

RESEARCH PAPER

Exploring the links: Female genital mutilation/cutting and early marriage

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Cover image: A 17 year old on her walk to school, she lives in the Amhara region of Ethiopia. She was married at 12, but her marriage was deemed illegal by local authorities. She has missed a lot of school and says she is worried that she will never catch up.

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Our child safeguarding policy prevents us from showing the faces of any girls affected by early marriage. All images used were taken with permission from similar contexts and are not linked to the specific stories in this report. All quotes from research respondents displayed in this report were given anonymously and are attributable by gender, age and location only.

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Abbreviations and acronyms

| | |
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| DFID | Department for International Development |
| FGM/C | Female Genital Mutilation/Cutting |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |

Executive summary

Female genital mutilation/cutting (FGM/C) and early marriage are two of the most harmful and prevalent traditional practices affecting women and girls today. Their devastating consequences for the health, education and equality of women and girls render them significant obstacles to development. Where FGM/C and early marriage exist together in a single setting, these negative consequences are heightened. World Vision has been working to eradicate these practices through its programming for many years.

This report represents its latest contribution to this effort. It is the culmination of desk-based and field research undertaken by World Vision to discern some of the potential links between FGM/C and early marriage. It explores these dynamics by looking at both the shared social drivers and some of the direct links between these two practices. The report then goes on to draw on these research findings and World Vision's own experience of programming on these issues to highlight lessons that might be learned in designing more effective programme interventions and policies in relation to FGM/C and early marriage.

Overall, World Vision UK's research has found that:

FGM/C and early marriage share many root causes and social drivers

Across the research sample, shared social drivers and root causes include gender inequality, prevailing social norms, a desire to control female sexuality, supporting religious narratives and limited economic opportunities for women and girls.

FGM/C and early marriage are often linked where both are practised, though the dynamics of this relationship can vary

Direct links exist where, for example, FGM/C is a prerequisite to marriage or where marriage follows immediately upon the practice of FGM/C. However, the relationship between the two practices can operate differently in each local context. For example, our research found that in rural parts of Oromia, Ethiopia, FGM/C is a publicly celebrated custom, with parents expressing concern that uncut girls wait a long time to marry. By contrast, in urban parts of Oromia, FGM/C is seen as a private practice taking place at the household level that does not affect marriageability.

FGM/C and early marriage are both used as a means to preserve sexual 'purity' and to foster 'desirable' characteristics in girls

The numerous shared social drivers between FGM/C and early marriage raise the question of whether changes in the way one practice is carried out may affect changes in the prevalence of the other practice? Social meanings behind FGM/C and early marriage can vary according to context, but one consistent finding in the research has been that both are linked to preserving the sexual 'purity' of adolescent girls. In two communities in the Somaliland region of Somalia, we found that health messages about the risks associated with infibulation (the so-called "type three" form of FGM/C) had resulted in communities practising less extreme cliteridectomies (the "type one" form). This created the concern, however, that girls might be more likely to engage in premarital sex as a result. Some girls in World Vision's focus groups said they considered early marriage to be a means to protect their dignity and avoid the social stigma surrounding the perception that they could be more open to premarital sex. Further research is needed to establish whether these reactions are isolated or part of a more widespread phenomenon. More broadly, early marriage is also often seen to encourage fidelity within marriage.

Communities may reject FGM/C whilst retaining support for early marriage and vice-versa

The dynamic between FGM/C and early marriage means that where one form of harmful practice is eradicated, another may be retained to take its place where both are occasioned by the same drivers. This may have significant implications for programming interventions. Firstly, it highlights the need for integrated programming on both issues where they exist in the same context. Here, World Vision's experience of tackling both practices together has provided useful insights for effective programming, including the need to engage religious leaders, as well as women and girls, in communities where such practices take place. Secondly the fact that some interventions can have unintended consequences for the application of other

harmful traditional practices creates a need for the monitoring of the wider impact of interventions. This is to ensure that changes in trends relating to one harmful practice do not adversely affect eradication efforts in respect of another. Indeed, whilst this report constitutes an initial attempt to highlight some of the connections between FGM/C and early marriage, the dynamics between these two practices, as well as other harmful practices affecting women and girls, are constantly changing and warrant further examination.

