tipping point is rarely identifiable before it happens.

QUESTIONS TO BE DISCUSSED IN PLENARY

1. What do you think needs to happen for the initial group to sit down?

2. Do you think that people will revert to the previous "standing rule" once they have collectively changed their behaviour?

3. What kinds of dynamics lead the majority to sit down?

4. What individual benefit would you get from changing the rule of standing into sitting?

5. What happens when the rule changes from standing to sitting? Will all individuals willingly sit?

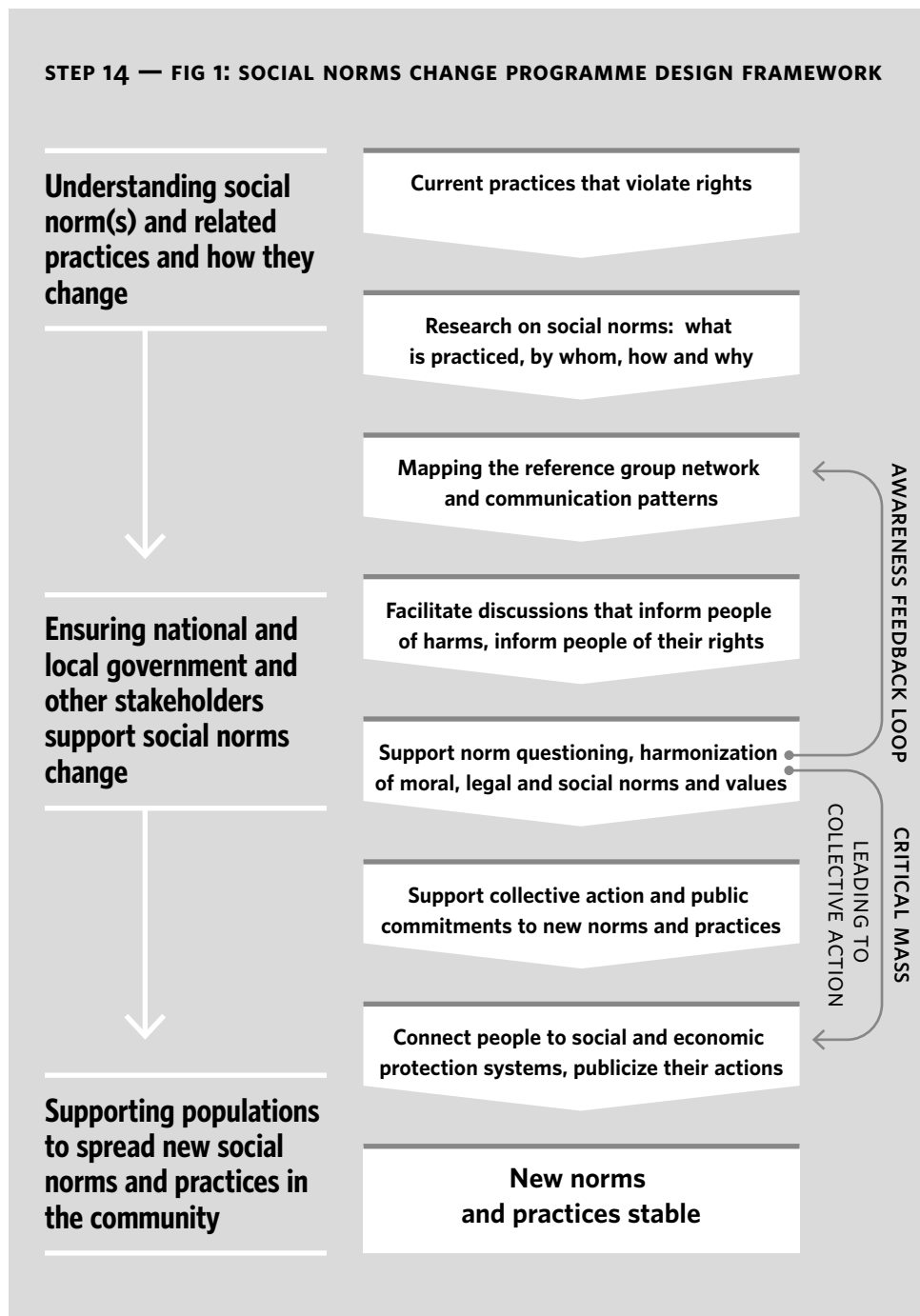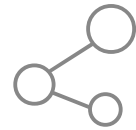6. Would you see any analogy with FGM/C dynamics of abandonment
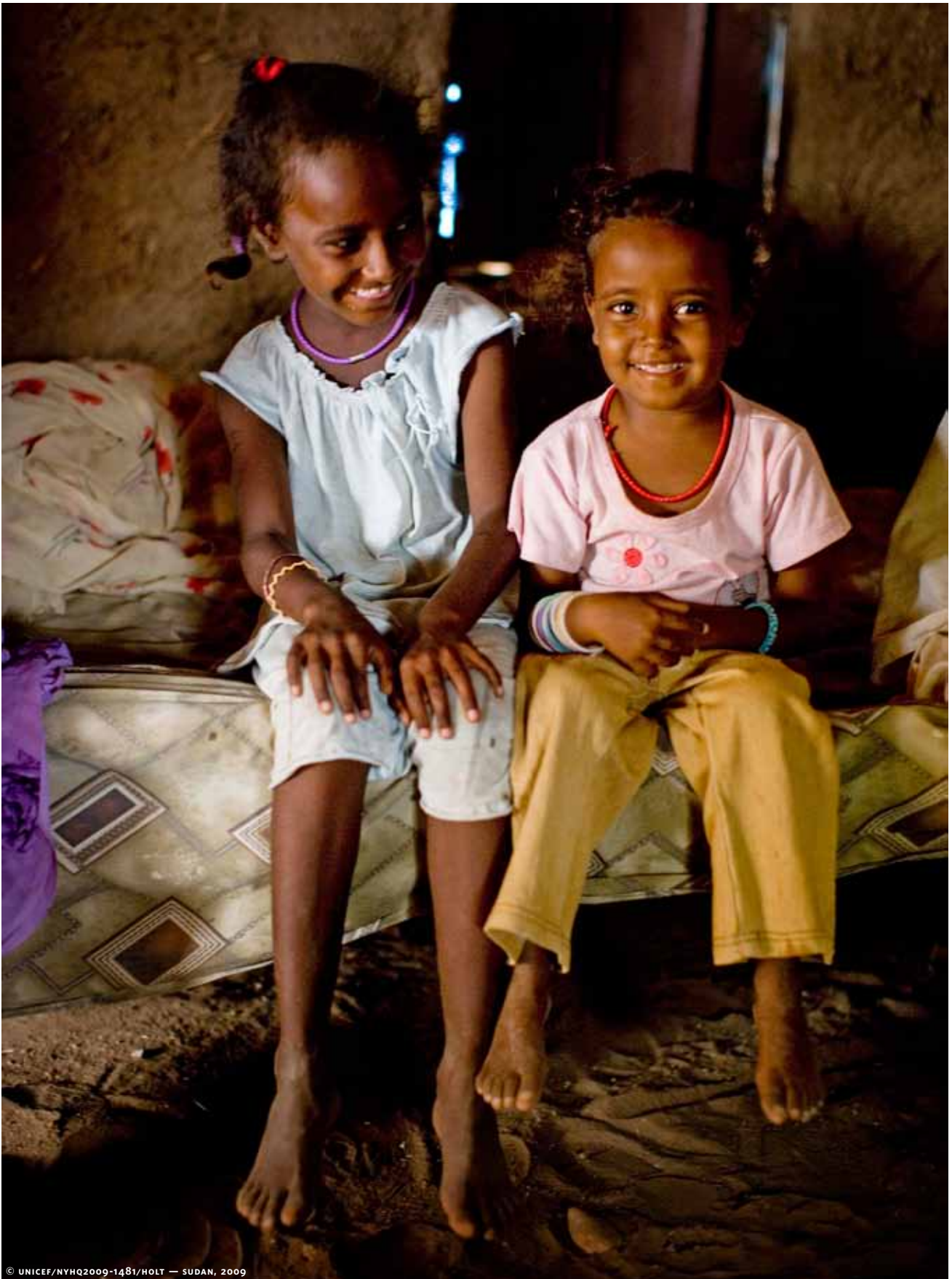
Amara Ali, 8, and her sister Amra, 5, sit in their home in Sufi Al Bashir village, Kassala State. FGM/C is still widely practice in village. Amara was subjected to FGM/C but their parents still have not decided whether Amra should be. "My eldest daughter was cut several years ago because the movement against FGM had not yet reached this community" said Saleem Ali their father. "Before I decide (about Amra) I am waiting to see whether the community is going to support the movement and if it will affect her chance of getting married - I know that there can be many health problems related to circumcision and this worries me because I would never want my daughters to suffer physically. On the other hand, they could suffer in another way if they are rejected.

DIAGRAM ON SOCIAL NORMS CHANGE

Social Norms Change Programme Design Framework
Designed by Cody Donahue, UNICEF, 2012

STEP 14 — FIG 1: SOCIAL NORMS CHANGE PROGRAMME DESIGN FRAMEWORK

Understanding social norm(s) and related practices and how they change

Current practices that violate rights

Research on social norms: what is practiced, by whom, how and why

Mapping the reference group network and communication patterns

Ensuring national and local government and other stakeholders support social norms change

Facilitate discussions that inform people of harms, inform people of their rights

Support norm questioning, harmonization of moral, legal and social norms and values

Support collective action and public commitments to new norms and practices

Connect people to social and economic protection systems, publicize their actions

Supporting populations to spread new social norms and practices in the community

New norms and practices stable

AWARENESS FEEDBACK LOOP

CRITICAL MASS
LEADING TO COLLECTIVE ACTION

Supporting social norms change

HUMAN RIGHTS

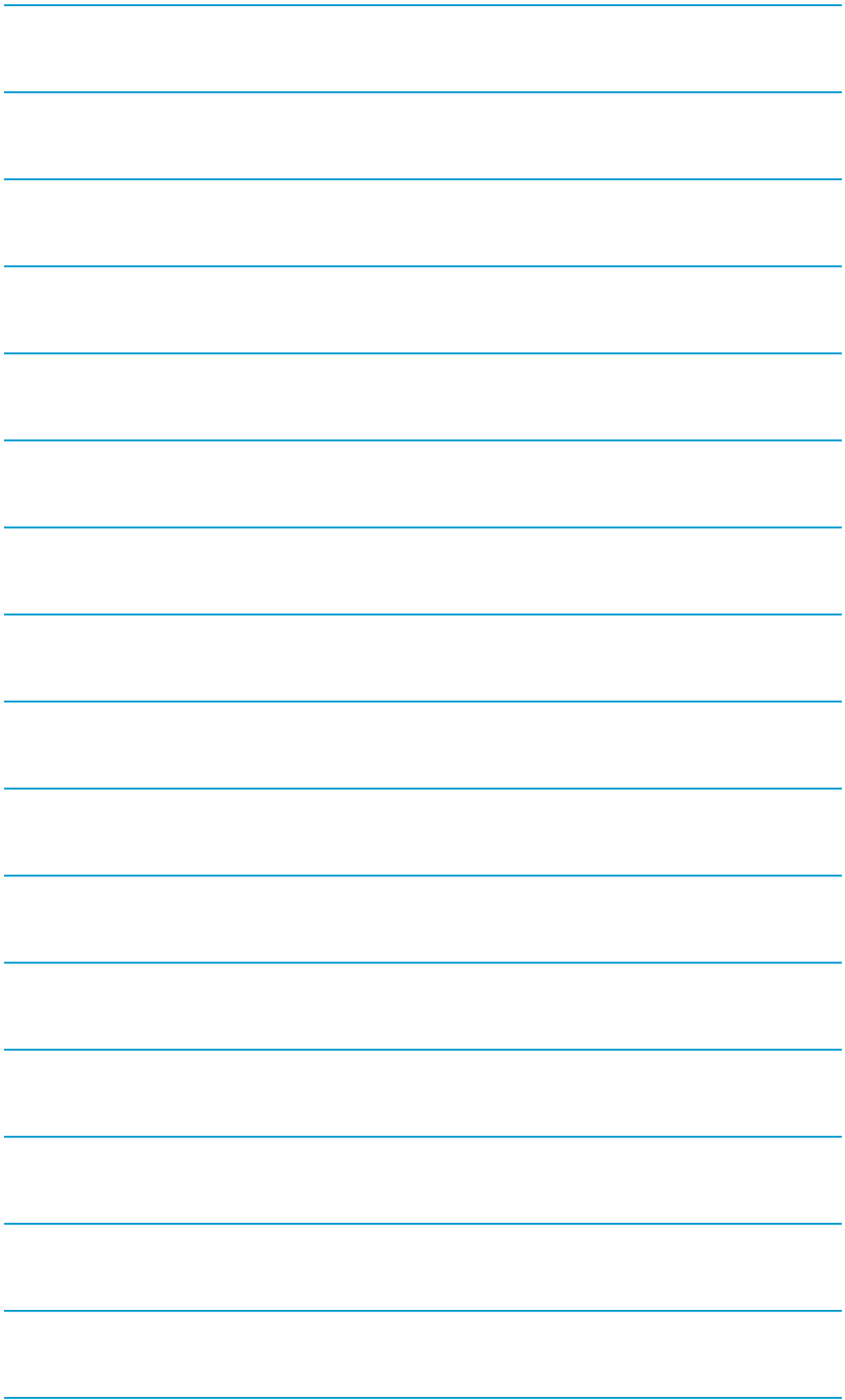|	
National and local government and other stakeholders support social norm and change	‣ Obtain information on human rights treaties and appropriate criminal laws to effectively advocate with national and local decision makers, influence community members ‣ Seek a place in the implementation of the relevant national strategy at the local level ‣ Obtain latest data describing the situation on social norms, harmful practices & violence to use in programmes
Facilitate discussion that infom people of harms, inform people of their rights	‣ Map the social network group with those involved in maintaining the practice, including their primary influencers and decision makers ‣ Organize these groups in discussions about their values, human rights, and practices over 1-2 years. Involve children and adolescents according to their evolving capacities ‣ Expand meetings to include more members of the social networks, help participants share new information with their peers, stimulate large-scale discussion ‣ Expand discussions in an organic, non-directive way, building trust, identifying champions for change
Support norm questioning, harmonization of moral, legal and social norms values	‣ Support groups to reaffirm shared positive social and cultural values and link values to human rights ‣ Harmful social norms questioned by the group; positive alternatives to harmful norms and practices explored, adopted and given visibility ‣ Respected local leaders publically support new norms and practices ‣ Religious leader proclamations (fatwas, sermons) link respect for gender equality and human rights to religion and condemn discriminatory practices ‣ Conduct surveys to document changes in attitudes and commitment to behaviour change (i.e., I do not plan to marry my daughter early)
Support collective action and public commitments to new norms and pratices	‣ Bring more and more people into the activities at district level, facilitate collective actions to influence change in the network ‣ Organize collective, public actions to show commitment to abandonment of harmful norms and practices including through declarations, oaths, pledges, celebrations, press conferences... ‣ Share news of the events/actions nationally and internationally using mass and social media ‣ Obtain public expressions of support of these actions by government officials at local and national level
Connect people to social and economic protection systems, publicize their actions	‣ Support groups to tell their stories of change ‣ Support groups in their efforts to monitor and intervene in cases of continuing harmful practices and violence—either through formal or informal mechanisms ‣ Support government and policy to enforce appropriate criminal laws at local level ‣ Provide access to services (education, health and social welfare systems) that support new norms and provide new opportunities for rights enjoyment ‣ Engage in data collection and tracking at the local level (e.g., through reporting hotlines or health services) ‣ Continue to document stories of change (through evaluations, reports and articles) and publicize results

PUBLIC DELIBERATION

Notes

Manual on Social Norms and Change
Module 1 — Workshop Introduction

2

From Human Rights Principles to Shared Social Norms

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Cover Photo

HUMAN RIGHTS PRINCIPLES

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Adapted from UNDG 2003

Human rights are universal and inalienable; indivisible; interdependent and interrelated. They are universal because everyone is born with and possesses the same rights, regardless of where they live, their gender or race, or their religious, cultural or ethnic background. They are inalienable because people's rights can never be taken away. Indivisible and interdependent because all rights — political, civil, social, cultural and economic — are equal in importance and none can be fully enjoyed without the others. They apply to all equally, and all have the right to participate in decisions that affect their lives. They are upheld by the rule of law and strengthened through legitimate claims for duty-bearers to be accountable to international standards.

Universality and inalienability

Human rights are universal and inalienable. All people everywhere in the world are entitled to them. The universality of human rights is encompassed in the words of Article 1 of the Universal Declaration of Human Rights: "All human beings are born free and equal in dignity and rights."

Indivisibility

Human rights are indivisible. Whether they relate to civil, cultural, economic, political or social issues, human rights are inherent to the dignity of every human person. Consequently, all human rights have equal status, and cannot be positioned in a hierarchical order. Denial of one right invariably impedes enjoyment of other rights. Thus, the right of everyone to an adequate standard of living cannot be compromised at the expense of other rights, such as the right to health or the right to education.

Interdependence and interrelatedness

Human rights are interdependent and interrelated. Each one contributes to the realization of a person's human dignity through the satisfaction of his or her developmental, physical, psychological and spiritual needs. The fulfilment of one right often depends, wholly or in part, upon the fulfilment of others. For instance, fulfilment of the right to health may depend, in certain circumstances, on fulfilment of the right to development, to education or to information.

Equality and non-discrimination

All individuals are equal as human beings and by virtue of the inherent dignity of each human person. No one, therefore, should suffer discrimination on the basis of race; colour; ethnicity; gender; age; language; sexual orientation; religion; political or other opinion; national, social or geographical origin; disability; property; birth or other status as established by human rights standards.

Participation and inclusion

All people have the right to participate in and access information relating to the decision-making processes that affect their lives and well-being. Rights-based approaches require a high degree of participation by communities, civil society, minorities, women, young people, indigenous peoples and other identified groups.

Accountability and rule of law

States and other duty-bearers are answerable for the observance of human rights. In this regard, they have to comply with the legal norms and standards enshrined in international human rights instruments. Where they fail to do so, aggrieved rights-holders are entitled to institute proceedings for appropriate redress before a competent court or other adjudicator in accordance with the rules and procedures provided by law. Individuals, the media, civil society and the international community play important roles in holding governments accountable for their obligation to uphold human rights.

TOO EARLY TO BE A BRIDE

Adapted from <u>AMIN ET AL. 2005</u>

The following case study is taken from an evaluation of a programme in Bangladesh to provide life skills and livelihood training to rural adolescent girls. The programme had three components, including an early marriage prevention intervention run by the Centre for Mass Education in Science (CMES). CMES piloted a community strategy to implement interventions to prevent marriages that were too early in a girl's life or inappropriate in some other way. The intervention encouraged adolescent girls to work with community leaders to advocate on behalf of a bride to be to convince her guardians not to commit her to a marriage that was inappropriate. A major hurdle of the scheme appeared to be that marriage negotiations are not known in advance and are often not publicly discussed so timely interventions are difficult to plan. Marriage matters are also considered to be a matter for elders — young people have a difficult time convincing elders that they have a legitimate position on this matter.