Moving forward on FGM/C and early marriage will require further action to be taken in programming design and policy development.

World Vision UK makes the following recommendations:

- 1) Government and civil society programmes should tackle harmful traditional practices in an integrated way, including FGM/C and early marriage in contexts where both practices are prevalent.
- 2) The UK's Department for International Development (DFID) should align its policies, programming and funding for FGM/C with those for early marriage, and its country offices should also consider integrating interventions and strategies on both FGM/C and early marriage into education, maternal health and other existing programmes.
- 3) Further momentum should be given to DFID's initiatives to facilitate dialogue, promote action and support religious leaders and faith-based organisations as part of wider efforts to challenge social norms around FGM/C and early marriage.
- 4) Donor governments should give greater priority to investing in robust programme evaluations in order to strengthen understanding and evidence around successful interventions to address FGM/C and early marriage.

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Fatiah is a strong advocate against FGM in Somalia. "My daughters have not had FGM, and they will not – I am determined. When we show the problem, people will change."

Part one: context for this report

Background

In 2013, World Vision UK¹ published a research report entitled *Untying the Knot – Exploring Early Marriage in Fragile States*². This study was based on primary data gathered in Bangladesh, Niger and the Somaliland region of Somalia. In the course of this research, World Vision found anecdotal evidence to suggest that changes in the way that communities practised female genital mutilation/cutting (FGM/C) in Somalia had led a number of girls to feel pressured to marry at an early age. The links between early marriage and FGM/C were not the focus of that research, but such links emerged without probing. World Vision's programmes across Africa adopt an integrated approach to harmful traditional practices. As such, the insights from Somalia led World Vision to conduct further research to understand more about the nature of the links between the two practices.

This report aims to explore some of the potential links between the practices of FGM/C and early marriage. In doing so, it looks at some of the drivers of these practices, and will make the case that in contexts where both FGM/C and early marriage are practised, development research, policy and programmes would be well advised to address the two practices in tandem.

It is hoped that this report will be of interest to agencies engaged in the policy development, programming and funding of interventions around FGM/C and early marriage.

Methodology

This report reflects evidence gathered from World Vision's programmes in Africa where both FGM/C and early marriage are prevalent. World Vision gender and child protection teams in Somalia, Mali, Senegal, Tanzania and Chad submitted information explaining how the practices of FGM/C and early marriage are linked in each context, and how World Vision programmes in each country address both practices.

Primary data was gathered in Ethiopia from two World Vision Area Development Programmes in Oromia and Amhara and from one non-World Vision programme in Oromia. In Ethiopia, World Vision conducted six focus group discussions (FGDs) with girls aged under 16, four FGDs with girls and young women aged 16 to 25 years old and eight FGDs with mothers and fathers who had daughters living in the two communities. In total, 56 girls and young women and 45 parents participated in the research in Ethiopia. Evidence was also gathered from interviews with 25 community-level key informants, including faith leaders, police, courts, teachers, health and social workers, Young Lives Ethiopia and officials from the Local Government Bureau of Women, Children and Youth Affairs.

Definitions

FGM/C and early marriage are just two forms of harmful traditional practices that predominantly affect girls and young women. Harmful traditional practices are often violent and discriminatory, and can have serious negative consequences. These practices are largely rooted in traditional, social and/or religious beliefs.

Female genital mutilation/cutting (FGM/C) – Female genital mutilation or cutting refers to the cutting of the external female genitalia for reasons that are not medical. This practice is also sometimes referred to as female circumcision. In using the term “mutilation” in respect of this practice, World Vision aims to reinforce the idea that it is a violation of the human rights of girls and women, and thereby to help promote national and international advocacy towards its abandonment. At community-level in many countries, however, the use of

¹ World Vision is a global partnership of organisations operating in nearly 100 countries. Both *Untying the Knot: Exploring Early Marriage in Fragile States* and this research report have been published by World Vision UK. However this report draws on programmes, initiatives and learning from across the World Vision partnership, and thus the term World Vision is used throughout.

² World Vision UK, *Untying the Knot: Exploring Early Marriage in Fragile States*, (2013) London.

this term can be problematic for practical purposes because parents understandably resent the suggestion that they are “mutilating” their daughters. As such, local groups generally use the less judgmental word “cutting” to describe the practice. This report refers to this practice using the term female genital mutilation/cutting (or the acronym FGM/C) to accommodate the variance of terminology employed in this area. This term encompasses all types of genital modification, which can differ according to custom and context.

BOX 1: WHO FGM/C Classification (Source: World Health Organisation)

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Early marriage – World Vision uses the term “early marriage” to refer to any marriage where one or both spouses are under the age of 18. Early marriage is also sometimes referred to as “child marriage”. In many situations, early marriage may also constitute forced marriage because children, particularly young children, rarely consent freely or understand the long-term implications of marriage. Moreover, some children can be coerced by their families to marry, whilst others may choose marriage themselves, if they believe it will make their lives better. Although boys also enter into early marriage, girls are disproportionately affected by this practice and form the majority of child spouses.

Prevalence and consequences of FGM/C and early marriage

Globally an estimated 125 million women and girls are currently living with the consequences of FGM/C³. Moreover, every year 13.5 million girls marry before they turn 18 years old⁴.

The consequences of FGM/C and early marriage can be extremely harmful and share a number of similarities. Where both practices exist, the harmful nature of these consequences is heightened.


FGM/C is regarded as one of the most serious health violations faced by young girls in Africa. Physical health consequences include severe haemorrhaging and infection, injury to surrounding tissue, open genital sores, incontinence, urine retention and urinary tract difficulties and other gynaecological problems, including pain during menstruation, sexual intercourse and childbirth. The latter can lead to the death of the mother and/or baby. Divorce as a result of dyspareunia (painful intercourse) has also been attributed to FGM/C.

The mental health consequences of FGM/C are similarly significant. Many girls report that they do not know in advance that they are going to be cut and the experience comes as a shock to them. The trauma of the experience, the pain of the cutting itself and its consequences, can lead to both short- and long-term psychological harm, including post-traumatic stress, flashbacks, fear, anxiety and depression⁵. This, and the physical impacts of FGM/C, can also interfere with girls’ schooling.

³ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, (2013) New York.

⁴ UNFPA, *Marrying Too Young: End child marriage*, (2012) New York.

⁵ UNFPA, *International Conference on Research, Health Care and Preventive Measures for Female Genital Mutilation/Cutting and the Strengthening of Leadership and Research in Africa*, (2011) Nairobi, Kenya. Available online: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/UNFPA%20Nairobi%20Conference%20Report_v11.pdf (Accessed: 17/03/2013).



A 12 year old girl in Ethiopia is faced with the prospect of an early marriage to her deceased sister's husband based upon cultural practice in her community. She does not want to marry her brother-in-law but says she would like to stay in school instead.

The physical health effects of early marriage are predominantly associated with early sexual activity, pregnancy and child birth. They include obstructed labour, which can lead to fistula⁶ and consequent social exclusion occasioned by incontinence or infertility, as well as infant and maternal death. Indeed, complications from pregnancy and child birth are the leading cause of death among girls aged 15 to 19 in the developing world⁷.

Early marriage can also have significant mental health impacts, such as anxiety and depression, occasioned by the physical implications of early marriage, which can also include abuse, and the social isolation experienced by child spouses, who are often removed from their families and withdrawn from school. The younger the child, the greater the danger that marriage poses to her health and wellbeing. Notably, 17 per cent of girls in least developed countries are married by their fifteenth birthday⁸, and, consequently, suffer a range of negative physical and psychological impacts due to their immaturity.

⁶ Obstetric fistula refers to a hole in the birth canal. For further, see WHO fact-file on obstetric fistula. Available online: http://www.who.int/features/factfiles/obstetric_fistula/en/ (Accessed: 23/04/2014).

⁷ WHO, *Preventing Early Pregnancy and Poor Reproductive Health Outcomes among Adolescents in Developing Countries*, (2011) Geneva.

⁸ UNFPA, *Marrying Too Young: End child marriage*, (2012) New York.

Part two: understanding the links

Social drivers of FGM/C and early marriage

Early marriage and FGM/C share many of the same social drivers. Previous studies have highlighted the importance of engaging with the root causes of harmful traditional practices in order to achieve sustainable progress in tackling them⁹. World Vision's research indicates that the social drivers of these practices may evolve over time, and that the impact of FGM/C and early marriage programming may be compromised, unless these changes are recognised in programme interventions.