Peer Leaders
In order to create their base and build up their credibility, CMES usually targets active and energetic adolescents (both boys and girls) with guardians known for positive/tolerant attitudes. These Peer Leaders (PL) motivate members during livelihood training followed by credit.

Support Group
The Support Group is composed primarily of members' parents who are interested and cooperative in CMES's efforts with adolescents in the area.

BOX 1: AN UNSUCCESSFUL CASE STUDY

The girl was 12 years old, the second of four children of a sharecropper. She was a very pretty girl studying in class five. A proposal came through a female matchmaker told to look out for a pretty girl for the son of a farmer from the *borendro* area of Chapainawabganj. The boy's family owned some land and was economically better off than the girl's family. The groom, a boy of 16/17 years and class 6 graduate, also farmed along with his father. Upon seeing the girl, the matchmaker approached her mother who agreed to marriage if they approved of the boy's family. The meeting and negotiations started. The groom's side came to see the girl, liked her and gave her Tk. 100. Two days later the matchmaker came to the girl's family with the dowry demand of gold earrings, necklace for the girl, and a cycle and watch for the boy. No cash dowry was demanded. Her parents agreed easily because no cash was required, the jewelry would belong to their daughter, and the cost of a cycle and watch would be nominal. The matchmaker informed the groom's parents of their agreement to the dowry payment, after which the girl's family went to visit the groom's house and family. Based on their approval, the groom's family visited the girl's family again and settled the date and time of marriage for the following Friday. The entire process of marriage negotiation, from the first meeting to the discussions, up to the actual marriage occurred within 15 days.

A PL's younger sister one day came to her with the news that a boy's family had come to see her 12 year old cousin as a potential bride.

Step 1   The PL herself went to her cousin's house, while the first meeting was taking place. She witnessed her cousin being asked all sorts of questions by the groom's family. She felt that it was an injustice to her young cousin and as a Peer Leader felt it her duty to try and stop the marriage from taking place.

Step 2   The PL met her group for assessment and strategy formulation. The PL got together with the other PLs of her group and discussed the matter with them.

Step 3 The PLs went to talk to her mother. They tried to dissuade her at first by explaining to her the harmful effects on her daughter's health, the loss of her looks, her deprivation from education, her deprivation from playing, the difficulties faced in childbirth and the risk and possible death of both mother and child. The mother responded with the question of who would take the responsibility of getting her daughter married if no proposals were to come later, especially as good as this one. She further reminded the PLs of their age, saying how much could they possibly know and told them to leave.

Step 4 The PL group met with members to decide upon the next course of action. They decided to visit the girl's mother a second time—this time with members of the Support Group.

Step 5 The PLs went to meet the Support Group. As a member of the Support Group was a relative of the girl in question, the PLs approached him first. They questioned how his relative could possibly get their daughter married at the age of 12 years. They received the support of the Support Group members.

Step 6 The PLs along with the Support Group members went to the girl's house. They tried to persuade the parents not to marry off their daughter, emphasizing her age, and requested that they wait.

Step 7 The PLs explained the harmful effects of early marriage such as depriving her of education and play. Her father responded by saying that his daughter was not that type of a girl. She would be able to go and work at her in-laws' house and feed herself. He added that his daughter received a very good proposal, and that he wanted "to rid himself of the burden of getting his daughter married".

Step 8 The PLs focused on her vulnerability in the new household. They said she might soon become pregnant, which would be harmful for her at her age and for her child. The father asked them where they had learned of all this at this age and they told him about the CMES group. The father replied that all this was nothing. The Support Group members became impatient and angry at his refusal to listen. The marriage of the 12-year-old girl was held soon after that. There was no turning point.

Step 9 The PLs pursued other marital rights of the girl and questioned the authorities supposed to uphold and implement the law against early marriage. They confronted the "kazi" with the fact that he was allowing the marriage of an underage girl. He responded saying they have a certificate from the Chairman that bride and groom are of age, so if they can give the certificate, why can he not marry them. The ages of the bride and groom were recorded in the "kabin-nama" as 19 and 21 years, respectively.

Final Seven or eight months later the bride conceived. She later had a miscarriage in the third month of her pregnancy. She is at present unwell.

Reflect on the following sentence: "What options do parents have? With the vulnerabilities regarding their daughters' security, demand in the marriage market, and fear of rising dowry added to their own economic bindings, parents do not see any viable option. Delay in marriage, viewed from any angle from their perspective, only adds to the cost."

FIRST SET OF QUESTIONS

1. In this case study, how would you describe the gender dimension of the relationship between girls and boys in the different aspects of their life (making decisions, access to resources, control over resources, age of marriage, having sex, etc.)?

2. How would you explain acceptance and "normalization" of child and early marriage and dowry, even though they might involve physical and psychological violence towards young girls?

3. What are parents' beliefs about child and early marriage of daughters?

4. What do parents think others think about their daughters, if they stay unmarried until adult age?

5. What may happen to a family that doesn't follow the socially accepted practices of marrying daughters early and paying adequate dowry?

6. Do parents have an alternative choice within their context?

SECOND SET OF QUESTIONS

1. A 12-year old girl has been left behind, why? Minimum human rights standards are unmet for her, why?

2. What the 12-year old girl was entitled to?

3. Who should have done something about her, when her peers failed to protect her? Who were the duty bearers (and the rights holders) entitled to protect her?

4. Why is it said that "...harmful practices contribute to the non-fulfilment and non-enjoyment of the women's human rights"?

5. Which human rights principles have been violated?"

Girls' voices:

" *Are there any parents who don't fear what people say about their daughters? There are parents who give their daughter in marriage because of what people say. They cannot stand what others say so they get the daughters married."*
Hamida, 16-18years old

" *And if they ask for dowry it has to be given. This is the way it has to be done; so it has to be called a good marriage. Dowry has to be given."*
Rahima, 14-16 years old

Girls are having a meeting at their club, which is a group of about 25/30 adolescent girls. Club is run by BRAC. Girls meet twice a week to share knowledge on different aspects of adolescent life, including personal hygiene, outdoor sport, rights to education and preventing early marriage.

STAGES IN EARLY MARRIAGE PREVENTION ADVOCACY: ARGUMENTS USED

From <u>AMIN ET AL. 2005, PP. 48-49</u>

1.1 STAGES IN EARLY MARRIAGE PREVENTION ADVOCACY

Both peer leaders groups identified early marriage prevention as the most difficult aspect of their advocacy activities. The Chittagong group reported that, prior to CMES activities, girls in their village were married by the age of 12 and that they had some success in preventing early marriage during the past year. The Chapainawabganj group was less enthusiastic about their accomplishments.

Of the combined four successful cases between the two groups, two were cases of a PLS' own marriage negotiations, one was a peer leader's younger sister, and the last was a peer leader's relative—all members of CMES. Of the five unsuccessful cases, also members of CMES, fathers were unable to be convinced in two cases, the wedding was secretly held in another village in the third case, information was received too late in the fourth case, and the last because it was a love marriage.

ARGUMENTS USED FOR PREVENTION OF EARLY MARRIAGE

- Societal/familial problems

- Health issues: malnutrition of mother and child, problems during delivery

- Reading out the chapter on mother and child from Outreach Center books

- Possibility of difficulties and even violence that may befall the girl for dowry

- Fine and punishment for taking or giving dowry

- Laws regarding minimum age at marriage and dowry

- Discussion of mother's own experience of marriage and childbearing.

- Loss of her looks (unattractive to spouse — a common cause for divorce, abuse or justification for spouse's second marriage)

- Deprived from education

- Deprived from playing

- Difficulty adjusting to new environment and family at young age without any say

- Inability to care for children/in-laws

(i)

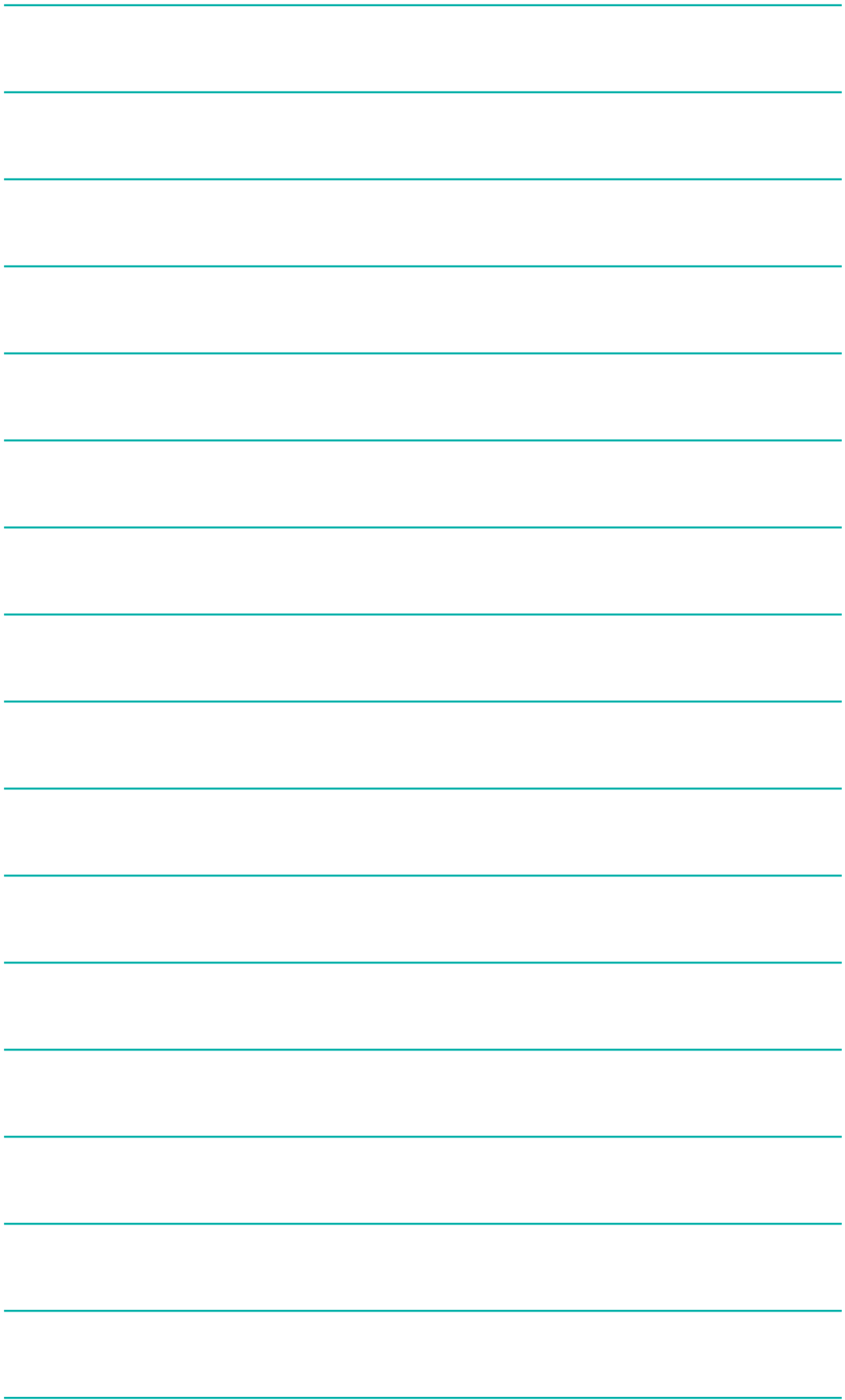**ARGUMENTS USED AGAINST PREVENTION ACTION**

" Just like fish that has been kept too long, girls too start stinking if kept at home too long. Then no one wants her."

- There is no discussion — this marriage will take place

- "They are so young!" "How much do you think you know?"

- I don't have to listen to small girls

- Mother married young and had no problems in performing her duties

- Preference for young brides

- Who will take responsibility of daughter's marriage if no proposals come later?

- What if a good proposal such as this does not come later?

- Not possible to pass up such a good groom

- Groom's family very enthusiastic about taking the girl as their bride

- The groom's family is economically better-off

- You keep and support her until she is old enough to get married

- No dowry/no cash dowry/small dowry required

- Amount of dowry will increase with age and education

- Priority is to get rid of this burden. OK for a boy to get married late, but for a girl it is utter disgrace

- Community gossip, sparked by girl's mobility and any communication between her and a boy, increases with her age

- Loss of good reputation/possibility of scandal ruins her chances of marriage

- Marriage talks have progressed too far and it is too late to reconsider now

A young girl from Jumbe village, in Amudat district of Karamoja. Here at least 70 girls and boys have defied tradition and claimed their rights to be educated. Efforts to keep children safe from harmful traditional practice as FGM/C and early marriage have been led by governments and partners, such as the local NGO, TPO.

Notes

Manual on Social Norms and Change
Module 2 — From Human Rights
Principles to Shared Social Norms

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3

Effective Legislative Reforms in Situations Calling for Social Change

Manual on Social Norms and Change

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DESCRIBING THE NATIONAL LEGAL FRAMEWORK IN WHICH ACTIONS TO PROMOTE FGM/C ABANDONMENT WILL BE SITUATED

Adapted from AIDOS/RAINBO 2007

A) Answer the following questions to describe the national legal framework (and when appropriate the "state" framework) in which actions to promote the abandonment of FGM/C will eventually be situated:

> **a.** Has your country ratified the:
>
>   **i.** Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)?
>
>   **ii.** Convention on the Rights of the Child (CRC)?
>
>   **iii.** International Covenant on Civil and Political Rights (ICCPR)?
>
>   **iv.** International Covenant on Economic, Social and Cultural Rights (ICESCR)?
>
>   **v.** African Charter on Human and People's Rights?
>
>   **vi.** African Charter on the Rights of the Child?
>
>   **vii.** Maputo Protocol on the Rights of Women?

b. Does your country have a constitutional provision ensuring women' equal rights?

c. Does the constitution say anything more explicit about FGM/C?

d. Does a national reproductive law condemn FGM/C?

e. Is there a criminal law (included in the penal code) prohibiting FGM/C?

f. If yes, has this law been enforced?

g. Is there a criminal law prohibiting assault or abuse of minors?

h. Is there a criminal law prohibiting violence against women?

i. Has any judge ever issued an order preventing a girl from undergoing FGM/C? Or requiring an FGM/C practitioner to pay compensation to a girl upon whom FGM/C was performed?

j. Are medical providers prohibited from performing FGM/C by specific regulations?

k. Are there any child protection laws that allow state authorities to intervene for the abandonment of FGM/C?

B) Then, given the legal situation above, explain what lines of actions you would take in programme activities at the local level to use the existing legal environment or law provisions for accelerating FGM/C abandonment.

LAW ENFORCEMENT ISSUE: CAN THE LAW BE USED TO ABANDON FGM/C? PROSECUTING A MOTHER OF FIVE

Adapted from AIDOS/RAINBO 2007

SCENARIO

A 32-year-old woman is reported to police for having arranged with a traditional FGM/C practitioner to have her nine-year-old daughter undergo FGM/C. The law provides that anyone who seeks to procure FGM/C for a girl under 18 can be sentenced from six months to three years in prison. The accused woman has one older daughter who has also been cut and three younger children under the age of nine, two of them girls who have not been cut. The woman is put on trial and found guilty of conspiring to perform FGM/C, in violation of the criminal law.

QUESTIONS TO DISCUSS

1. What sentence should the judge impose?

2. How should the judge seek to promote the "best interests of the child" involved? What about her siblings?

3. Should the sentence be different if the perpetrator was a girl's grandmother or non-custodial uncle/aunt?

4. Given the local context, would it be helpful to detect the possible dissonance between legislation and the existing social norm of cutting, and the implication of discordance between legislation and custom?

5. Was there any attempt to use legislation as an advocacy tool in raising people's consciousness about FGM/C, and questioning their convictions about the practice?

WOMEN'S INHERITANCE RIGHTS IN THE SENEGAL RIVER VALLEY: THE FORMAL LAW'S MAGNET EFFECT AT WORK

Adapted from Platteau 2010

Case Study

The story concerns women's land inheritance rights in the Senegal River valley where one of the authors did fieldwork in the late 1990s <u>PLATTEAU ET AL., 1999</u>. In this area, the entire population is Muslim; this affiliation dates back several centuries[1]. As field interviews conducted in a sample of 16 villages located in the delta area (department of Dagana) and the Middle Valley (departments of Podor and Matam) revealed, local inhabitants have a good knowledge of the Quran and **are aware that it contains provisions dealing explicitly with inheritance,** particularly the prescription according to which women should inherit half the share of their brothers. Despite this Quranic injunction, **people have generally and until recently followed the customary principle** that women ought not to inherit any land from their fathers. Behind this rule prevailing in patriarchal societies lies the fear that ancestral lands might fall into strangers' hands or be excessively split, especially when marriage practices follow the rule of virilocal exogamy <u>GOODY, 1976</u> [2].

As a matter of fact, in this initial situation, the [opportunity] social cost of referring to the formal law (the Quran, in this instance) and appealing to the formal judge (the local marabout) is sufficiently high, and the outside options sufficiently unattractive, to prevent any woman from questioning traditional norms. In other words, the Islamic prescription does not confer bargaining power upon rural women, as a result of which the custom does not change, the community does not shrink and there are no appeals to the Islamic prescription. The main reason why the [opportunity] social cost of referring to the Quran and appealing to the marabout is initially so high for local Senegalese women is that by antagonizing their male relatives, they would lose important social protections they have traditionally enjoyed. Under the customary land tenure system,

---

1   Islamization was the outcome of the colonization of the Middle Valley by successive waves of foreign conquerors since the 10th century. Moreover, Maraboutic power used the 1776 revolution in Senegal to assert itself and establish the Almaami regime based on Islamic law <u>MINVIELLE 1977</u>.

2   Incidentally, the persistence of tradition of tradition-bound behaviour qualifies Kuran's statement <u>2003, 2004</u> that in a matter such as inheritance that it addresses explicity, the Quaran carries an explicitly strong authority.

women are insured against various contingencies, in particular the prospects of separation/divorce and unwed motherhood. When such events occur, the custom typically grants them the right to return to their father's land, where they are allowed to work and subsist till they find a new husband (PLATTEAU ET AL., 1999; see also COOPER, 1997: 62-63 for similar observations in the case of Niger)[3]. Moreover, the psychological cost of taking a land dispute to the (formal) religious authority was also perceived to be large insofar as, in the women's view, open disputes between close kin "are to be avoided at all cost" COOPER, 1997: 79; see also GEDZI, 2009B: 27 for Ghana, and HENRYSSON AND JOIREMAN, 2009 for Kenya).

Over the last decades, however, **the value attached by women to their participation in the social game of their village community,** in particular, the value of the customary system of social protection, has fallen as a result of an increase in female education and an expansion of non-agricultural employment opportunities. As predicted by our theory, under such circumstances of improved outside opportunities, the custom has started to evolve and a number of women are leaving their community.

There is no evidence, though, that the custom has gone so far as adopting the above Islamic prescription (daughters should inherit half the share of their brothers). What we observe, instead, **is an evolving practice of transfers aimed at compensating women** for their de facto exclusion from inheritance of a portion of their father's land. The same evolution has been detected in Niger, where women, in recognition of their ownership rights, may receive part of the crop harvested on the family land by their brothers under an arrangement known as aro COOPER, 1997: 78 [4]. It is also interesting to note that women who have completed their primary schooling and those who have a non-agricultural occupation (even after excluding the marketing of agricultural products) have a tendency to express negative opinions about customary practices such as arranged marriages, bride price payments, and the levirate system whereby a widow is remarried to a brother of her deceased husband GASPART AND PLATTEAU, 2010. Such a change of attitudes and beliefs reflects an increasing readiness of these "progressive" women to challenge the custom.