This section explores the key drivers of FGM/C and early marriage, which emerged from the research in Ethiopia and Somalia and from secondary research studies. The key drivers identified by this study are: gender inequality and social norms, a desire to control female sexual activity, religious misconceptions and limited economic opportunities for women and girls.

1) Gender inequality and social norms

FGM/C and early marriage exist in contexts where women are not equal with men

Although how FGM/C and early marriage are practised varies across contexts, both practices prevail only in settings characterised by gender inequality and discrimination against women and girls. As such, they are both established within value systems that place girls and women below boys and men¹⁰:

"Parents and elders don't listen to me. But they listen to my brothers; they listen to boys more."
(13 year-old girl, Oromia, Ethiopia.)

Social norms overwhelmingly support or promote FGM/C and early marriage

FGM/C and early marriage are rooted in powerful and widely-supported attitudes and norms, which place expectations on families to conform to certain behaviour. Families may choose to marry their daughters early, or to practise FGM/C, because they believe the majority of their community are doing so, and that they and their daughters will be rejected by society for failing to conform:

"The community doesn't accept us – the elders and religious leaders don't have a place for uncut girls. How will they ever get married?" (Mother, Oromia, Ethiopia.)

FGM/C and early marriage are often perceived to foster characteristics in women that communities value

In communities that value women and girls for their modesty, humility and domestic skills, the practices of FGM/C and early marriage are perceived to foster these characteristics¹¹. The practice of cutting is commonly believed to ensure that girls remain calm, are less likely to be clumsy or physically uncoordinated, and are more likely to have an obedient and respectful attitude, especially towards their husbands:

"If she is not cut, she will break all the pots in the kitchen" (Mother, Oromia, Ethiopia.)

In some rural areas, FGM/C is an important and publicly-practised social custom

In some rural villages in Ethiopia, decisions about FGM/C are taken collectively by community leaders. Here, groups of girls go through the procedure at the same or similar times. In these contexts, FGM/C is seen as an important social custom; the practice is publicly celebrated with coffee ceremonies and it is accorded great social significance. The public nature of the practice and the celebrations surrounding it mean that the wider community knows which girls have and have not undergone FGM/C.

⁹ Pells K., & Woodhead M., *Changing Childrens' Lives: Risks and Opportunities*, (2014) Young Lives, Oxford. Available online: <http://www.younglives.org.uk/files/policy-papers/changing-childrens-lives>, (Accessed: 23/04/2014).

¹⁰ See Plan International, *Breaking Vows: Early and forced marriage and girls' education*, (2011) UK.

¹¹ Boyden J., and others, "Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia", (2013) *Young Lives Working Paper* 93.

If FGM/C is seen as a prerequisite for marriage, or deemed necessary to control the behaviour or characteristics of girls, the public nature of such customs may act to compound the social drivers of FGM/C and early marriage by increasing pressure on those who have not yet undergone these practices.

II) Controlling female sexual activity

FGM/C and early marriage are practices that enable communities to exert control over girls and women, particularly over their sexual behaviour and capacity to reproduce¹².

FGM/C and early marriage are often used as tools to control female sexuality and prevent premarital sex

One of the primary reasons given for practising FGM/C in our research was the view that it ensured a girl's virginity up until the point of marriage. In many communities that practise FGM/C, premarital sex is associated with strong feelings of shame and social exclusion. In Somalia, where 98 percent of women aged 15 to 49 have undergone FGM/C¹³, community members explained to World Vision that premarital sex is not accepted:

"If a girl gets pregnant before she's married and the boy refuses to marry her, she goes to a new city where people don't know her." (Community member, Somalia.)

There was a widespread perception amongst a majority of parents and community-level informants that a girl who has undergone FGM/C is less likely to engage in premarital sex:

"Cutting controls a girl's sexual feelings; this is why the community likes to do it." (Mother, Oromia, Ethiopia.)

Many girls, women and men believed that the process of cutting a girl removes her natural, physical desire for sexual activity:

"Being cut disciplines a girl's mind and her reproductive parts, so she is more in control." (Community leader, Oromia, Ethiopia.)