It bears emphasis that, in the above example, the situation of women has improved in spite of the absence of a change in the Islamic prescription (as a written code, the Quran is immutably fixed). It is thanks to the availability of new outside options for women that the custom is induced to change under the impact of a (constant) law. By serving as a "magnet," the law nevertheless incites the informal judge to bend the custom in a progressive direction lest too many (marginal) members of the community should leave his jurisdiction or challenge his verdicts. In other words, the mutual play of the formal law and the outside options comes into effect when the combination of the two provides a viable alternative to participation in community life, so that women' bargaining power is enhanced.

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3   When they become widows, they are traditionally entitled to cultivate the land of their deceased husband until their male children reach adult age.

4   Women's access to land often remains fragile and difficult to secure. Owing to their absence from the native village following marriage, it is hard for them to exercise whatever rights over land might have been granted to them, especially so if their male relatives are ready to exploit the information gap COOPER, 1997: 81. The existence of problems in securing their rights to land explains why, in fieldwork, it is almost impossible to obtain precise information about the extent of women's rights as well as about the amount and regularity of unilateral transfers from their brothers.

Conclusions

The situation of women concerning rights inheritance has improved in spite of the absence of a change in the formal law (Quran). The availability of new outside options for women means the (constant) law is actually inducing a change in the custom, thus acting as a magnet.

If a formal law (Quran) did not exist, better outside options would be unlikely to compensate for the loss of the benefit of the social game: They would not increase women's bargaining power, and the informal judge would not be incited to adapt his position.

In other words, the mutual play of the formal law and the outside options comes into effect when the combination of the two provides a viable alternative to participation in community life. The benefits of the social game (the custom) and the opportunity cost of appeals may diminish in conditions of constant outside opportunities.

QUESTIONS TO DISCUSS

The formal law (in this instance, the Koran) is well known but not followed:

1. What were the consequences for women's inheritance rights of the divorce between legal (the Koran) and social norms (the custom) in the Senegal River Valley?

2. Was there any change in community size until context began to change?

3. Why and how does the mere existence of the formal law, the Koran, which deals explicitly with women's inheritance rights, increase women's bargaining power?

4. Why and how is the custom adapted (the "magnet" effect is at work) to the formal law (the Koran)?

THE ROLE OF ADOPTION AND IMPLEMENTATION OF THE LAW IN BURKINA FASO

Excerpted from

Case Study

[…] The qualitative survey carried out in five provinces confirms that the practice of FGM/C is gradually being abandoned in all the areas visited. The communities in all these areas have full knowledge of FGM/C, are able to draw distinctions between the different kinds of cutting, and are well aware of the connection between excision and its consequences for health, including long-term consequences.

The information collected shows how significant the impact of the different strategies and activities has been in persuading people to abandon the practice, leading to widespread declarations of abandonment. Abandonment of FGM/C is not something recent, and mostly coincides with the time of adoption and application of the law. This period also corresponds with the beginning of a series of reinforcing strategies against excision. Some communities reported that an increasing number of young girls are no longer being excised and some of these are already reaching marriageable age. This is confirmed by agents of the Ministry of Health working in various health facilities reporting that they are seeing an increasing number of young pregnant women or new mothers who are not cut.

In terms of attitudes, communities stated "a critical mass ready to declare abandonment of the practice has already been reached". In all regions, songs and dances celebrating the girl who has been excised seem to have disappeared. There is a widespread view among many people, however, that even if the number of girls who have not been excised is increasing, this does not yet translate into a broader demographic impact.

Factors that have contributed to the abandonment of excision

The anti-FGM/C law is well known to most people, especially the punishments for those found guilty. A strategy of denunciation carried out by CNLPE[5] is equally well-known and continues to arouse fear among people, which has been a significant force in changing opinions. The restrictive and compulsory aspect of the law is extremely visible, and the setting up of mobile security teams for dissuasion and communicating information has also contributed to reducing the practice.

The involvement of certain traditional authorities in abandoning the practice of excision has received popular support. This has enabled a distinction to be drawn between justifications based on traditional custom for maintaining excision and other types of justification.

Continuous and diverse interventions, including the involvement of several sectors and of NGOs, as well as the media in the campaign, is a key element affecting people's awareness and willingness to change.

Contacts with the outside world and with alternative values have also contributed to a change in behaviour. They have helped new ideas to be absorbed and have confirmed the decision to give up an old practice. It is widely accepted that the level of education and social status are major factors in the campaign against excision. A change in norms and values has thus resulted from contact with the outside world, with modern ideas being introduced and with education. This has led to the creation of an environment where FGM/C no longer has the traditional value it used to have...

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5   National Committee to Fight the Practice of Excision (Comité National de Lutte Contre la Pratique de l'Excision), founded in 1988, Burkina Faso.

QUESTIONS TO DISCUSS

1. According to this case study: "Communities stated that a critical mass ready to declare abandonment of the practice has already been reached." However, even if the number of girls who have not been excised is increasing, this does not yet translate into a broader demographic impact. What would you infer from this situation? Would ↗ **Module 1**, Step 8, on pluralistic ignorance, help to understand what to do on the ground?

2. Law and reinforcing strategies were concurrently implemented; an education campaign preceded the enforcement of the law in Burkina Faso. Enforcement is "strategically" mild. Could you elaborate on the magnet effect of the law in "pulling" the local custom in favorable direction? Would you recognize a strategic attempt to aligning the three regulatory systems, law, morality and culture?

3. A 2008 survey confirms that the practice of FGM/C is gradually being abandoned in Burkina Faso. But enforcement is challenging. As a gendarme pointed out during a training session on social convention theory in Kombissiri in 2010: *"Yes, this (FGM/C) is a crime. However, it is a 'special crime'. When we arrive to the site of the crime, we typically find the following situation: Parents are evidently in agreement with the exciser... (However) others, eight or nine siblings, might be around and an old grandmother who cannot care for herself may also be there, and the victim is wounded! What do we do? Do we arrest the parents?"*

   What does the gendarme clearly express with his words? What about harmonization of legal, moral and social norms? Could you elaborate?

4. The law has an "expressive function" in "making statements" as opposed to controlling behaviour directly. Would you concur with the following SUNSTEIN 1996: "Legal statements might be designed to change social norms?"

THE WORK NGOS CAN SUPPORT FOR THE ADOPTION AND ENFORCEMENT OF LEGAL MEASURES

Adapted from <u>AIDOS/RAINBO 2007</u>

For a role play, in small groups, each person will have to play one of the following roles:
Each participant chooses a role among the following six categories

> Representative of the **legal community**: a lawyer, a public official responsible for law enforcement (police or other) a formal judge.

> Representative **of the system of justice operating on the ground (customary or religious authority):** a local *marabout*, an informal judge.

> Representative of the **health-care community**: a doctor, a nurse, a public health official, a birth attendant, a traditional midwife.

> Representative of the **school system:** a teacher.

> Representative of the **institutional/political community:** a public official working in an interested ministry (such as the ministry for women, or social affairs, health, etc.), a member of parliament.

> Representative of **civil society organizations:** women's empowerment advocate, NGO or community leader, village women's association representative.

> **Community members**: a community leader, a **woman** or a **man** who wants to prevent FGM/C from being performed on her/his daughter (who is experiencing Khadija's dilemma: "If I don't cut her [her six-year-old daughter] there won't be anyone to marry her. I wish I didn't have daughters, because I am so worried about them"); a **woman who has authority,** not necessarily formal authority, but she is listened to. Alternatively, the role can be a girl who does not want to be circumcised.

Each small group will decide the formal legal framework for its interaction:

▸ There is/is not a constitutional provision ensuring women's equal rights or addressing FMG/C?

▸ There is/is not a reproductive health law condemning FMG/C?

▸ There is/is not a criminal law prohibiting FMG/C?

▸ There is/is not a criminal law prohibiting assault or abuse of minors?

▸ There is/is not a specific regulation prohibiting performance of FMG/C by health-care professionals?

▸ Can any other measures be used?

Each small group will also:

▸ Decide on the specific **social setting**, namely, the perceived social expectations regarding whether girls should or should not be cut. The capacity to use the law may differ significantly if expectations are set differently.

▸ Groups also have to consider whether there is a dual system (formal law and customary law) and their interaction.

Each participant will:

▸ Put him/herself in the chosen role.

▸ Based upon the legal framework and the social context decided by the group, express how he/she would best use existing measures to prevent FGM/C.

▸ Involve the other role players to design the most efficient strategy to use the existing legal framework, in a given social context, to abandon FGM/C.

TABLES ON POINTS THAT CAME FROM THE ROLE PLAY

At the end of the role play, each group has to:

→ Fill in one of the tables in ↗ **Handout 3.6**:

Table 1 In a country where **THERE IS** specific legislation addressing FGM/C, or

Table 2 In a country where **THERE IS NO** specific legislation addressing FGM/C.

→ Note what came from the role play regarding specific roles and context.

Girl with baby in her arms, from Jumbe village, in Amudat district of Karamoja, Uganda

TABLE 1 POINTS THAT CAME OUT OF THE ROLE PLAY IN A COUNTRY WHERE THERE IS SPECIFIC LEGISLATION ADDRESSING FGM/C

Adapted from AIDOS/RAINBO 2007

Category	How can people use the law to prevent FGM/C?	Progressive/traditional context Dual legal system (formal, customary) People's expectations about FGM/C
Legal community	Judge: Lawyer: Police:	
Local authorities	Customary authority who moves in the direction of the law: Religious authority who disapproves of FGM/C:	
Health-care community	Health-care providers: Traditional midwife:	
School system	Teacher:	
Institutional/ political community	Government representative: Parliamentarian: Local/community leader:	
Civil society organizations	Civil society representative: Women's rights advocate: Journalist:	
Community	Women/men who prefer to abandon FGM/C on their daughter: A woman who has authority, not necessarily formal authority, but she is listened to:	

TABLE 2 POINTS THAT CAME OUT OF THE ROLE PLAY IN A COUNTRY WHERE THERE IS NO SPECIFIC LEGISLATION ADDRESSING FGM/C

Adapted from AIDOS/RAINBO 2007

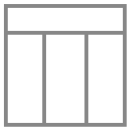| Category	How can people use existing legislation (i.e., a child protection law, a law prohibiting grievously bodily injury, others) to prevent FGM/C?	Progressive/traditional context Dual legal system (formal, customary) People's expectations about FGM/C
Legal community	Judge: Lawyer: Police:	
Local authorities	Customary authority who moves/does not move in the direction of the formal law: Religious authority who disapproves/approves of FGM/C:	
Health-care community	Health-care providers:	
School system	Teacher:	
Institutional/political community	Government representative: Parliamentarian: Local/community leader:	
Civil society organizations	Civil society representative: Women's rights advocate: Journalist:	
Community	Women/men who prefer to abandon FGM/C on their daughter: A woman who has authority, not necessarily formal authority, but she is listened to:	

THREE REGULATORY SYSTEMS

Excerpted from Mockus 2004

Three regulatory systems

It is possible to make a distinction between three different types of rules or norms: legal, moral (or norms of conscience), and cultural (those informally shared by a community). The reasons to abide by a norm change depending on the type of norm in question. Thus, one way to explain each of the three regulatory systems is by considering the reasons why we obey their respective norms.

One can obey legal regulation because one considers it admirable, meaning one admires the way in which it was created, how it is applied, or the effects it produces. On the other hand, a very important factor in abidance by the law is fear of legal sanctions, fines or jail.

Moral regulation is closely linked to personal autonomy and the development of one's judgment, what in the more classical Catholic tradition was deemed the age of reason: the emergence of judgment which translates into the voice of conscience, into the cricket in Pinocchio. Obedience to moral norms can come from the pleasure that doing so produces, or from the sense of duty. On the other hand, some people obey moral norms because by doing so they feel consistent with themselves, which in turn produces satisfaction. For example, if one has as a moral principle not to tell lies, then not doing so, even when one is very tempted to do so, is gratifying. In these cases one experiences a sensation of harmony with oneself. The opposite feeling, a sensation of discord or discrepancy with oneself, works as a moral punishment, and it generally receives the name of guilt. Fear of guilt can also be a cause of obedience to moral regulation.

Finally, there is cultural or social regulation. How to dress for the occasion, how to address someone depending on the degree of familiarity, what type of relationship to establish with colleagues, among others, are behaviors that are regulated by social norms. In contrast to moral norms, these don't depend as much on each individual's conscience, but on the group he or she belongs to. As in the case of legal and moral regulations, each individual may choose to a certain extent whether or not to follow social norms, by assessing the positive or negative consequences of her behavior. Table 1 shows the three regulatory systems summarized and the main reasons to obey each.

TABLE 1 THREE REGULATORY SYSTEMS

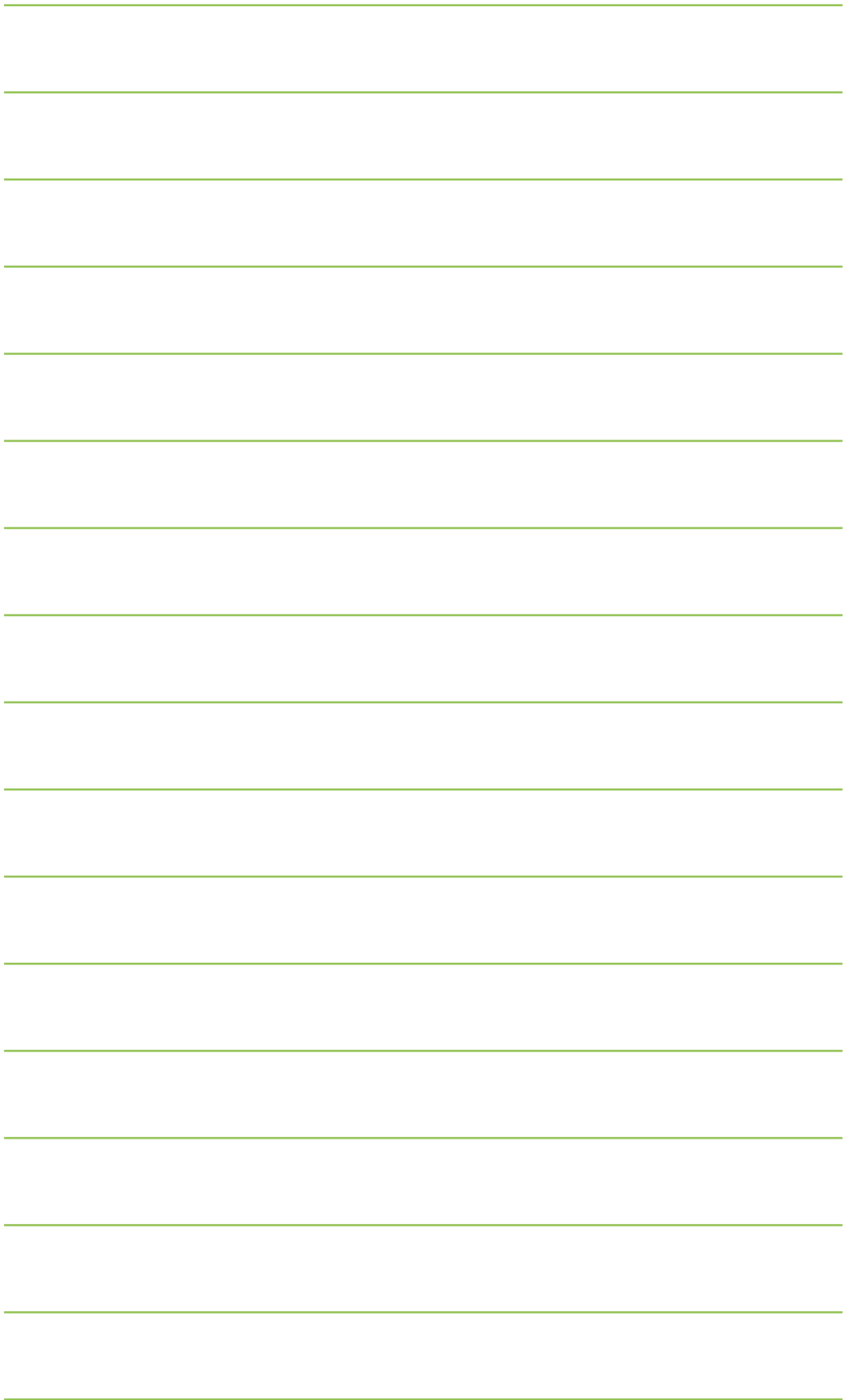| Legal norms	Moral norms	Social norms
Admiration for the law	Self-gratification of conscience	Social admiration and recognition
Fear of legal sanction	Fear of guilt	Fear of shame and social rejection

Harmony and divorce

The three regulatory systems described above are relatively independent. There are many behaviors that are not contemplated in the law but that are so in social norms, such as manners at the table. There are also moral norms whose violation does not imply the violation of a law, such as lying about someone's appearance. However, there are many behaviors that are regulated by two or even all three systems simultaneously. Stealing is forbidden by law, and it would be very convenient for society if it also generated guilt and social rejection. Likewise, paying taxes is a legal duty and doing so, in a society that understands the benefits of taxation, should produce personal satisfaction and social recognition. But there are contexts in which stealing is socially approved; for example, early in my first Administration, stealing water or electricity wasn't only approved of in some neighborhoods, it was also frowned upon to legalize and pay for the service.

When the three regulatory systems are aligned, when they coincide in the prohibition or encouragement of the same behaviors, then we say that there is harmony between law, morality and culture. In the opposite case we say that there is divorce.

Women holding up signs during a ceremony renouncing FGM/C in the village of Cambadju in Bafatà region in Guinée-Bissau. The village is the first in the country to renounce FGM/C.

Notes

Manual on Social Norms and Change
Module 3 — Effective Legislative Reforms
in Situations Calling for Social Change

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4

Seven Common Patterns and Transformative Elements for Change

Manual on Social Norms and Change

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RECOMMENDATION 13: WHILE EXCISORS SHOULD BE INCLUDED IN PROGRAMMING, FINDING ALTERNATIVE INCOME FOR EXCISORS SHOULD NOT BE THE MAJOR STRATEGY FOR CHANGE

Source: WHO 1999

Although urbanized parents are increasingly taking their daughters to modern health care providers for excision, FMG is still predominantly being performed by traditional female excisors. […] The resulting health complications, including the HIV threat, has convinced many anti-FMG implementers to reach out to traditional excisors as one of the main target groups of their projects. Excisors have also been targeted because of their opposition to FMG elimination programmes. […]

Projects that work with excisors are usually referred to as "conversion strategies," because they are designed to "convert" them to other forms of employment. They unfold in three phases:

- ✓ Identifying excisors and training them on normal female genitalia and its functions; the harmful effects of FMG on women's health; reasons why FMG is practised; and the role they play in perpetuating the practice.

- ✓ Training excisors as change agents and motivating them to inform the community and families that request FMG about its harmful effects.

- ✓ Orienting the excisors towards alternative sources of income and giving them resources, equipment, and skills to allow them to earn a living.

In Mali, some agencies implemented all three phases (e.g. APDF[1]), while others implemented only the awareness-raising phase (AMSOPT[2], ASDAP[3]), or proceeded to train excisors to become change agents THE POPULATION COUNCIL, 1998B. Cooperative de Femmes pour l'education, la Sante Familiale, et l'Assainissement (COFESA) indirectly raised the awareness of excisors through their (information, education, communication) programme about adolescent sexual and reproductive health. However, some Malian groups disagreed about the relative importance that this strategy has had, noting that when local excisors were "removed from the market", others, sometimes from as far away as Burkina Faso, come to the communities to conduct the operation.

In Ethiopia, the NCTPE[4] together with the Inter-African Committee (IAC), implemented an alternative employment opportunity project for excisors. It involved 25 to 30 excisors who promised to "lay down the blade" if they were able to participate in an alternative employment programme. In an IAC evaluation of this programme, many of the women said that they never excised girls; this clearly raised questions on whether they had actually never excised anyone, but wanted to take advantage of the project or were instead denying their earlier "excisor status" since they are aware of its complications and unpopularity.

In Uganda, traditional birth attendants and excisors have been educated about the harmful effects of FGM, but the programme has not succeeded in developing an alternative income for excisors as of yet.

In Kenya, discovering alternative income sources for excisors is not a major strategy, however, excisors are educated and recruited as change agents. In fact, when two excisors put down their tools and became change agents, the programme assisted them to sell sugar and cigarettes as an alternative income.

CAUTION

WHO is opposed to smoking and the selling of cigarettes as an alternative income strategy.

In Burkina Faso, the military police identifies, educates, and monitors known excisors. However, the programme does not offer alternative income to excisors but educates them about the harmful effects of FGM to overall health.

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1 Association pour le Progrès et la Défense des Droits des Femmes, Mali

2 Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles

3 Association de Soutien aux Activités des Populations Mali

4 National Committee on Traditional Practices in Ethiopia (InterAfrican Committee chapter)

HAVE EXCISORS CHANGED?

In Burkina Faso, an 80-year-old excisor stated in a community meeting that she had completely abandoned the practice of excision since she realized that it is harmful to the health of girls. Later, the reviewers learned that she went to jail for seven months after the last girl she excised died. When asked how many girls she excised in her life, the woman responded, "not less than 500." However, she denied that any of those girls died or suffered any complications related to FGM.

In a community in Kenya called Materi, where a group of women, Ntanira Na Mugambo, were implementing an alternative rites of passage programme called "excision by words", a 60-year-old excisor found herself without a job. She subsequently abandoned her trade and joined Ntanira Na Mugambo. As a proof that she had stopped excising girls, she brought her youngest and unexcised daughter to participate in the alternative rites of passage programme! She confessed during the ceremony that she has been excising girls for 40 years, that she has been opposed to the programme for a long time, and that she has come to learn that what she has been practicing was quite harmful. She vowed that she would be an active supporter of Ntanira Na Mugambo.

In Senegal, Aissa Tou Sarr, a woman in her fifties, had been the ritual excisor for decades in the rural village of Diabougou. Using a razor blade, she performed the procedure, a trade inherited from her grandmother, on about 200 girls every rainy season. The trade had provided her with a decent living: about $8.60, lunch, and a bar of soap for each operation. When Sarr's village joined the other villages in banning the practice of FGM, Sarr found herself depending on her brother's charity and resigned herself to near-destitution. Sarr's hardship is one of the harsh and sad realities of rebelling against an old-standing practice. When TOSTAN worked on rehabilitating Sarr (through their education programme), she became a convert. She stated "When I learned that this might cause sterility and infections, I didn't want to be the cause of all that."

Educating excisors about the harmful effects of FGM, recruiting them as change agents, and providing them with an alternative income lead to the empowerment instead of vilification of prestigious members of the society. There are, however, obstacles that hinder the effectiveness of the alternative income strategy. These include:

- Income generation and loan programmes require resources and time commitments for them to succeed. These also divert resources from other project activities.

- Excisors who put down their tools may not be able to maintain their promise since excision is a lucrative business (Burkina Faso).

- Other excisors may replace those who are taken out of the market (Mali).

- Since there is a demand from the community for excisions, excisors will try to comply with the demand.

- Focusing on the excisors sometimes promotes their role as an important one and does not expose it as a profession that is harmful and needing to be counteracted.

In both Ethiopia and Mali, the alternative employment pilot projects do not seem to have achieved the goal of saving girls from FGM, and may be diverting resources from other project activities. However, identifying, educating, and monitoring the activities of the excisors is an essential element of FGM elimination programmes in several countries, especially in Burkina Faso. The benefits of this strategy require in depth evidence, evaluation, and discussion in the future.

© UNICEF/NYHQ2009-2263/HOLT — KABELE VILLAGE, ETHIOPIA, 2009

Bobo Mohamed, a former excisor, holds the tool she used to perform the procedure at a community meeting in Kabel, Ethiopia. The meeting was organized by the Rohi-Weddu Pastoral Women Development Organization. Rohi-Weddu promotes community dialogue about harmful social practices and promotes education and training for women in the Afar region.

As one national committee member in a province in Burkina Faso said, "The thief does not need to be compensated for articles he stole!!"

It is important to analyse Recommendation 13 in terms of:

- An analysis of FGM/C and associated practices, as social norms characterized by group expectations that everyone else practises them

- What causes resistance or may spur change in behaviour

- Why cutters reconvert, and conversion does not work as a major strategy for change.

QUESTIONS TO DISCUSS

1. Why doesn't reconversion of cutters work as a major strategy for FGM/C abandonment?

2. What elements of the social change process are lacking when this strategy is the major one?

3. Taking into consideration the process of FGM/C abandonment, what role could a converted cutter play and why?

4. Recommendation 13 provided reasons why the reconversions of cutter as a major strategy for FGM/C abandonment didn't work in the past. Could you currently think about your own personal experience and provide examples of what didn't work in your own programme/project?

CHANGING THE CITY OF BOGOTÁ

Case Study 1

Excerpt from <u>MOCKUS 2004</u>

Harmony and divorce between law, morality and culture

→ Run ↗ **Presentation 4.2** "Changing the City of Bogotà"; a facilitator or resource persons should sit with the group while looking at the presentation.

→ Later on, read the following case study on "Changing the City of Bogotà".

Recall also ↗ **Handout 3.7**, "Three Regulatory Systems."

It is possible to make a distinction between three different types of rules or norms: legal, moral (or norms of conscience), and cultural (those informally shared by a community). The reasons to abide by a norm change depending on the type of norm in question. Thus, one way to explain each of the three regulatory systems is by considering the reasons why we obey their respective norms.

Table 1 shows the three regulatory systems summarized and the main reasons to obey each.

TABLE 1: THREE REGULATORY SYSTEMS

Legal norms	Moral norms	Social norms
Admiration for the law	Self-gratification of conscience	Social admiration and recognition
Fear of legal sanction	Fear of guilt	Fear of shame and social rejection

OBJECTIVES OF HARMONIZATION

- Voluntary compliance with norms

- Citizens peacefully making others comply with norms

- Peaceful solutions of conflicts with help of a shared vision of the city

EXAMPLES OF HARMONIZATION

Social norms
In A. Mockus' first administration, a development plan, Educating a City, included goals for what was then called the Civic Culture Priority. These were geared to achieving greater adherence to norms of coexistence, to increasing mutual regulation and to ensuring peaceful conflict resolution. During this administration, mutual regulation was evidenced by decreased water consumption during the 1997 crisis, as well as by the use of civic cards distributed to citizens. These showed a "thumbs up" for approval and a "thumbs down" as a sign of censure, to correct or to rate the behaviour of strangers.

Moral norms
In 2003, with help from the Fondo de Prevención Vial (Road Prevention Fund), the city marked stars in every place where a pedestrian had died in the past five years from being run over. This was a clear indication of the consequences of a short cut. Pedestrians who take the time to move a few metres more to take a bridge or crosswalk are expressing, not with words but with their bodies, that they will not take the short cut, that they value life and their safety more than the few minutes they could save.

Legal norms
Another innovative idea was to use mimes to improve both traffic and citizens' behaviour. Initially, 20 professional mimes shadowed pedestrians who didn't follow crossing rules: A pedestrian running across the road would be tracked by a mime who mocked his every move. Mimes also poked fun at reckless drivers. The programme was so popular that another 400 people were trained as mimes.

1. Situation in Bogotà:

   ▸ Bogotá: 5 million inhabitants in 1994, 6.8 million in 2010

   ▸ Disorder, administrative lenience, socially accepted corruption, low sense of belonging, pessimism, crimes against life and propriety, "shortcut culture," bored citizens

2. Manifestation of "shortcut culture"

   Jaywalking, cars on sidewalks; visual pollution; street vendors (and buyers); bribing to obtain paperwork or instead of paying fines; "get honest money, if you cannot, then just get money;" offer or extortion of favours between public powers in exchange for cooperation; corruption in contracts (and disloyal competition between private corporations); threats and bribery against judicial processes; press intimidation; violence/private justice.

© UNICEFNYHQ/1990-0027/TOLMIE — BOGOTÁ (COLOMBIA), 1990

Three children overlook a downtown section of Bogotà, Colombia, a city of 5 millions in 1994, from the hillside where they live in a squatter settlement that has no basic services.

QUESTIONS TO DISCUSS

1. What is different/special in Antanas Mockus' approach to the "three regulatory systems"?

2. What is the role of the performing arts in the overall process of the city of Bogotá's self-transformation?

3. How would you describe the city of Bogotá, under Mockus' tenure? Was he able to increase citizen's voluntary compliance with the law?

4. Mockus has formulated a theory of "harmonization of social, moral and legal norms"—combining three regulatory systems—and applied it at the scale of a city of 8 million. What are the similarities with the social norms perspective approach used in efforts to eliminate FGM/C? What can we learn about changing collective behaviour on a large scale?

5. To what extent does Mockus' theoretical approach to the "three regulatory systems" (and use of communication including performing arts) provide an operational framework for creating an enabling environment for FGM/C abandonment?

THE SALEEMA COMMUNICATION INITIATIVE: TRANSFORMIMG A PARADIGM OF PURITY, A SUDANESE EXPERIENCE

Case Study 2

Based on <u>RUDY ET AL. 2011</u>

The Saleema communication initiative emerged out of the recognition of the importance of changing values associated with FGM/C in Sudan. Language is critical: In Sudanese colloquial language, the word used for FGM/C is tahoor or "purity," and therefore the culture associates FGM/C with one of the most cherished social and moral values.

The Saleema communication initiative applies a "recategorization" of the concept of the "completeness of the girl's body." *Saleema* means purity, but also means *whole, healthy in body and mind, unharmed, intact, pristine, in a God-given condition and perfect.* It's also a girl's name.

Saleema aims to stimulate new discussions about FGM/C at family and community levels—discussions are "new" both with regard to *who talks to whom* ("talk pathways") and the specific issues communicated about ("talk content"). Saleema is as much about introducing a range of positive communication approaches and methods into the discourse about FGM/C at all levels as it is about language. The initiative represents a shift in focus *from the problem to the solution*; the mood is always confident, upbeat, positive and inclusive.

Social marketing techniques play an important role in the development of both visual materials and message texts for Saleema, particularly the method of repetition with variation over a long exposure time. The Saleema "toolkit" is a collection of communication strategies, materials and activities designed for use at two main levels:

1. multimedia materials used mainly through wide coverage media channels including radio and TV (mass media); and

2. small print materials, training activities and activity guidance designed to support implementation directly at community level. New tools are still being added, with a

particular focus on strengthening and expanding the use of mass media to accelerate awareness and broaden engagement.

Top-down messaging is avoided in favour of messaging that invites participation in the construction of the meanings of relevant messages and stimulates inter-personal discussion. In the Saleema materials, change is always positioned where a range of voices belonging to women, men, and children are rising. This repetitively occurs at different stages of the change process.

In all Saleema materials, technical language and communication style evoke everyday speech; ordinary people's wisdom is predominant. "Every girl is born *saleema*, let her grow *saleema*" became the core idea behind the national campaign launched in 2010.

The theory behind Saleema is that "while recategorizing existing values and using them to recreate the scripts around the completeness of a girl body," it is important to build on "foundational values" that can trigger engagement in the change process. Information provided should be coherent with the traditional belief system. For example, "Every girl is born *saleema*" respects the foundational values of purity and virginity in the Sudanese society, but redefines with a more positive connotation the value of the uncircumcised girl. This is in line with the "persuasion theory"[MERCIER 2011] that people want a coherent belief system.

The Saleema communication initiative is repeatedly returning to two main patterns of action: different types of implementing networks, the family *housh*[5] compared with public or civic organizations, and the different ideological emphases on the weight of values versus coordination[6].

In Sudan, the **comparison between *values* and *coordination*** is of immediate importance to programming for three reasons: first, because of questions relating to optimal weighting of these two elements; second (and especially) because of the potential contribution this comparison could make to understanding the "tipping point" for abandonment of FGM/C; and third because the expected learning is likely to be more immediately applicable to activities that can reach wide audiences and therefore support the programme aim of scaling up Saleema.

According to the UNICEF Sudan Office[7]: "When we speak of 'strategic' use of mass media as a key feature of *a communication strategy for social norm shift* there are several points to understand. There is of course the important aim of communicating at effective scale. Less obvious perhaps is the importance of creating a larger frame of

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5 Housch refers to the Sudanese extended family based on the lineage of male relatives and ancestors. The members of a lineage act in the group's interest, safeguarding territory or forming important ties with other families by marriage. Extended families might have hundreds and probably thousands of relatives (S. Ahmed, informal conversation, 2011).

6 Values versus coordination refers to moral (unconditional) and social norms (coordination matters). In ↗ **Module 1, Handout 1.2**, "Social Norms Definition": "Moral norms are inner sanctions, often unconditional (we do not care much about others' actions or expectations).… (Conversely), when I go to a party, I want to coordinate how dressed-up I get with how dressed-up I think everyone else will be. If I wear a T-shirt and shorts to a formal dinner party, I expect that other people will be upset with me (social norm)."

7 Patricia Rudy, unpublished note, 2012, p. 14.

reference for 'local' discussions and activities, not only for the effect this has on the main intended audience (community members) but also for the way it reinforces certain shifts in communication methods for a key secondary audience, the change agents themselves (facilitators of community-level activities). Exposure to consistent and appropriate mass media materials helps to support consistency in the look, tone, and 'feel' of a new model of communication on FGC that avoids polarized debate, situates 'expertise' at family and community level, and models strongly positive messages that appeal to very wide audiences. This serves not only to engage new and wider audiences but also to guide and remind community-level change-agents whose approaches are still transitioning from a strong tradition of activism characterized by highly negative- and often top down- and adversarial communication approaches. However more specifically, consistent use of mass media campaigns is vital in enhancing the interplay between different ideological emphases and the weight of a 'value modification" strategy, versus the co-ordination game theoretical[8] strategy'."

Two scenarios help situate the Saleema communication initiative in real contexts, which can be quite different in Sudan.

SCENARIO 1[9]

Wad Sharifae is a large settlement with good transportation to the nearby city of Kassala in Sudan. The settlement has an unofficial subdivision into east and west zones, roughly corresponding to the ethnic division of people of West African origins and others. The division among the two settlements is quite invisible, as both make use of the same market. The Eritrean border is 35 kilometres away, and recently a refugee camp has been located in the area. Around 14,000 people live in Wad Sharifae. The ethnic composition includes the Beni Amer, one of the nomadic populations of eastern Sudan, and the Hadendawa and House, mainly concentrated in West Was Sharief. Many Eritrean or people of Eritrean origin also live here.

The economic situation is quite good, with irrigated orchards, herding, brickmaking, urban employment and day labour. There are seven basic schools for boys and seven for girls (grades 1-8); there is one high school for boys only. There are also 10 Koranic schools. Although illiteracy remains high among women, it is estimated that 60% of the population has some degree of education. Schools are in a very deplorable state, and teachers complain the lack of government support.

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8   "Game theory" is a method for studying strategic situations when an outcome that affects you depends not only on what you do but also on what others do. See BICCHIERI 2007. For more explanations of game theory applied to FGM/C, see UNICEF 2007, P. 14.

9   Adapted from GRUENBAUM 2004 and AIDOS/RAINBO 2007.

The most prominent groups of Muslims are the Khatmiyya, a traditional Sufi group quite numerous in Eastern Sudan, and the Ansar Sunna, a Wahhabist-oriented religious movement with close ties to Saudi Arabia. Pharaonic circumcision is quite diffuse; 57% of girls aged 5-11 years have already been submitted to infibulation. Political and religious leaders from the Ansar Sunna movement often criticize Sudanese traditions, including girl's circumcision and parts of the traditional wedding celebration. A wedding now consists of just a contract signing and a large, segregated gathering for a meal, after which the groom takes the bride home. Women's movement is restricted; they must be accompanied by others and wear black veils when moving beyond the family compound.

SCENARIO 2

Hameshkoreib akìl Jadida, in Sudan, is a community that is spread over a fairly large area located about 15 kilometres east of Aroma by dirt track and 75 kilometres from Kassala, with a paved road between Aroma and Kassala. Wind blows all the time. Nearly all the people identify as Hadendawa, an ethnic group that is considered part of the Beja people of eastern Sudan. The Hadendawa speak their own language among themselves; men also know Arabic well, but women don't, so one woman always has to translate for the others. Children learn Arabic when they get older, at school. The village is composed of different gabila (tribes), each with its own sheikh.

Housing is mostly mud brick with straw shaded shelters. But some houses consist of the traditional nomadic structures, which can be relocated easily. There is a problem with the supply of clean water and sanitation, with no latrines near a large number of houses, and people simply using the bushes. Poverty is widespread, in particular in the dry season. Agriculture is the main source of revenue, but many women revealed that their husband and brothers have migrated to Port Sudan. Women have almost no incoming-generating activities.

The Hadendawa strongly adhere to cultural values and traditions of a previous pastoral life, with close proximity among families, endogamous marriages (close intra-marriage, preferably with paternal first cousins). Patriarchal power is manifested in well-defined gender roles, including women's segregation, rigid assigned workloads, and deference and obedience to male relatives. But women are not powerless, exerting a great deal of influence in the family and community, and contributing to reputation of community members. All members of the community, men and women, are very supportive of pharaonic circumcision, and until a few years ago never heard about "sunna." This is considered a topic that should not be discussed in public. Not being infibulated is considered shameful by women, although they remember the pain associated with it.

QUESTIONS TO DISCUSS

1. Can you suggest an explanation for the statement of the Saleema communication initiative that "language is critical"? Why might the simple statement "every girl is born saleema," without explicitly linking it to FGM/C, be critical?

2. Is the Saleema communication initiative attempting to "change values" on a larger scale? If so, how?

3. Would you be able to list a few normative expectations associated with FGM/C in Sudan? Tahoor or "purity" is the word that colloquial language uses for FGM/C: What does this mean for a girl's body?

4. Would you be able to suggest how the Saleema initiative promotes a recategorization of the completeness of a girl's body, and delinks FGM/C from the cherished social and moral value of purity in Sudan?

5. How do the main strategies of the Saleema initiative differ from those of community empowerment programmes inspired by the Tostan experience in Senegal? What are the similarities?

6. Two different scenarios are provided in order to situate the Saleema communication initiative in different contexts in Sudan. How would you adjust strategies in those different contexts? What's different in terms of normative expectations?