Early marriage is also often perceived as a means of preventing premarital sex. By arranging for girls to be married before or during puberty, girls are already partnered with a man at the point at which they begin to develop sexually. They are, therefore, thought to be less likely to behave promiscuously¹⁴. In some instances, a religious narrative can also develop around the notion that early marriage is a way to ensure a girl's virginity at the point of marriage.

III) Religious misconceptions

A religious narrative has developed around both FGM/C and early marriage

Although FGM/C predates the major monotheistic religions, a religious narrative has developed around the practice, which rationalises it within both Islam and Christianity. This study has found that the role of religion is repeatedly raised in relation to FGM/C and early marriage. Here, numerous communities across multiple contexts consider both practices to be decreed by God and the practices themselves are upheld by religious leaders within the community.

"The community doesn't accept us – the elders and religious leaders don't have a place for uncut girls. How will they ever get married?" (Mother, Oromia, Ethiopia.)

¹² Boyden J., and others, "Child Protection and Harmful Traditional Practices: Female early marriage and genital modification in Ethiopia", (2012) *Development in Practice* 22 (4): pp.510-22.

¹³ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, (2013) New York.

¹⁴ Boyden J., and others, "Child Protection and Harmful Traditional Practices: Female early marriage and genital modification in Ethiopia", (2012) *Development in Practice* 22 (4): pp.510-22.

In Ethiopia, religious leaders and community members cited multiple religious sources justifying the cutting of girls. Some Muslims, for example, believe that a girl who has not been cut cannot be allowed to pray in a Mosque and that it is sinful for a man to marry an uncut girl. A Christian leader participating in our research cited a reference in the Bible to the circumcision of Eve. One mother of a six year-old girl in Ethiopia said that she planned to have her daughter cut at the age of seven because:

"I don't want her to know it is coming, but I am afraid God will punish me if I don't do it."
(Mother, Oromia, Ethiopia.)

As outlined above, religious justifications for early marriage also emerged in our research. These were usually based on the notion that a girl must be a virgin when she becomes a bride and that, as such, girls are required to marry before they turn 15. Thus, an Imam in Amhara told World Vision that the Koran states that girls should be married at 15 years old to protect them from pre-marital sex. Indeed, World Vision programme staff in Ethiopia told us that:

"Speaking with Priests and Deacons, [we] uncovered an assumption that a girl's virginity will be lost after the age of fifteen if she is not married."
(Gender Adviser, World Vision, Ethiopia.)

IV) Limited economic opportunities for women and girls

Early marriage is often used as a strategy for financial security where women's economic opportunities are limited. Similar considerations can apply for FGM/C

In societies where gendered expectations limit women's access to economic opportunities, early marriage is often considered to be the best possible means of accessing financial security. In drought-prone rural areas that depend on subsistence agriculture, early marriage may be considered a means of survival where collective effort is essential for the wellbeing of the family¹⁵. Likewise, where FGM/C is perceived to be beneficial in preparation for marriage, parents may choose this as a strategy to ensure the best possible marriage for their daughters in socio-economic terms, as a way to maximise their life-chances.

Direct links between FGM/C and early marriage

From the information above, it becomes clear that not only do FGM/C and early marriage share some of the same social drivers, but where both practices exist in a single context it may be possible for them to have implications for one another.

For example, in some communities in Ethiopia and Somalia, early marriage can follow immediately after FGM/C. In these contexts, there is a strong case for programmes to explicitly seek to address the two practices simultaneously. Focus groups with parents and interviews with community leaders indicated that communities may reject FGM/C, but retain support for early marriage and vice-versa.

Understanding the links between FGM/C and early marriage sheds light on how interventions in respect of one phenomenon may affect the other. Indications of this have been borne out in this study.

FGM/C is commonly seen as a prerequisite for a girl to marry

A girl's status as cut or uncut and the type of FGM/C she has experienced are likely to affect her ability to secure what her carers believe to be a good marriage. In Somalia, for example, we found that many men considered FGM/C an essential requirement for marriage. In parts of Tanzania, if a girl has not undergone FGM/C, her father cannot demand a bride price¹⁶. Indeed, previous studies have also identified a link between the perceived value of a girl for marriage and her status as being cut or uncut:

¹⁵ Boyden J., and others, "Child Protection and Harmful Traditional Practices: Female early marriage and genital modification in Ethiopia", (2012) *Development in Practice* 22 (4): pp.510-22; World Vision UK, *Untying the Knot: Exploring Early Marriage in Fragile States*, (2013).