VOICES OF WOMEN: NEW KNOWLEDGE AND LESSONS LEARNED, THE TOSTAN PROGRAMME

Case Study 3

Excerpts of women's statements from <u>UNICEF 2008b</u>

Women from villages where the programme took place, both those who participated directly and those who did not, were invited to talk about what they learned through Tostan's classes.

The lessons learned essentially pertain to aspects of everyday life, such as those relating to set setal (hygiene), the virtues of jarum xetalli (oral rehydration) and basic arithmetic skills, among other things that significantly contribute to behavioural change.

> " *What we can say today is that Tostan has taught us a lot of things, and if someone tells you that it's not true it's because they live in a fantasy world! Tostan taught us lately how we can maintain our children, our household and ourselves in hygiene and cleanliness, but also informed us on the hygiene and cleanliness of our food. We also learned how to live in harmony with our husbands, the behaviour we must adopt towards others and the relationships that must prevail among neighbors of the same locality and of various villages. We now know how to behave when our children are sick, what we must do to treat them, etc. On top of everything, we now know how to read and write, but also how to count in our national language: Peulh ...*" <u>A PARTICIPATING WOMAN, AGED 40, P. 23</u>

Another component of lessons learned relates to health in general, and to reproductive health in particular, an area now accessible to women in these zones. The data available verify the interest they have in the programme and the advantages they have derived from it, as this non-participating woman attested:

> " *As far as maternity is concerned, for instance, the knowledge acquired through the Tostan programme is very important to me. In the past, we would not pay any importance to prenatal consultations. This behavioral change has considerably improved the health of the women in our village.*" <u>FARMER, MARRIED, 45 YEARS OLD, P. 24</u>

From now on, women are able to follow their pregnancy cycle thanks to the lessons learned in the Tostan programme, as underscored by one woman:

> " *I have better knowledge of everything that concerns my health, I found out about the duration of a pregnancy, while previously I was arguing a lot. When the frequent number of 280 days was coming up I was often wondering if it was true or not, but with ↗ **Module 7** [10] I found out that it was true.*" [P. 24]

In addition, the changes that stemmed from the programme can be perceived through the knowledge women have of the role they should play in the community. In a certain way, the Tostan programme has promoted a review of the status of women, who are themselves convinced that they can substitute for men in positions previously a male responsibility. This is what a woman from Goundaga expressed:

> "*Yes, we now know that women must decide, help with orientation, take part in the great decisions on the socio-economic development of the country to the same extent as men. Nowadays, we are convinced that everything a man does, a woman can do it just as well if not better, because we have abilities and skills to show for. Why not a female village chief?*" [P. 24]

The programme seems to have also promoted a "culture of hygiene." The reflex of getting clean seems to have become a precursory measure to any action, which the words of a participating woman confirmed:

> " *... It is thanks to these people that we have acquired a lot of knowledge in several areas: truck farming, literacy training, set setal, child health... this has brought a change on ourselves, because we did not use to take care of our homes or our children before. We did not even have time to wash because we were in the bush all the time. But since Tostan has come to our village, we have noticed great changes; all the things we did not know before, Tostan introduced them to us.*" [P. 24]

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10   Tostan has a programme divided into several modules.

The knowledge acquired with respect to basic arithmetic has turned out to be a sizeable asset for women who have a revenue-generating activity. A participating woman in Malicounda shared her experience:

> " *for that, I am not very gifted (laughs). But if someone today owes me money, even if I cannot write the name entirely, I can write the beginning, I can also write in the amount. And when I go and buy goods, all they give me I can write down."* P. 25

It would be very surprising not to find such quotations from participating women, whose numbers are between 15 and 25 in each village. The accumulation of all this knowledge is apparently not limited to participating women, however, as revealed by this woman from Saré Waly:

> " *Today, even prenatal visits and the immunization of children are a real thing in this village, as opposed to what could be seen before Tostan's arrival, when women did not attach great importance to these issues. We also know how to fight the spread of malaria."* P. 25

Concerning FGM/C and public declaration of abandonment:

> " *I simply tell myself that when an ass gorr [honourable person] comes out in the open to tell everybody that she has abandoned circumcision, she must stick to her word…Kaddu gogou gnou wax, mo gnou ci rey (it is our word that got us together). We would really be ashamed if people said, 'Diabougou declared that it was abandoning circumcision, yet people keep on doing it."* PRESIDENT OF DIABOUGOU'S WOMEN GROUP, P. 34

Another woman confirmed:

> " *There are many non circumcised girls in the village. They are well regarded. They are not excluded socially at all for anything having to do with FGM/C. I think that people are more or less aware of the danger of these practices for people's health and their children's future."* NON-PARTICIPATING WOMAN, FARMER, AGE 42 11

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11   Diop, Moreau and Benga 2008, p. 25.

QUESTIONS TO DISCUSS

1. Why would a grandmother cut her granddaughters against their parents' will? Was she feeling pressure in her social context to do so?

2. What were the elements in the grandmother's context that drove her to do so? Why did she change her mind?

3. What about women's immediate concerns? How did they rank them? How do reflective distance and a space for dialogue operate in real-life situations?

4. How did women rank the new knowledge? Has it become common knowledge on which they can act as a group? What is your analysis/perception of women's statements of empowerment (i.e., we know how to behave when our children are sick…we know that women must decide, help in orientation, take part in the great decision) vis-à-vis their role in their communities?

5. Taking into consideration what has already been discussed in previous modules, can you formulate any hypotheses on the why and how women's motivations changed as individuals and as a group? Did women go through a process by which they weighed the benefits of the new knowledge against previous situations? Did they feel empowered as part of the "learning group" or a "learning community," and therefore were able to change their own behaviour and that of their communities?

6. Rights violations were concealed through the habits of everyday life. When women expressed their awareness of their new knowledge and asserted it, what were they intrinsically doing?

7. Can you explain how elements of human rights "enjoyment" emerge through the new knowledge and how they interrelate?

KEMBATTI MENTTI GEZZIMA-TOPPE (WOMEN OF KEMBATTA PULLING THEIR EFFORTS TO WORK TOGETHER), ETHIOPIA, KEMBATTA/TEMBARO REGION

Case Study 4

From DAGNE 2009

> **Unlike in many areas of Ethiopia where girls are circumcised in early infancy, in Kembatta/Tembaro, girls are cut during adolescence, between ages 12 and 18, as part of an initiation ceremony to womanhood.**

$!$

In Ethiopia the NGO Kembatti Menti Gezzima-Toppe (KMG) organized MACKIE AND LEJEUNE, 2009, P. 13. multiple core groups that diffuse public discussions, decisions and commitment in multiple arena, saturating the community. The primary core group consists of 50 individuals, who after 18 months of deliberation form a committee of 10 to organize and end harmful traditional practices in their local community. As the NGO works in areas where the age of cutting is 12 to 18 years, it also establishes a committee formed of uncut adolescents. These committees organize public discussion in schools, churches and neighbourhoods and among members of traditional local women's associations and outcast groups. Some leaders of the influential local indigenous insurance and microcredit society (EDIR) are recruited to be in the primary core group. Additionally women members of the core group diffuse discussions to the local women' societies that support members by sharing the extraordinary costs of child delivery, wedding, funerals; to the local butter clubs that allow women to take turn raising cash, to traditional regular coffee chats, and during long walks often taken to weddings and funerals. Uncut adolescents mobilise their peers, their families and their schools DAGNE 2009.

Case study Part 1: A trusted messenger.

A key figure in the awareness raising process was the KMG founder, Dr. Bogalech Gebre, commonly referred to as 'Boge', who visited villages to talk to individuals and groups about violence against women, FGM/C, abduction and rape. Raised in Kembatta and circumcised herself as a young teenager [...] her passion and enthusiasm played a crucial role in convincing many community members to view FGM/C as a violation of human rights and question its validity.

In focus group discussions, one elderly participant spoke of the importance of receiving information from a trusted member of the community. *"Everybody knows Boge"*, he said.

> *"People admire her because of all people of this area who went abroad and got educated it is Boge who designed such projects that addressed people's problems. She is heard more than anybody, even the government. Other organizations come and go; few people know them. Everybody knows what Bogalech does. She implements projects that people have discussed and supported with interest. When she constructs bridges people benefit."*[12]

Case study Part 2: Kachabirra Declaration.

Often, the Community Conversation members and KMG branch offices drafted a statement that banned harmful traditional practices like the one of Kachabirra Declaration (box below). This was discussed and agreed upon by sub-district and district leaders who called a general assembly of residents. Community Conversation members and committees, and uncircumcised girls groups actively encouraged villagers to attend the assembly. Most often the gatherings were held in the fields, where Community Conversation members presented the draft statement to the public. The damage caused by harmful traditional practices and the benefits of abandonment were explained. Some asked questions, others made suggestions. The crowd accepted the declaration through applause or by raising their hands.

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12   Dagne 2009, p. 19.

KACHABIRRA DISTRICT DECLARATION, 1997

We, kebele [sub-district] leaders, religious leaders, edir leaders, renowned elders, renowned women, circumcisers and TBAS, representatives of youth organizations, kebele armed militia representatives, and all the people assembled in the Kachabirra Woreda Shinshicho hall, having discussed the damaging effects of harmful traditional practices and [HIV/AIDS] for two days between 12.04.1997 and 13.04.1997 EC, issue the following 15 point declaration:

Stop: Female Genital Excision, early marriage, rape, inheritance marriage, marriage by abduction, teeth extraction, uvulectomy, all activities that expose to HIV...illegal video and film show rooms, excessive funeral ritual entertainment, excessive wedding entertainment, false witnessing.

Circumcisers should be brought to justice on charges of inflicting damage to the body...

Those violating this declaration, from today 13.04.1997 EC onwards, should be

Responsible Before the law, excluded from edir and suspended from religious associations.

Source: Translation from Amharic, KMG Survey in Kembatta/Tembaro Zone DAGNE 2008, ANNEX II, 9.

Nearly all (96% DAGNE 2008, ANNEX 8) villagers surveyed accepted the declarations abandoning FGM/C. This means that in nearly all sub-districts and districts in the zone, decisions made at Community Conversation gathering points and endorsed at the edir in the villages, were accepted in public assemblies.

QUESTIONS TO DISCUSS

1. How has Boge achieved such a high degree of trust? How in your opinion did she persuade people to abandon FGM/C?

2. People tend to reject information inconsistent with their beliefs and plans, but Boge was able to create a bond between ancient and modern beliefs. Was the trust people had in Boge stronger than their disagreement with her messages?

3. Would you know how argumentation works? Would you agree that people learn more easily, understand problems more deeply and make better decisions when they deliberate?

4. What kind of relationships among communities and influential individuals might have influenced the KMG abandonment process?

5. What are the main elements of the Kachabirra District declaration? At what step of the process of the "Diagram on Social Norms Change" from ↗ **Module 1, Handout 1.5** would you situate the Kachabirra declaration?

6. Is there a sense of the convergence of legal, moral and social norms in the Kachabirra declaration?

DRAWING YOUR SOCIAL NETWORKS

1. Map your personal network:

   a. Draw a circle in the middle of one sheet of paper and put your name in it.

   b. Think of all your family members, friends or other important people in your personal life. Choose the 10 most important people and write their names around the circle. Draw lines between you and those people.

   c. Are any of these people connected to each other (other than through you)? If yes, draw a line connecting them.

   d. Think of 10 people in your personal network who are not very important (don't worry, we won't tell them). Draw them on the paper and put lines connecting them to you.

   e. Think about whom those people are connected to other than you and draw lines.

   f. Look at your first important group. Can you choose one or two of them and draw lines to people whom they know, but you don't really know (like their family or coworkers)?

   g. Are any of them connected to other people you know?

   h. With a red pen, draw a circle around any of the people on your map whom you think people in your community (neighborhood, town, country) believe are important or influential people.

2. Map your professional network: repeat the same exercise, but this time with your professional colleagues, collaborators and contacts.

QUESTIONS TO DISCUSS

1. Why are the people you chose important to you? In what ways do they affect your life?

2. The people who are not very important but are in your network—were you surprised how connected they were to other people you know? Why?

3. Whom would you go to for advice on a family conflict? Why?

4. Whom would you go to for advice on money matters? Why?

5. In your professional network, can you think of someone who was instrumental in getting you your current job?

6. Think of someone else you would consult in looking for a new job. Is that person on your list already?

7. What does this exercise tell us about the people you know? (Talk about the extent of interconnectedness and strength of connections)

8. What makes someone more important to you than others? If you drew a red circle around that person, does that automatically make them more important to you?

9. Why didn't we draw personal and professional networks together? Do you have different social networks for different parts of your life? For different purposes?

A CRITICAL EVENT: MALICOUNDA-BAMBARA THE SEQUEL, THE JOURNEY OF A LOCAL REVOLUTION

Largely taken from <u>WORLD BANK 2001</u>

Between 1995 and 1997, women and a few men in the village of Malicounda-Bambara took part in a non-formal education program sponsored by the Senegal-based NGO Tostan. The participants in Malicounda-Bambara decided that they had a priority objective apart from the development of income-generating activities, etc.: to get their village to abandon FGM/C once and for all. During the education programme women had shared with each other painful personal experiences on this taboo topic and developed a renewed sense of women's rights. As a consequence, they approached local authorities and other villages to win their support for a common declaration of intent to abandon the practice. On 31 July 1997, the village of Malicounda Bambara made a statement renouncing the practice in perpetuity in front of 20 Senegalese journalists invited for the occasion.

The event made a minor splash, perhaps greater through words of mouth dissemination in local culture than in print and media. There was some immediate vocal opposition to what the women had done, as much in reacting to the "shame" of talking in public about a taboo topic as to the substance of the declaration.

The Iman of the village of Ker Simbara—a 66-year-old religious leader much respected in the region—became very concerned at the event, and he came to talk with Tostan representatives and the women of Malicounda Bambara. He was not opposed to the abandonment of FGM/C. In fact, the controversy has prompted him to talk to his female relatives about their own experiences and feelings regarding FGM/C for the first time, and he ended up a strong supporter of abandonment. But he felt that there were two major problems in how things were being done.

First, a single village cannot do this alone, the Iman said, "We are part of an intermarrying community, and unless all the villages involved take part, you are asking parents to forfeit the chance of their daughters getting married." Second there was a real problem of language and approach. These are taboo topics, he pointed out, and should not be discussed lightly or inconsiderately. The people who crusaded against FGM/C in the past used terms that villagers considered unmentionable, and showed images and pictures that shocked them. That is no way to change a culture, or to help it change itself, the Iman said.

With this basis, the Iman set out on foot, accompanied by a woman cutter from the village of Ker Simbara, and his own nephew, to visit 10 other villages in that marriage community. It was a groundbreaking experience. Before it was over, all 10 villages had decided to join the ranks of those declaring against FGM/C. With representatives from Malicounda-Bambara, Nguerigne Bambara and Ker Simbara itself, they met at the village of Diabougou, 50 strong representing 8,000 rural people, and declared "never again" on 15 February 1998. The news continued to spread...

QUESTIONS TO DISCUSS

1. What do you learn from the Malicounda-Bambara experience?

2. What was the reference network for FGM/C in Malicounda-Bambara?

3. What was the Iman's extraordinary intuition? For different purposes?

© FLAVIA COUSSY / TOSTAN — MALICOUNDA BAMBARA (SENEGAL), 2012

On July 31, 1997, the village of Malicounda Bambara in Senegal made a statement to abandon FGM/C in perpetuity.

SEVEN COMMON PATTERNS AND TRANSFORMATIVE ELEMENTS FOR CHANGE

From <u>UNICEF 2013</u> <u>13</u>

Insights from social norms theory correspond with lessons learned from field experiences, such as Changing the City of Bogotà in Colombia, Saleema in Sudan, Tostan in Senegal and Somalia, KMG in Ethiopia, Dair El Barsha[14] in Egypt, and the historical phenomenon of foot-binding in China. Together, they suggest that a number of common patterns and elements can contribute to transforming the social norm of cutting girls and encouraging accelerated abandonment.

 "Due to the complex nature of FGM/C, it has been found that the most effective programmes are those incorporating a number of these [common patterns and transformative] elements within coordinated and comprehensive strategies. It has been observed that these [patterns] and elements are not individually sufficient to instigate the desired change, but together, they lead to a transformation process." <u>UNICEF 2010A</u>

1. **An appreciative, sensitive and respectful approach where the primary focus is the enjoyment of human rights and the empowerment of girls and women**

An appreciative, sensitive and respectful approach starts where people "are." It is peaceful, respectful of local language and culture, and based on a human rights and social justice "discourse." It requires trust in and the credibility of those who bring new information. It uses dialogue and discussion to enable arguments, it lets contradictions between positive values and harmful social norms emerge, and it leads to questioning of negative norms. The process makes a crucial distinction between independent actions, interdependent actions and collective dynamics of change associated with social norms. It introduces scientific evidence, which contributes to a new understanding that girls

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13 Six elements for the abandonment of FGM/C were first formulated in the 2005 UNICEF Innocenti Digest based on evidence from the Tostan community empowerment programme, and comparison and analogy with strategies to end foot-binding in China and the Dair El Barha experience in Egypt. They appeared again in the 2007 UNICEF Coordinated Strategy to Abandon FGM/C in One Generation. The present manual further revises the six common patterns and transformative elements for change, and brings them to seven, based on new evidence and developments taken from various sources, including the UNICEF/University of Pennsylvania Learning Course on Social Norms 2010-2013.

14 Deir El Barsha is a community capacity-building experience sponsored by the Coptic Evangelic Organization for Social Services. Its methodology relies on concepts of social justice, responsibility and self-reliance. The programme is grounded in local conditions, and emphasizes local leadership for social change and local management mechanisms—village and women's committees. Collective work and networking are strategies with specific resonance with social norms theory.

will be better off if everyone would abandon the practice. It devalues self-enforcing, entrenched beliefs, while it appeals to beliefs and values consistent with the human rights discourse. It analyses the nature of the practice and makes pluralistic ignorance emerge. Where an internalized value system is dominant, it focuses on recategorization of FGM/C and associated beliefs. It uses the logic of social norms theory and is aware that expectations of other families "matter."

2. Recategorizing FGM/C: motivating its abandonment by linking non-cutting to positive shared values

Social norms and practices are part of scripts about how women and children ought to act in society UNICEF 2010A. For example, FGM/C appears to be associated with the scripts around purity in Sudan. Through reflection and arguments connected to the human rights discourse, universal values and social justice principles, the costs of FGM/C tend to become more evident as women and men share their experiences and those of their daughters.

International human rights discourse, universal values and social justice principles bring to the forefront **fundamental moral principles**, which originally justified the social norms of cutting, and also **intrinsic contradictions** between those principles and the practice of FGM/C.

Thus, the most important development in understanding the dynamics of harmful social norms is that the same "moral principles"—that parents love their children and want the best for them—that motivate FGM/C can inspire "revision" and "recategorization" of the practice, once an alternative becomes socially accepted MACKIE 2009, 2010. The same principles are also central to motivating the abandonment of FGM/C.

3. Interdependent decision-making, social network analysis and organized diffusion strategy

"The experiences analysed confirm that decision-making with respect to FGM/C is inter-dependent and that sustainable change depends on the decisions of multiple stakeholders. The countries analysed are all characterized by intricate networks of people and villages connected through family and kinship ties, trade, religion and local resources. Utilizing these ties is central to influencing how individuals and communities arrive at a consensus to abandon FGM/C and how these decisions are sustained through a new set of social rewards and sanctions. Therefore, while an analysis of individual decision-making processes to abandon FGM/C provides important perspectives, when considering abandonment on a large scale, the role of communities and expanded networks needs to be a main focus of analysis." UNICEF 2010A

"An organised diffusion strategy refers to the process through which the knowledge and action of one family or community can spread to other families or communities through social networks, provided that this process is organised towards coordinated abandonment" UNICEF 2007, P. IV. Organized diffusion uses local networks and social relationships to promote conditional commitments to abandon FGM/C. Diffusion spreads within not only the residential community but also beyond it to other communities, not always nearby, that intra-marry or are socially connected in other ways which relate to FGM/C. 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.

4. Explicit, public affirmation on the part of communities of their collective commitment to abandon FGM/C

It is necessary, but not sufficient, that an appreciative, sensitive and respectful approach to social norms change is implemented, and that, as a result, many members of a community favour abandonment. In order for a "social norm shift" to occur, many members of a community must manifest, as a community, their will to abandon FGM/C.

For abandonment to occur, people must be aware of and trust the intention of others to also abandon UNICEF 2010A. Social expectations will change if people have a guarantee of the commitment of others to abandon. A moment of public affirmation of commitment to abandon the practice is therefore required so that each individual is assured that other community members are willing to end the practice. For the alternative possibility of not cutting to become a reality, new attitudes and a willingness to change need to be made explicit and public. This opens the way for behaviour change, and for an actual and stable abandonment. Families are able to maintain their social status and avoid harm to their daughters, while at the same time girls [retain status] and remain eligible for marriage.

This process of change may begin in various forms, such as a collective manifestation of commitment in a large public gathering, or an authoritative written statement of the collective commitment to abandon, or other expression of explicit public commitment/ affirmation or public pledge. A moment of broad social recognition shows that most would and most do abandon the practice.

5. Communication to initiate and support social norms shifts

"Programmes for the abandonment of FGM/C that are guided by social norms theory and implemented through a strategy of organised diffusion must develop an approach to communication that is consistent within the overall strategy.

"Essential elements of the approach are:

   i. a non-directive appreciative approach that values dialogue and argumentation, creating space for people to learn and change,

ii. a primary focus on facilitating interpersonal communication within and between social networks, so that network members have opportunity to discuss private issue among themselves,

iii. a secondary focus on the development of mass media programme that support dialogue rather than transmit messages, and

iv. high level advocacy which is synchronised with the process of organised diffusion so that policies and legal frameworks encourage and support shifts in FGM/C social norm." UNICEF 2007, P. 24

An approach to communication consistent with the assumption that FGM/C is a social norm aims at change that goes beyond change of individual behaviour, to collective change and to larger societal change. It aims at "second order change," which implies values modifications that are more fundamental and transformational.

6. Harmonization of legal, social and moral norms to bring about large-scale positive social change[15]

Evidence shows that, if not complemented with appropriate policy measures and actions, legislation alone will do little to stop the practice and may be resisted if introduced at an early stage before other strategies are being pursued. If support for the practice is high, legal measures that are solely punitive and criminalize FGM/C can hardly be enforced. The expected loss of social rewards and family honour for no longer complying with a social norm can be a more persuasive motivator than legal sanctions.

According to Antanas Mockus, former mayor of Bogotá, Colombia, it is possible to work on harmonization of legislation with moral and social norms in order to bring about peaceful change. A distinction is possible between three different types of rules or norms: legal, moral (or norms of conscience) and cultural (or social norms informally shared by a community). The reasons to abide by a norm change depend on the type of norm in question. Thus, one can obey a legal norm because one admires the way in which it was created, how it is applied or the effects it produces. On the other hand, a very important factor in obeying the law is fear of legal sanctions, fines or jail. Moral regulation is closely linked to personal autonomy and the development of one's judgement. Obedience to moral norms can come from the pleasure that doing so produces or from a sense of duty. The opposite feeling, a sensation of discord or discrepancy with oneself works as a moral punishment, and it generally is called guilt. Social norms in contrast to moral norms don't depend as much on each individual's conscience, but on the group he or she belongs to. Obedience with social norms produces social admiration and recognition, and, conversely, fear of social rejection. These reasons and reactions are summarized in the table below.

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15 Antanas Mockus, former Mayor of the City of Bogotà, Colombia.
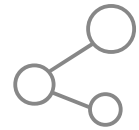
	Legal norms	Moral norms	Social norms
Positive reasons	Legitimacy of authority Respect for the law	Good conscience	Esteem Acceptance
Negative reasons	Authority's penalties	Bad conscience	Lack of esteem Rejection
Typical emotion in a violator	Fear	Guilt	Shame

Governments can act not only upon the laws or people's conscience; they can try to change social norms by attempting to harmonize social, moral and legal norms. Governments might act on the lack of consistency between cultural regulation of behaviour and its moral and legal regulation. On this side, legislative reforms calling for social change have a crucial role, but the timing of reforms, based on the stage of social change, is crucial.

7. Social norm changes and abandonment of FGM/C take hold

When the process of abandonment reaches a certain point, sometimes called the "tipping point," the overwhelming majority of people coordinate on abandoning cutting at once. People who continue to conform to cutting loose credibility by insisting on the superiority of the practice, and over time adopt the new norm of "not cutting." The social norm of "not cutting" becomes self-enforcing, and abandonment continues because social rewards shift from cutting to not cutting. The tipping point, however, is rarely identifiable prior to it happening, and might not be reachable in any conditions without previous devaluation and recategorization of the practice.

HOW IS YOUR PROGRAMME ALREADY INCORPORATING THE SEVEN ELEMENTS OF CHANGE?

From UNICEF 2014

An appreciative, sensitive and respectful approach where the primary focus is the enjoyment of human rights and the empowerment of girls and women

Recategorizing FMG/C: motivating its abandonment by linking non-cutting to positive shared values

Interdependent decision-making, social network analysis and organized diffusion strategy

Explicit, public affirmation on the part of communities of their collective commitment to abandon FMG/C

Communication to initiate and support social norms shifts

Harmonization of legal, social and moral norms to bring about large-scale positive social change

Social norms changing

Activity: Seven elements contributing to social change on ending female genital mutilation and cutting

HOW IS YOUR PROGRAMME ALREADY INCORPORATING THE SEVEN ELEMENTS OF CHANGE?

Below write a few sentences on how your project addresses each element.

Notes

This manual was produced by the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, under the direction of Nafissatou J. Diop and Cody Donahue.

Manual on Social Norms and Change
Module 4 — Seven Common Patterns
and Transformative Elements for Change

5

Assessing for Planning and Measurement of Social Norms and Programmes Promoting Positive Social Changes

Manual on Social Norms and Change

UNFPA   unicef

ANALYSIS OF FGM/C PREVALENCE IN SUB-SAHARAN AFRICA AND EGYPT: WHY A COORDINATED INTERVENTION STRATEGY?

This handout helps participants learn to use available national and subnational data from the DHS and MICS[1], and make some logical assumptions on data analysis, based on what they have learned about the dynamics of social norms.

In the workshop, the facilitator will present a series of maps, for review in advance:

— FGM/C prevalence in countries in sub-Saharan Africa and Egypt

— FGM/C prevalence by regions within countries and cross-border situations in sub-Saharan Africa and Egypt

— FGM/C prevalence by region within countries and cross-border situations in West Africa

© UNICEF/NYHQ2009-2259/HOLT — IMDIBIR (ETHIOPIA), 2009

Maza Garedu, 14, stands outside the Imdibir Secondary School in the town of Imbidir, in Chena District, Southern Nationalities and People Region, Ethiopia. Maza was subjected to FGM/C when she was 10 year old and now campaigns against the practice" In my village there is one girl who is younger than I and who has not been cut because I discussed the issue with her parents"

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1   The Demographic and Health Survey (DHS) Program of the United States Agency for International Development conducts nationally representative household surveys in the areas of population, health and nutrition. The Multiple Indicator Cluster Survey (MICS) is a UNICEF household survey initiative to monitor the situation of children.

MAP 1

FGM/C prevalence in countries in sub-Saharan Africa and Egypt, women and girls aged 15-49
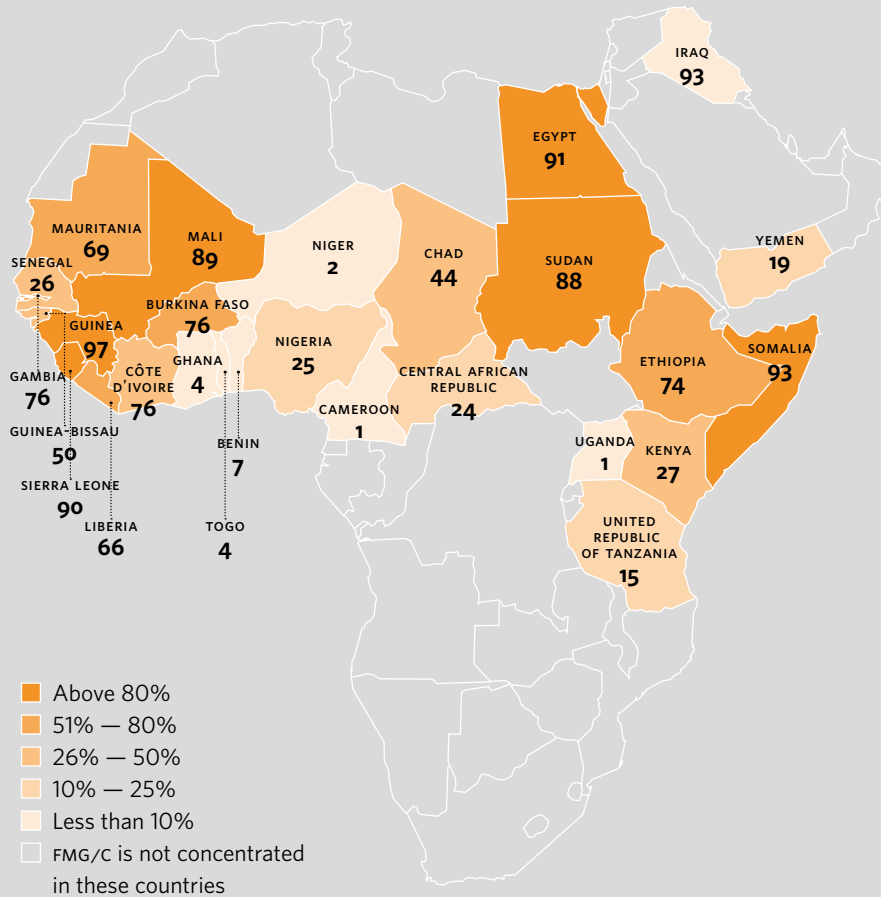
Legend:
- Above 80%
- 51% — 80%
- 26% — 50%
- 10% — 25%
- Less than 10%
- FMG/C is not concentrated in these countries

Notes: This Map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. Subnational data for Yemen could not be displayed due to discrepancies between the regional grouping in DHS and those available in the software used to create the map. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

Source: UNICEF 2013

MAP 2

Similar prevalence levels for FGM/C extend across national boundaries, women and girls aged 15-49
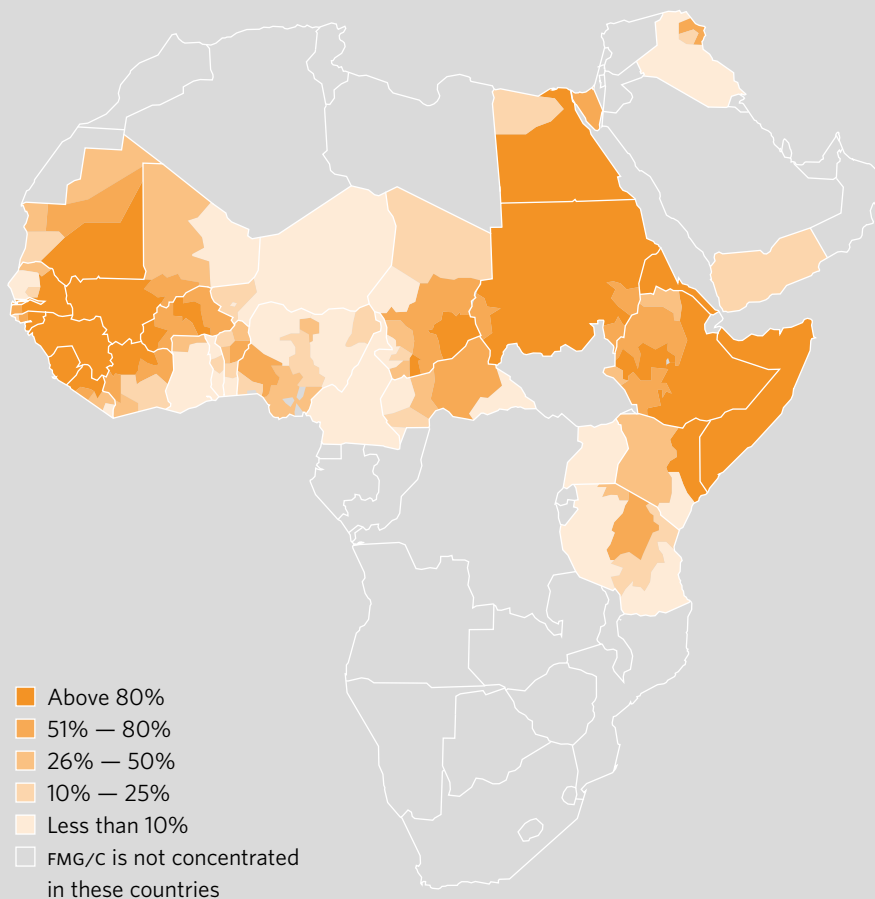
- Above 80%
- 51% — 80%
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- FMG/C is not concentrated in these countries

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Source: UNICEF 2013

MAP 3

6 OF 32

FGM/C subnational prevalence and cross-border situations in West Africa, women and girls aged 15-49

91% — 100%
46% — 90%
11% — 45%
0% — 10%
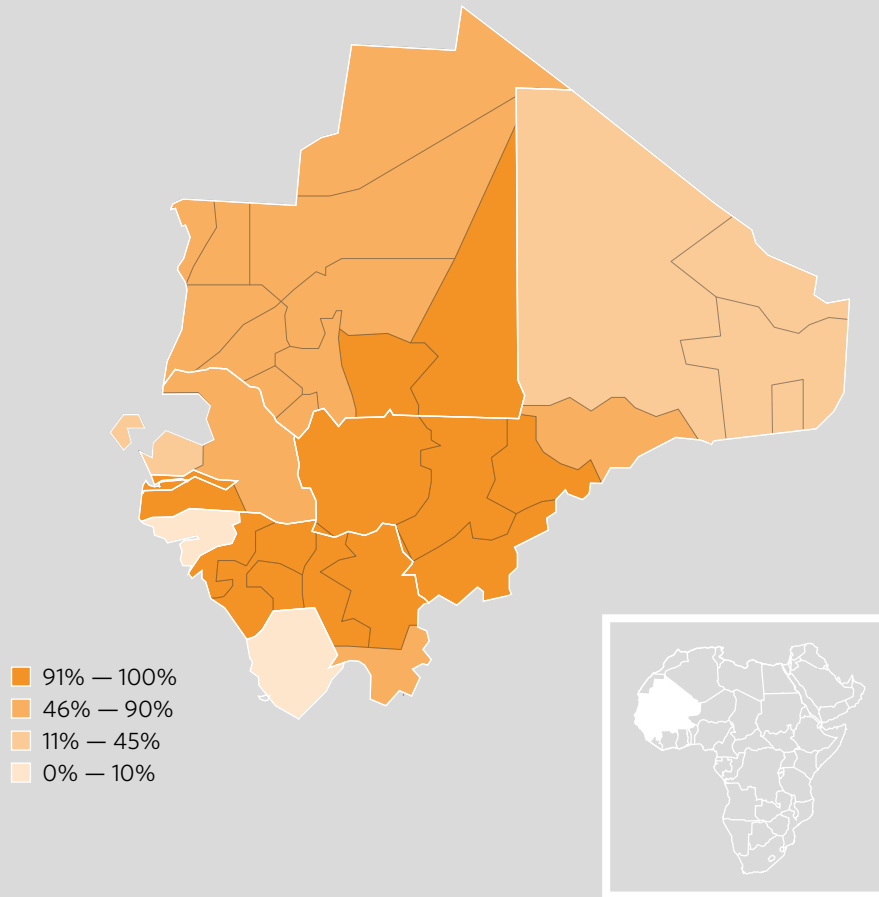
Source: UNICEF 2013

BE PREPARED TO DISCUSS THE FOLLOWING QUESTIONS

1. What information are you getting from the dhs/mics data?

2. Are there elements that may influence the design of your programme?

3. What information do you need to get before planning your interventions? Make a list.

4. How would you choose surveys? How would you modify current surveys?

OBSERVE

Mapping and visualization of geographical distribution are revealing: high variations in the same region between geographical areas may correspond to different population groups.

Distribution by "hot spots" or with an appearance of "leopard skin" may be considered a presumption that a social norm is at play.

ANALYSIS OF FGM/C PREVALENCE AND SUPPORT TO THE PRACTICE IN KENYA

Based on Jensen 2014

CASE STUDY

... FGM/C was traditionally practiced in all but five of Kenya's 43 ethnic groups. Its prevalence is diminishing countrywide, especially among younger, more urban and more educated women. Latest data (preliminary reports of the 2008-2009 Demographic and Health Survey) show that FGM/C has declined from 38% in 1998 to 27.1%. The statistics for younger girls are more encouraging: Data show that nearly half of women ages 45-49 had been cut compared to only 15% of those ages 15-19.

But the practice, condemned by international organizations as well as the Kenya government, is still nearly universal in some communities, including among the Kisii, Maasai, Somali, Samburu and Kuria ethnic groups. It is often considered a prerequisite for a good marriage. Newspapers occasionally carry stories about groups of young women being forced to undergo FGM/C, or leaving home to escape the practice.

FGM/C has been entrenched in some of these communities for centuries. But the UNFPA-UNICEF Joint Programme is aiming for its abandonment in Kenya and in 16 other countries, within a generation. Perhaps nowhere is the task more complex than in Kenya's patchwork of varied cultures, traditions, ethnic groups, religions, languages and social norms.

Different approaches in different contexts

Within the country, the practice ranges from relatively mild excision or prick performed by a traditional circumciser or under medical supervision, to a brutal cutting away of the external sexual organs, followed by binding of the legs to form a scar that serves as a physical barrier to sexual penetration.

Interventions need to be strategically targeted, based on the specific meanings associated with it in different communities, according to Christine Ochieng, the National Coordinator of the programme for UNFPA, the United Nations Population Fund. "One form of intervention will not work everywhere in this country," she said. "It depends on why they do it."

Among the Maasai, Meru, Marakwet and other ethnic groups, the practice is embedded within an elaborate ritual of initiation into womanhood. Among the outlawed Mungiki sect of the Kikuyu, the practice signifies a return to pre-Colonial traditions, and is sometimes forced on women as a form of intimidation or retaliation. For the Abugisii, the practice is usually performed under medical supervision and confers social standing and prestige. Among the ethnic Somalis in the North East Province who submit young girls to the most severe form, the practice is associated with religion, culture and chastity. Hygiene, beautification, tradition and honour are other reasons cited in a number of communities. It is practiced by Christians, Moslems and animists.