¹⁶ The term "bride price" refers to a sum of money, livestock or land traditionally given to the family of a bride.

"If the girls are not mutilated the men do not want marriage to those girls. Also in some tribes the girls who have been infibulated, the FGM type three, cost more than the girls who are not."
(Khady Koita, survivor of FGM/C and child marriage.¹⁷)

In Sierra Leone, the cutting of a girl is often paid for by her husband-to-be and his family in preparation for the marriage. As such, many girls believe that once they have undergone FGM/C, they will then be ready for marriage.

In parts of Ethiopia, where girls typically marry under the age of 16 years old, we found strong links between FGM/C and early marriage. Several mothers in Oromia told us that it was essential for their daughters to be cut if they were to be married:

"Girls who have been cut will marry immediately. Uncut girls will wait a long time." (Mother, Oromio, Ethiopia.)

Many mothers explained that as long as perceptions that uncut girls are impure, incomplete or improper persist, girls who have not experienced FGM/C will find it very difficult to marry:

"We all know the effects of FGM but we know it's easier for a girl who has been cut to get married. Girls who have not been cut will feel bad, so what are we supposed to do?" (Mother, Oromio, Ethiopia.)

Abandonment of FGM/C or changes in the way it is practised may lead to heightened fears of premarital sex

In the Somaliland region of Somalia, parents and children reported that as a result of health messages about the risks associated with infibulations (the type three form of FGM/C) girls in the community increasingly underwent cliteridectomy (the type one form) instead. However, concerns were raised that as a result of fewer infibulations in the community, the girls would become more open to premarital sex. A number of women in the Awdal region explained that:

"There are fewer infibulations of the girls now, more Sunna type, so the girls have more libido."¹⁸

Girls were also aware of these concerns about premarital sex. In two focus groups in this region, girls discussed their fears that, as a result of being cut in the type one form, they were perceived as being more physically sensitive, and thought to be more likely to have premarital sex. In these instances, World Vision found a number of girls who said that they were keen to marry early to prove their appeal, value and respectability, and to avoid the perception that they were more open to premarital sex.

This indicates a possibility that some campaigns that have successfully reduced FGM/C, or changed the types of FGM/C practised by communities, may also inadvertently have heightened fears of premarital sex. This can, in turn, serve to increase pressure on girls to marry early in order to protect their modesty.

BOX II: Faiza's Story

Faiza was 15 years old and engaged to be married. She giggled as she talked about her wedding day. She was embarrassed to talk about it in front of her friends; women in Somaliland are expected to conceive shortly after their wedding, and Faiza was afraid that her excitement to get married would be seen as shameful. Faiza's parents had decided against her and her sisters undergoing the worst form of FGM/C and so she had experienced the Sunna form. As a result of this, she was afraid that people would think she was more likely to be sexually active at a younger age: *"It is better for my dignity to have a husband and children now"*, she explained.

¹⁷ Oral evidence given by Khady Koita, a survivor of early marriage and FGM/C, to the UK All Party Parliamentary Group on Population, Development and Reproductive Health in November 2012.

¹⁸ World Vision UK, *Untying the Knot: Exploring Early Marriage in Fragile States*, (2013).



10 year old Biba – not her real name – sits in a class room in Ethiopia. She was betrothed when she was just 5 years old to a 10 year old boy. WV Ethiopia raises awareness on the issue of Early Marriage and cooperates with local authorities, religious leaders and teachers to stop the practice.

An association between FGM/C, early marriage and concerns about premarital sex was also identified by a Population Council evaluation of the West African NGO, Tostan's programme in Senegal. The evaluation took place six years after communities had publicly abandoned both FGM/C and early marriage. It found sustained changes in attitudes towards both practices. Nevertheless it also identified a heightened fear of premarital sex as a consequence of communities' abandonment of FGM/C:

"Becoming pregnant out of wedlock is now considered more shameful, and results in greater marginalisation than a lack of excision. However, non-circumcised girls are being associated with looser morals, due to the lack of traditional education about behaviour that once accompanied FGM/C. For this reason, the absence of circumcision is now viewed as less of an obstacle to marriage, but more of an obstacle to avoiding pregnancy out of wedlock. This is a real problem for parents, and solutions must be sought¹⁹."