Almost everywhere, FGM/C is linked to fear and control of female sexuality. "So many reasons are given, sometimes they hide behind culture, sometimes behind religion," said Zeinab Ahmed, who runs the Joint Programme in the country's North East Province. "In the end, it's all about controlling women."

Tremendous pressure to conform

In groups where prevalence is 90% or more, pressure to conform to social norms is fierce, and defying them can mean a kind of social death. The difficulty in getting parents to abandon it is they believe they are acting in their child's best interest. "They don't mean to harm their children," said Professor Margaret Kamar, another Member of Parliament who actively opposes FGM/C and is one of the sponsors of the new legislation against it. "Everyone wants the best for their children. Many mothers fear their girls will be excommunicated from society."

Social exclusion is a more immediate and tangible threat than punishment under the law. "Right now, female genital mutilation is not outlawed for women above 18 years. It is prohibited under the Children's Act of 2001, but that only protects girls under 18," said Christine, who is working with parliamentarians on the new law. The Children's Act, which is currently being reviewed, also has a number of loopholes and has rarely resulted in serious punishment. In any case, laws cannot generally be enforced unless they enjoy significant community support.

The proposed new bill could help the increasing number of girls and women who do not want to submit to the practice, said Christine. It can also send a signal that social norms are changing, bring the subject out into the open and give cover to parents or girls who don't want to go through it.

"The new law will help girls to say 'no,' and make people think twice. But we really have to bring ownership to the community, otherwise it will just go underground," said Ms. Kilimo.

Community dialogue and ownership of the decision to abandon FGM/C is, in fact, the core strategy of the Joint Programme....

Workshop participants can consider the following two tables:

— Prevalence of FGM/C and support to the practice by regions of Kenya, 2008-2009

— Prevalence of FGM/C by ethnic groups in Kenya, 2003 and 2008-2009

TABLE 1 — PREVALENCE OF FGM/C AND SUPPORT TO THE PRACTICE BY REGIONS OF KENYA, 2008-2009

Region	Think FGM/C should continue	% women circumcised
Western	1.6	0.8
Coast	4	10
Central	5.2	26.5
Nairobi	5.7	13.8
Rift Valley	6.4	32.1
Eastern	9	35.8
Nyanza	16.7	33.8
Nord Eastern	89.8	97.5
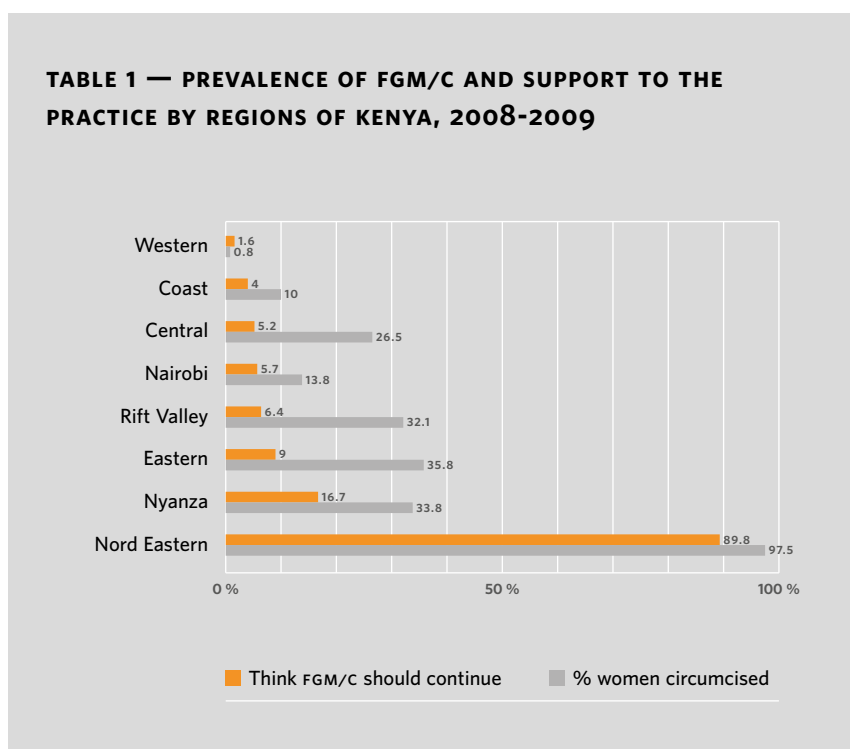
TABLE 2 — PREVALENCE OF FGM/C BY ETHNIC GROUPS IN KENYA IN 2008-2009, COMPARED TO 2003

Ethnic group	DHS-2008	DHS-2003
Other	38.9	17.6
Kuria	95.9	
Turkana	12.2	
Taita/Taveta	32.2	62.1
Somali	62.1	97
Mijikenda/Swahili	4.4	5.8
Meru	39.7	42.4
Maasai	73.2	93.4
Luo	0.1	0.7
Luhya	0.2	0.7
Kisii	96.1	95.9
Kikuyu	21.4	34
Kamba	22.9	26.5
Kalenjin	40.4	48.1
Embu	51.4	43.6

% women circumcised ▮ DHS-2008 ▮ DHS-2003
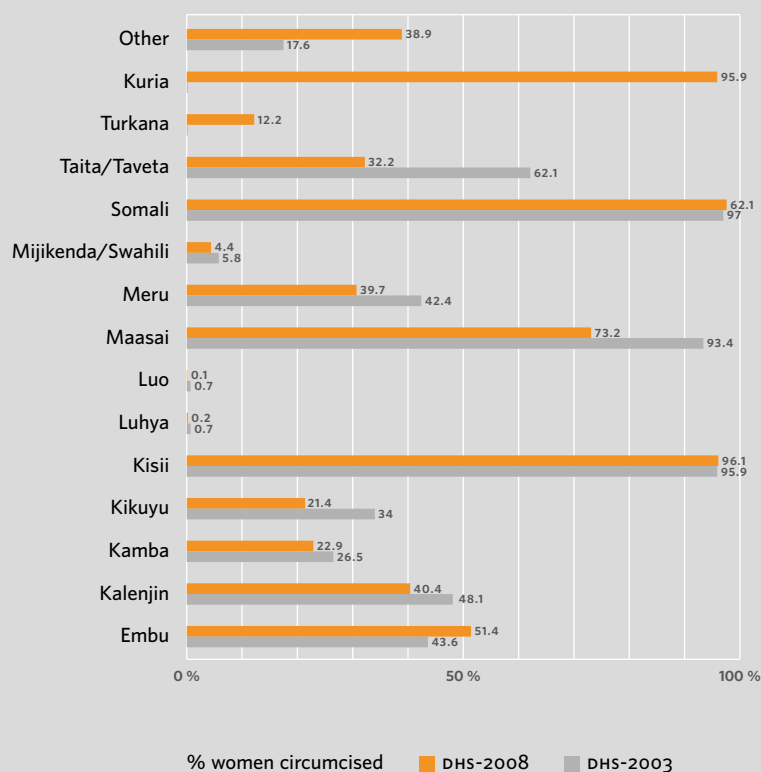
Reflect on the situation in the Rift Valley region, where 6.4% of women think that the practice should continue and 32.1% are circumcised.

TAKE INTO CONSIDERATION

- Data on prevalence refer to years "prior" to the survey

- Data on support to the practice refer to the year of the survey

Interpretation of data may be "random" because the "prevalence" corresponds to the situation of women 15-49 years old at the time of cutting (therefore 5-15 years prior to the survey), while "support to the practice" reflects the situation at the actual time of the survey.

The discrepancy between "prevalence" and "support to the practice " (or people's "belief" that the practice should continue) is still indicative and shows an almost constant trend through countries.

Among some ethnic groups FGM/C is disappearing, but among others prevalence is stable. There is evidence that the main determinant of FGM/C is ethnicity—the practice diffuses along ethnic lines. Therefore, FGM/C does not respect state boundaries.

USING A SIMPLIFIED VERSION OF THE ENVIRONMENT SCANNING TOOL TO MAP THE COMMUNITY

In working groups, participants will need to select a project and use the environment scanning tool to design a stakeholders mapping. This entails:

Making a list of all stakeholders involved and/or concerned by the project.

Representing each group of stakeholders in the environment scanning tool, based on:

— Who has more influence/power? Why?
— Who has less influence/power? Why?
— Who has more capacities? Why?
— Who has fewer capacities? Why?

Reflect in advance on the following questions, which the working groups will discuss:

Among all the different stakeholders involved in your project:

1. Who may have interests in the project and would support it?

2. Who may be victims of the project and may oppose it?

3. What is culturally possible?

4. How does the social norms dynamic influence relationships among the groups?

5. Based on the information provided by the environment scanning, what actions/strategies would you develop for each group of actors?

THE SIMPLIFIED VERSION OF THE ENVIRONMENT SCANNING TOOL

WITH POWER/INFLUENCE

1

2

WITH NO CAPACITY

WITH CAPACITY

3

4

WITH NO POWER/INFLUENCE
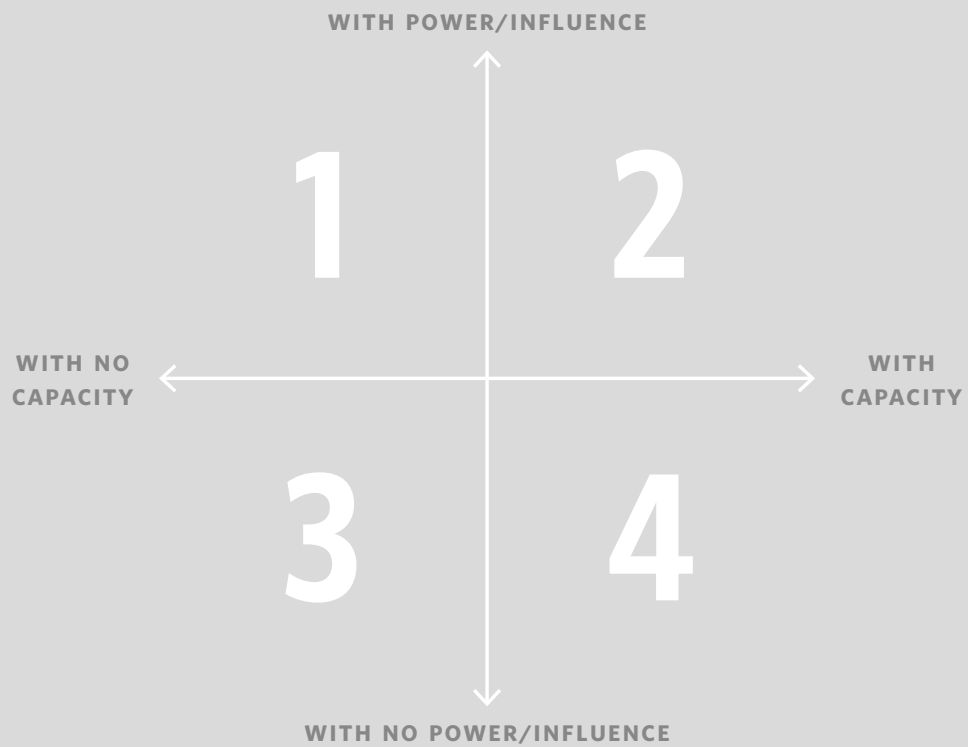
TABLE ON SEVEN STRATEGIC ELEMENTS CONTRIBUTING TO SOCIAL CHANGE WITH MATCHING INDICATORS ON ENDING FGM/C

© UNICEF/NYHQ2009-1079/FURRER — SOUDIANE (SENEGAL), 2009

Demba Diawara, 76, stands in Ker Simbara village in Senegal. He is the village chief and Iman, an influential religious leader. Mr. Diawara has been a powerful advocate for abandoning FGM/C since Ker Simbara and neighboring villages made a public declaration to abandon the practice, in Diabougou, on 15 February1998.

Seven Elements for change	An appreciative, sensitive and respectful approach whose primary focus is the enjoyment of human rights and the empowerment of girls and women	Recategorizing FGM/C: motivating its abandonment by linking non-cutting to positive shared values	Interdependent decision-making, social network analysis and organized diffusion strategy
Relation to social norm change process	Document/research current harmful practices: What is practised, by whom, how and why? Mapping the reference group network and communication patterns	Facilitate discussions that inform people of harms and their rights Support questioning, harmonization of moral, legal and social norms and values.	Support collective action and public commitments to new norms and practices
Illustrative activities	Obtain information on human rights treaties and appropriate criminal laws to effectively advocate with national and local decision makers, influence community members Seek a place in the implementation of the relevant national strategy at local level Map the social network group with those involved in maintaining the practice, including their primary influencers and decision makers	Organize groups in discussions about their core values, human rights and practices over 1-2 years Involve children and adolescents according to their evolving capacities	Expand meetings to include more members of social networks, help participants share new information with their peers, stimulate large-scale discussion Harmful social norms questioned by the group; positive alternatives to harmful norms and practices explored, adopted and given visibility
Illustrative indicators	**O.P. 3.2.D** Number of consensus building activities with traditional, religious and community leaders toward organizing a public declaration	**O.P. 3.1.A** Proportion/number of population [girls/boys/women/men] in programme areas who participate regularly in educational dialogues promoting abandonment of FGM/C and related adverse gender norms Matching indicator **OP.2.1.A** *Number of service delivery points with at least 1 provider trained by the Joint Programme in a) prevention services b) protection services c) provision of care services* Matching indicator: *(not in the JP FGM/C Framework) Proportion or percentage of girls in target areas that have participated in an alternative rites of passage ceremony*	**OP 3.2.A** Number per month of community to community outreach events in programme areas to expand the abandonment of FGM/C **OP 3.1.B** Number of outreach events conducted by service providers in the community about prevention, protection and care services
Notes	The foundation of social change is trust and respect built between practising groups, programmes and the government. The national discourse should place the focus on the positive outcomes of social change to end FGM/C: on how society can do better to ensure the enjoyment of human rights and empowerment of girls and women. This approach requires evidence of who practices FGM/C, where, how and why. The mapping of social networks is essential to understand where the programme must intervene. Mapping the stakeholders documents who in the group holds influence in the change process.	A core aim of the social change process is to motivate abandonment from within the practising groups. This is primarily done by facilitating dialogues and communications initiatives within communities and across social networks—even more broadly at a national level. The dialogues help change how people view FGM/C, and how they perceive other people's expectations of them. They are a space to support questioning of harmful norms and harmonization of positive moral, legal and social norms.	This step in the process can take place over a long duration and involve many different types of activities and stakeholders. It is therefore important to measure the outreach and penetration of the core messages in the social network and practising group. This is different from the enabling environment level where the audience is primarily decision makers and national leaders.

Explicit, public affirmation on the part of communities of their collective commitment to abandon FGM/C **4**	Communication to initiate and support social norms shifts **5**	Harmonization of legal, social and moral norms to bring about large-scale positive social change **6**	Social norms changing **7**	Seven Elements for change
Support collective action and public commitments to new norms and practices	Connect people to social and economic protection systems, publicize their actions Ensure local and national stakeholders support social norms change	Sustained collective action supporting populations to spread new social norms and practices in the community and social network	New norms and practices stable	Relation to social norm change process
Respected local leaders publically support new norms and practices Religious leader proclamations (fatwas, sermons) link respect for gender equality and human rights to religion Organize collective, public actions to show commitment to abandonment of harmful norms and practices including through declarations, oaths, pledges, celebrations, press conferences...	Bring more and more people into the activities at district level, facilitate collective actions to influence change in the network Support groups to tell their stories of change	Support groups to reaffirm shared positive social and cultural values and link values to human rights. Support groups in their efforts to monitor and intervene in cases of continuing harmful practices and violence—either through formal or informal mechanisms Support government on policies to enforce appropriate criminal laws at local level Provide access to services (education, health and social welfare systems) that support new norms and provide new opportunities for rights	Shift towards primary prevention of violence	Ilustrative activities
O.C.3.1 Number of communities in programme areas having made public declarations of support for the abandonment of FGM/C	**O.P.2.2.B** Frequency of media coverage on efforts to abandon FGM/C and related adverse gender norms	**O.C.1.1** Number of countries implementing a comprehensive legal and policy framework to address FGM/C **O.P.1.2.B** Number of cases of enforcement of FGM/C sub-indicators: # arrests, # of cases bought to court, # convictions and sanctions	**O.C.3.2.** Degree of shift of social norms upholding FGM/C in programme area Composite indicator composed of : 1) % of individuals not supporting continuation 2) % of individuals who believe others will cut, and 3) % of individuals who believe they will be sanctioned if they do not cut **1.** 40% decrease in prevalence among girls 10-14 years in at least 5 countries	Illustrative indicators
Public declarations are an important moment in the collective social change process. It's a public indication that changes are underway. Ensuring that the declaration is a result of an inclusive and participatory process is essential.	Communication initiatives both support the diffusion process and help to sustain discussion at individual, family and community levels. Efforts should confirm the messages being used in educational dialogues. The channels of communication are also important. More influential individuals and media will carry greater weight.	With the enabling environment being supportive of social change and communities beginning to declare their abandonment, government and non-governmental systems need to align with the changes in the social norm. This is expressed through multiple possible channels, including legal frameworks and law enforcement systems.	This indicator set is a measurement of the end result of the social change process.	Notes

EXPLICATIVE NOTE ON SEVEN STRATEGIC ELEMENTS CONTRIBUTING TO SOCIAL CHANGE WITH MATCHING INDICATORS ON ENDING FGM/C

Based on unfpa and unicef 2014b

Matching indicators, Element 1: An appreciative, sensitive and respectful approach where the primary focus is the enjoyment of human rights and empowerment of women.

While FGM/C is maintained by reciprocal social expectations, it is also supported by a set of additional beliefs that are interconnected and must be rethought individually and holistically. If all girls and women in the community are cut, people may think that FGM/C is "natural" and practised everywhere. Communities that practise FGM/C may not see being uncut as an alternative.

We may want to make people accept beliefs and plans with which they would initially disagree.

An appreciative, sensitive and respectful approach where the primary focus is the enjoyment of human rights and the empowerment of women and girls brings to the forefront persuasion, trust and argumentation. Trust helps acceptance of dissonant messages and argumentation builds interaction, which help in seeing the inconsistencies of certain beliefs with fundamental values.

Findings from field experiences provide undeniable evidence that "connecting local values to the international human rights discourse may be efficient and may motivate many autonomous development changes in the community" mackie and LeJeune 2009.

Matching indicator O.P. 3.2.D: *Number of consensus building activities with traditional, religious and community leaders toward organizing a public declaration.* This indicator may help to trace important voices and changing of attitude and reciprocal expectations around FGM/C in influential community networks.

Matching indicators, Element 2: recategorizing FGM/C, and motivating its abandonment by linking non-cutting to positive shared values

Recategorization of FGM/C recognizes that social norms and practices are part of "scripts" and often rely on "categories" already stored in our memory—for example, FGM/C appears to be associated with the paradigm of "purity" in Sudan (recall ↗ **Handout 1.1**: "A Mother's Story: Challenges Faced by Those Who Begin the Process of Change", and Khadija's statement: "If I don't cut her [her six-year-old daughter] there won't be anyone to marry her. I wish I didn't have daughters, because I am so worried about them").

Recategorization *delinks* FGM/C from categories and scripts that keep the practice in place.