Further research is needed to establish whether these reactions to a reduction in FGM/C and a move towards the less extreme forms of FGM/C are isolated or part of a more widespread phenomenon.

¹⁹ Population Council, *Evaluation of the Long-term Impact of the TOSTAN Programme on the Abandonment of FGM/C and Early Marriage: Results from a qualitative study in Senegal*, (2008), p.27.

Part three: lessons for effective programming on FGM/C and early marriage

The previous section has highlighted that, where both FGM/C and early marriage are prevalent, they can often be linked by the same drivers. This fact might be expected to indicate that investment in programming to eliminate FGM/C should help to reduce or eliminate early marriage. However, World Vision's research indicates that this assumption may not always apply. Indeed, there is a risk that only tackling social attitudes in relation to FGM/C may leave entrenched views on early marriage unchallenged and vice versa. As such, policy and programming interventions against both practices should make explicit reference to the other in communities where both exist. Certainly, World Vision's experience suggests that tackling FGM/C and early marriage together is the most effective way to address both issues.

World Vision has been working to achieve the abandonment of FGM/C in many African countries for 15 years, including in Sierra Leone, Senegal, Ghana, Mali, Chad, Somalia, Kenya, and Tanzania. World Vision's programmatic approach already tackles both FGM/C and early marriage together in countries where both are practised, including in Tanzania, Kenya and Senegal. Indeed, impact assessments show that community conversations around both issues can change attitudes towards both practices²⁰.

This section draws on World Vision's programming experience of FGM/C and early marriage to highlight some of the key lessons that can be learned in designing interventions that effectively challenge both practices.

Integrated programming to address links between harmful practices

This study has demonstrated that harmful traditional practices, including FGM/C and early marriage, can interact with each other and with other localised cultural practices. Consequently, an integrated approach is key to eliminating each specific practice, and to addressing their shared root causes and linkages. For example, FGM/C is most effectively tackled together with other issues relating to gender inequality and violence against women and girls, and should also be integrated into existing programmes on, for example, education and maternal health. This requires engagement not only on early marriage, but also on economic marginalisation and the abuse of women and girls. Such a strategy is likely to be more effective than approaching FGM/C only as a politically neutral, reproductive health issue, as is currently most commonly the case.

Moreover, as evidenced in this report, the way in which communities practise FGM/C and early marriage is not static. Naturally, such practices will evolve in response to wider social and environmental changes, as well as targeted interventions. This highlights the importance of factoring the dynamic nature of these practices into programme design and implementation. Policy and programme monitoring and evaluations should assess whether a given practice has evolved and, if so, determine the extent of that evolution and whether it might have impacted on any other harmful practice. This would further facilitate integrated programming on such issues.

Implementing legislation and enforcement

Addressing FGM/C and early marriage systematically requires a strong legal framework. At national level, effective legislation can provide a framework for changing attitudes and behaviours that maintain FGM/C and early marriage practices. World Vision programme staff have also found that a robust legal framework

²⁰ Aubel J., "Dialogue to promote change from within: A grandmother-inclusive & intergenerational approach to promote girls' health and well-being and to eliminate FGM", (2010) The Grandmother Project. See also, Population Council, *Evaluation of the Long-term Impact of the Tostan Programme on the Abandonment of FGM/C and Early Marriage: Results from a qualitative study in Senegal*, (2008), p.27.

enables them and their partners to give consistent messages to communities about harmful traditional practices. However, whilst strong national as well as international legal standards are necessary, they alone are not sufficient to eliminate FGM/C and early marriage.

Effective reporting systems help to enable policing and prosecution systems to enforce legislation. As harmful practices tend to be under-reported, best practice enforcement models seek to build effective child protection networks, incorporating both formal and informal mechanisms. Individuals and informal child protection groups can provide a crucial network of people who are prepared to report incidents and to whom children are more likely to feel that they can turn to safely report illegal practices. This is essential, because even children who are educated about their rights and oppose these harmful practices are often reluctant to report them for fear of subjecting their parents to criminal prosecution. This scenario can leave children feeling conflicted, vulnerable and isolated²¹. As a result, government action against FGM/C and early marriage has, in some cases, been found to have driven these practices underground, where they can entail even greater harm to girls²². In these circumstances, community protection and reporting mechanisms become even more crucial.