International human rights norms bring to the forefront fundamental moral principles, which originally justified the derived social norm (FGM/C). The more fundamental moral principle, "do not harm your child," can inspire revision and recategorization of FGM/C, and related values and beliefs.

An appreciative approach (Element 1) guides recategorization of FGM/C and related gender adverse norms.

Matching indicator O.P. 3.1.A: *Proportion/number of population [girls/boys/women/men] in programme areas who participate regularly in educational dialogues promoting abandonment of FGM/C and related adverse gender norms.* This indicator helps measure the process of learning about adverse affects of FGM/C, consciousness rising, recategorizing and changing expectations about FGM/C.

Matching indicator O.P. 2.1.A: *Number of service delivery points with at least 1 provider trained by the Joint Programme in a) prevention services b) protection services c) provision of care services.* This indicator could be a useful indicator in selected areas of programme countries where the JP is implemented. It may be helpful in measuring progress of the JP towards service providers consciousness rising on FGM/C abandonment and provision of specialized care.

Matching indicator (not in the JP FGM/C framework): *Proportion or percentage of girls in target areas that have participated in an alternative rites of passage ceremony.* This indicator is not currently included in the JP on FGM/C framework, but could be a useful in select areas of programme countries where FGM/C is practiced as a rite of passage from childhood to womanhood. This indicator may be helpful in measuring the recategorization and delinking of FGM/C from other more positive traditional / cultural practices.

Matching indicators, Element 3: Interdependent decision-making, social network analysis and organized diffusion strategy.

When behaviour is conditioned by mutually reciprocal expectations, i.e., by the behaviour of others or by how I believe others expect me to behave, a social norm is at work. Changes in social norms require a collective approach. Action is needed to affect the social environment and identify the relevant networks, which drive people's choice of cutting (similar expectations of FGM/C). Keep in mind the definition of an organized diffusion strategy: It 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 UNICEF 2007.

Matching indicator O.P. 3.2.A: *Number per month of community-to-community outreach events in programme areas to expand the abandonment of FGM/C*. Given the collective nature of social norms, all interventions have to reach the entire group in which the norm is practised. Changing expectation is a long process. Outreach events help us to know how information flows in a community and see ties among different communities. Outreach events and network thinking can also help us uncover the relevant population of individuals whose expectations drive FGM/C abandonment and related changes in adverse gender norms.

Matching indicators O.P. 3.1.B: *Number of outreach events conducted by service providers in the community about prevention, protection and care services*. As part of an organized diffusion strategy, knowledge and action should spread through relevant social networks, and through families and communities to other families and communities. Knowledge and action should also spread by means of social services available to women and girls related to FGM/C. Action should be collective, and competent social services may be particularly relevant to leverage changes in communities. These indicators provide insight on services supporting community dialogue while transmitting FGM/C abandonment messages, and synchronism of available services with organized diffusion.

Matching indicators, Element 4: Explicit, public affirmation on the part of communities of their collective commitment to abandon FGM/C.

Thinking back to ↗ **Module 4, Presentation 4.5**, "Seven Common Patterns and Transformative Elements for Change", it is necessary, but not sufficient, for many members of a community to favour abandonment. A public affirmation as a result of a genuine value deliberation is important; it enables a moment of broad social recognition, and shows that many support and likely will abandon the practice. Public affirmation, when genuine, enables common knowledge to widely spread. Everyone knows that it is everyone's will to abandon FGM/C, which enables harmonization of moral, legal and social norms related to abandonment within and across communities that share similar beliefs and expectations.

Matching indicator O.C. 3.1: *Number of communities in programme areas having made public declarations of support for the abandonment of FGM/C.* The number of communities in programme areas that decide to make a public declaration of abandonment provides an insight on the size of the population willing to abandon or having likely already abandoned FGM/C. It allows for adjusting communication strategies comparing the weight of "values" and "coordination"—*a public declaration, when genuine, publicly announces a change in values*. It also implicitly situates "expertise" at family and community levels, and provides further opportunities for modelling bottom-up messages that appeal to very wide audiences. This indicator can be adjusted to reflect the unique context of various programme areas, for example in some highly urbanized areas it is more likely that families or households would publicly declare abandonment, in this case the indicator would be *Number of families in programme areas having made public declarations of support for the abandonment of FGM/C.*

Matching indicator, Element 5: Communication to initiate and support social norm shifts.

Essential elements of a communication approach that takes a social norms perspective into consideration are UNICEF 2007 :

i) a non-directive, appreciative approach that values dialogue and argumentation, creating space for people to learn and change,

ii) a primary focus on facilitating interpersonal communication within and between social networks, so that network members have opportunities to discuss private issues among themselves,

iii) a secondary focus on the development of mass media programmes that support dialogue rather than transmit messages, and

iv) high-level advocacy synchronized with organized diffusion so that policies and legal frameworks encourage and support shifts in FGM/C social norms.

Think back to ↗ **Handout 4.3**: *"The Saleema Communication Initiative: Transforming a Paradigm of Purity, a Sudanese Experience"* (↗ **Module 4**). Saleema is as much about introducing a range of positive communication approaches and methods at all levels as it is *about language*. The initiative represents a shift in focus *from the problem to the solution*; the mood is *always confident, upbeat, positive and inclusive.*

Matching indicator on O.P. 2.2.B: *Frequency of media coverage on efforts to abandon FGM/C and related adverse gender norms.* Frequency of media coverage upholds messages around changing values and highlights the will of communities to abandon FGM/C and related adverse gender norms. It provides insights for programme scalability, and may reveal pluralistic ignorance and the fragility of a bad norm. It also potentially contributes to understanding of the 'tipping point' for FGM/C abandonment.

Matching indicators, Element 6: Harmonization of legal, social and moral norms to bring about large-scale positive social change.

From ↗ **Reading 3.1**, "Harmony and Divorce between Law, Morality and Culture": Governments can act not only upon the laws or people's conscience; they can try to change social norms by attempting to harmonize social, moral and legal norms. Governments might act on the lack of consistency between cultural regulation of behaviour, and moral and legal regulation. On this side, legislative reforms calling for social change have a crucial role, but the timing of reforms, based on the stage of social change, is also crucial.

To be effective, legislative reforms for FGM/C abandonment should convey a sense of "coherence" between basic local values consistent with human rights principles and legislative reform provisions. They should be judged as fair, including in terms of the procedures through which authorities design and enact reforms. They can serve as an "outside anchor" or a "magnet" pulling the local custom in directions more favourable to FGM/C abandonment, in place of harsh punishment, and should be aware of and seek to solve "collective action" problems.

Legislators might avoid excessive "dissonance" with local custom as a hindrance to effective reforms.

Matching indicator O.P. 1.1.A *on number of public policy statements on record to support the elimination of FGM/C.* This indicator measures the national political willingness to end FGM/C.

Matching indicator O.C. 1.1 *on number of countries implementing a comprehensive legal and policy framework to address FGM/C.* This indicator implicitly shows the extent to which single states have already made attempts to conciliate legislation with local moral and social norms. Abandonment of FGM/C implicitly demands norm changes. This indicator also helps in planning coordinated strategies for FGM/C abandonment among different countries and across borders.

Matching indicator O.P. 1.2.B *on number of cases of enforcement of FGM/C law (sub-indicators: # arrests, # of cases brought to court, # convictions and sanctions.* This set of indicators measures the extent to which countries where FGM/C is prevalent or countries of immigration have made attempts to conciliate the three regulatory systems, moral, legal and social. Indicator O.P. 1.2.B is particularly relevant to indicate the degree to which a country has been able to reconcile legal, moral and social norms. Arrests or sanctions implemented in a manner that implies certain coherence with positive social elements may gradually pull social and moral norms in the direction of the law.

Matching indicators, Element 7: Social norms changing

Linking again to ↗ **Handout 4.1**: When the process of abandonment reaches a "tipping point," the overwhelming majority of the population coordinates on abandoning cutting at once. People who continue to conform to cutting lose credibility by insisting on the superiority of the practice and over time adopt the new norm of "not cutting."
The social norm of "not cutting" becomes self-enforcing and abandonment continues because social rewards shift from cutting to not cutting. The tipping point, however, is rarely identifiable prior to it happening, and might not be reachable in any conditions without previous devaluation and recategorization of the practice.

Matching indicator O.C. 3.2: *on degree of shift of social norms upholding FGM/C in programme area (composite indicator composed of: 1.% of individuals not supporting continuation, 2.% of individuals who believe others will be cut and 3. % of individuals who believe they will be sanctioned if they do not cut).* This indicator traces changes in beliefs and expectations indicative of social norms change among members of relevant populations, and may guide the strategy for FGM/C recategorization.

This indicator traces changes in beliefs and expectations among members of relevant populations, and may guide the strategy for FGM/C re-categorization.

Matching indicator 1: 40% decrease in prevalence among girls 0-14 years in at least 5 countries. This indicator is a work hypothesis and also a goal. Reaching this "end result" of the social change progress in five countries has to take into consideration variations in FGM/C prevalence along ethnic lines and ethnic variations across the five countries. FGM/C mobility is also an issue. The practice is not static, but subject to change according to local, sometimes unforeseeable parameters. Additionally, similarities

among cross-border areas of neighbouring countries, inhabited by populations with similar beliefs and expectations on FGM/C, may negatively—or positively—interfere with the pace of change in a country of reference. Interference may refer to cross-border influences and/or cross-border social networks and population mobility. For our purposes, this indicator should be applied region by region at the subnational level, with reference to programmes and projects aimed at the abandonment of FGM/C and related gender adverse norms.

RESULTS FRAMEWORK: DRAFT INDICATOR GUIDANCE

From pages 1-2 of the Joint Programme Phase II Results Framework: Draft Indicator Guidance, 2014-2017. ↗ **Reading 5.1**, available during the workshop, provides the full list of indicators.

Implementers: UNFPA and UNICEF country, regional and headquarters offices

Geographical Coverage: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda, Yemen

INTRODUCTION

This document complements the Joint Programme Monitoring and Evaluation Plan and provides guidance to country and regional offices currently participating in the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change on how to understand, operationalize and monitor the indicators included in the results framework. In order to contextualize the indicators, please refer to the Phase 2 programme document[2] proposal as well as the Joint Evaluation of Phase 1[3]. It is our expectation that Joint Programme monitoring and evaluation activities, including those of implementing partners, will be carried out in the context of and in support of the national efforts to eliminate FGM/C. Directly and indirectly, these activities should build the capacity of the Government programmes at national and decentralized level and civil society to collect, analyse and apply information about what is happening in the context of their programming in order to enhance programme effectiveness in the long term.

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2   Available from:
http://www.unfpa.org/sites/default/files/resource-pdf/Funding%20Proposal%20for%20Phase%20II%20of%20the%20UNFPA-UNICEF%20Joint%20Programme.PDF

3   Available from: http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10103 and http://www.unicef.org/evaluation/index_70518.html

The guidance is divided into three levels: Impact Level, Outcome Level and Output Level.

Impact level

Generally speaking, Impact Level refers to conditions that change over a long time scale, 10 or more years, as a result of the Joint Programme's contribution and will not be measurable until after the conclusion of the present period of the Joint Programme. Nevertheless, measures of the current situation should be established and tracked starting in January 2014 to act as a baseline from which comparisons and conclusions may be drawn. Subject to data availability, it may be possible to ascertain the baseline situation as of an earlier date, e.g. 2008, given the data sources are largely MICS/DHS household surveys.

Outcome Level

refers to the conditions that change over a medium term time scale, 5-10 years, as a result of the Joint Programme's contribution. Baselines should also be established in 2014 and progress toward the achievement of the outcomes should be measured every 1-2 years, including in the midterm review and final evaluation.

Output Level

refers to conditions that change as a direct result of the implementation of Joint Programme activities and need to be monitored on a regular basis and reported annually. It is critical to establish the current status of output indicators in 2014 to measure programme results throughout Phase 2. Means of verification should be established in each Joint Programme activity to ensure regular and accurate reporting on the indicator. In addition, implementing partners may require technical assistance to integrate Joint Programme indicators into their respective M&E systems.

BASELINE AND FREQUENCY

In 2014, a systematic joint baseline assessment with UN, Government and Civil Society should be carried out to document the current status of all the indicators contained on the results framework. This snapshot of the indicators will act as the Phase 2 Baseline Study. Colleagues should consult as necessary all existing documentation that is available at country and global level and, based on an analysis of gaps in information, plan additional data collection as required. Historical data, especially data covering the period of Phase 1 (2008-2013) or earlier if FGM/C abandonment programmes existed, should also be considered in the analysis. The more complete situation we can describe, the greater our ability to describe the path toward results.

Further guidance will be provided on the baseline study process.

IMPACT LEVEL

Joint Programme Goal:

To contribute to the acceleration of the total abandonment of FGM/C in the next generation (i.e. next 20 years) in line with the United Nations General Assembly Resolution A/RES/67/146 "Intensifying global efforts to eliminate female genital mutilations"

Indicators:

1. 40% decrease in prevalence among girls 0-14 years in at least 5 countries

2. At least one country declaring total abandonment by the end of 2017

Guidance
This will contribute to the global goal set out in the United Nations Joint Statement (2008) and recalled in the UNGA 67/146 resolution (2012) to eliminate FGM/C in the next generation. The objective both reaffirms the long term goal as well as places specific, time-bound parameters and geographical scope around the period of the Joint Programme. Of the 7 countries identified as "Acceleration Countries" in Phase 2, we believe at least 5 countries will accelerate abandonment to the point that a 40% decrease in prevalence among the youngest cohort of girls (0-14 years old) may be observed through analysis of DHS and MICS data comparing the year nearest the end of the Joint Programme (2016-2018 ideally) and the baseline year – in or around 2008, the start of Phase 1 when this goal was initially set. As of March 2014, 12 of the 17 Joint Programme countries were scheduled to have a DHS or MICS survey completed by the end of 2015.

One country declaring total abandonment is a third aspect of the goal that underlines the importance of manifestations of commitments to end the practice made by increasingly large populations within a country. It is expected that by 2017, at least one of the Joint Programme countries will have reached a large enough scale of community-level, ethnic group or regional level declarations of commitment to abandon the practice that a national level declaration of abandonment would meaningfully bind together previous commitments to abandon at sub-national level. As elsewhere emphasized, no public declaration means that all people in the country will have stopped FGM/C entirely, but it has important symbolic, moral and social implications.

Outcome Level

Three outcomes of the second phase of the Joint Programme will measure the medium term success of the theory of change. The outcomes and constituent outputs apply to global, regional, national and decentralized levels. While the indicators on this global table appear in the aggregated, packed with multiple levels, it is expected that each responsible office/level will report information specific to the level at which they intervene.

Global Level
Actions taken at or to influence the global political discourse and technical state-of-the-art, e.g., activities undertaken during the Commission on the Status of Women, Human Rights Council, the General Assembly, International Day of Zero Tolerance, other international days; Support to Member States in formulation of Resolutions, preparation of reports, and establishment of political will; Support to United Nations entities or treaty bodies (CRC/CEDAW in particular) toward new policies or programmes to support elimination of FGM/C.

Continental Level
Actions taken at or to influence the Africa-wide institutions and dynamics, e.g., collaboration with the African Union Commission, United Nations Economic Commission for Africa (UNECA), the Inter-African Committee (IAC), the African Committee of Experts on the Rights and Welfare of the Child (ACERWC).

Regional Level
Actions taken at or to influence one of the sub-regions of Africa and the Middle East regional institutions, multi-country partnerships, and dynamics across borders, e.g. government and civil society multi-country exchanges, study tours, cross-border programmes, advocacy to ECOWAS, SADC, the League of Arab States.

National, Decentralized and Community Level
Actions carried out by country offices with government and civil society toward the advancement of FGM/C abandonment at national, district and community level as reflected in Work Plans.

Notes

This manual was produced by the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, under the direction of Nafissatou J. Diop and Cody Donahue.

Manual on Social Norms and Change
Module 5 — Assessing for Planning and Measurement of Social Norms and Programmes Promoting Positive Social Changes

UNFPA | unicef

6

Putting It All Together

Manual on Social Norms and Change

UNFPA | unicef

Cover Photo Girls at school

INSTRUCTIONS FOR PRESENTATION OF INDIVIDUAL PROJECTS

OBJECTIVES

By the end of the workshop, participants will have developed and presented a final project of approximately 5-10 pages, describing a practical challenge and strategies for addressing it using the theoretical and empirical tools discussed during the course.
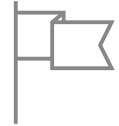
Template for the Presentation[1]

1. Description of the challenge using the theoretical and empirical tools learned in the workshop:

   i. Use the concepts learned to describe the problem you are addressing: its history, development, the bad effects it has, etc.

   ii. If relevant, compare the issue you are addressing (or have addressed in the past) with a case study discussed during the sessions. How it is similar? How it is different?

   iii. Use the theoretical framework and empirical tools learned and applied during the workshop to describe the desired outcomes.

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1   Adapted from student's template at the UNICEF Course on Advances in Social Norms, University of Pennsylvania, 2010-2011.

2. Critical evaluation of participant's work so far:

    i. Describe the strategies, if any, that have been employed thus far in addressing the challenge you described above.

    ii. In what ways are these strategies already integrating what's been learned during the course?

    iii. What strategies, if any, appear less likely to be successful in light of what you've learned during the course?

3. Change in practices:

    i. Describe at least one new or modified strategy for addressing your challenge that's been suggested by what you have learned during the course. How will you change your practice, and why, on the basis of what you've learned?

4. Presentation and executive summary:

    i. Prepare a 1-2 page executive summary of your report that would be appropriate for sharing with colleagues.

    ii. Present your report to the other members of your working group.

FINAL EVALUATION FORM 1/2

OVERALL QUALITY OF THE WORKSHOP

○　　○　　○　　○　　○

OVERALL QUALITY OF THE SESSIONS

○　　○　　○　　○　　○

ABILITY OF THE LEAD FACILITATORS AND RESOURCE PERSONS TO PRESENT THE MATERIAL IN A CLEAR AND ACCESSIBLE MANNER

○　　○　　○　　○　　○

OVERALL QUALITY OF THE MODULE CASE STUDIES CHOSEN FOR PRESENTATIONS AND DISCUSSIONS

○　　○　　○　　○　　○

FINAL EVALUATION FORM 2/2
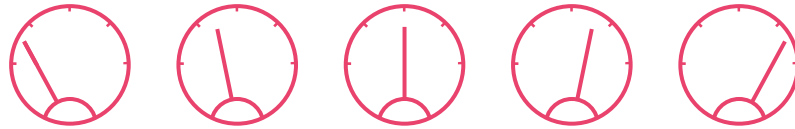
AMOUNT LEARNED FROM THIS COURSE

◯   ◯   ◯   ◯   ◯

PRACTICAL RELEVANCE OF THIS COURSE TO YOUR WORK

◯   ◯   ◯   ◯   ◯

DIFFICULTY OF THE COURSE

◯   ◯   ◯   ◯   ◯

**WE INVITE YOU TO NAME ONE THING YOU LIKED ABOUT THE WORKSHOP,
ONE THING THAT COULD HAVE BEEN BETTER.**

_____

_____

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_____

_____

AND ONE THING YOU FOUND MOST SURPRISING

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This manual was produced by the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change, under the direction of Nafissatou J. Diop and Cody Donahue.

Manual on Social Norms and Change
Module 6 — Putting It All Together

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