Changing social norms

As highlighted in the previous section, social attitudes, perceptions and beliefs about women and girls are a major driver of harmful practices such as FGM/C and early marriage. World Vision's programming experience across contexts at the local level demonstrates that challenging the social norms behind harmful traditional practices is central to tackling the practices themselves. This is most effective when community leaders are involved.

Engaging religious leaders is crucial to shaping social norms

The role of religious interpretations in shaping social norms is considerable. World Vision staff tell us that challenging early marriage in contexts where it is justified on the basis of religious teaching often involves convincing communities and religious leaders that it is possible for a girl to remain a virgin until she is married, even if she marries after the age of 15.

Where religious leaders teach against FGM/C and early marriage, they often find that they are battling against deeply held beliefs that have existed for generations and across all of society:

"If I am not cut, my prayers will not go up to Allah." (Young girl, Oromia, Ethiopia.)

Despite the challenges, our research has found that when religious leaders do show strong leadership on harmful traditional practices they can have an important impact. For example:

"A religious leader not circumcising his daughter where that is a prominent practice is a much more powerful symbol than imprisoning circumcisers, or fining the family." (Community Worker, Oromia, Ethiopia.)

Equally, in the case of early marriage, a Priest in Bahir Dar, Ethiopia, noted that religious leaders can set a positive example by refusing to conduct wedding ceremonies involving children under 18 years of age.

²¹ 28 Too Many, Country Profile: FGM in Ethiopia, (2013). Available online: <http://28toomany.org/media/uploads/ethiopia060514.pdf> (Accessed: 27/01/14).

²² Boyden J., and others, "Child Protection and Harmful Traditional Practices: Female early marriage and genital modification in Ethiopia", (2012) *Development in Practice* 22 (4): pp.510-22; see also: Shell-Duncan, B., Wander K., Hernlund Y. and Moreau, A. (2013), "Legislating Change? Responses to criminalizing female genital cutting in Senegal." *Law and Society Review*, 47: pp. 803–835.



Fatoumata with her grandmother who shows her how to spin cotton in Senegal. They participated in a girls development project which aims engages grandmothers in changing behaviours of bad practices that harm the development of young girls.

BOX III: Working with religious leaders – Channels of Hope

World Vision has developed the Channels of Hope (CoH) programme model, which trains and equips faith and community leaders to individually and collectively respond to core issues that compromise the well-being of children, their families and communities, whether these are HIV & AIDS, gender injustice, child protection or health.

This approach tackles misconceived religious teachings from both Christianity and Islam that are used to endorse unequal attitudes towards women, and support for practices such as FGM/C and early marriage. By equipping religious leaders with knowledge and capacity, CoH trains community members on how to endorse an equal view of men and women that is rooted in religious teaching. In this way, many communities are shifting their attitudes around harmful practices that impact women and girls.

Engaging the attitudes of women and girls is equally crucial to securing change

In challenging deeply-rooted social beliefs and attitudes, many perceive the target group for behavioural change interventions to be men and leaders within the community. It is equally important, however, to challenge attitudes among women and girls. In Sierra Leone, for example, World Vision has found that women and girls, especially in rural communities, may continue to express a desire to undergo FGM/C in order to belong to the community, to achieve a sense of security and to avoid being discriminated against within their peer group. In Niger, girls also talked to World Vision staff with excitement about marriage, seeing it as the opportunity to prove their maturity and worth. Women and girls also play an important role in taking decisions about FGM/C and early marriage. As such, they must be included in interventions that seek to challenge social norms against these practices²³.

²³ Chesikaw L., *TOT Anti FGM Project Final Report End of Project Evaluation*, (2009) World Vision Kenya.

Part four: recommendations

World Vision UK recommends the following:

1) Government and civil society programmes should tackle harmful traditional practices in an integrated way, including FGM/C and early marriage in contexts where both practices are prevalent.

This research suggests that the issues of FGM/C and early marriage are likely to be closely linked in communities where both practices are common. Nevertheless, programme interventions all too often address them as entirely separate issues. Conversely, evaluations show that programmes that adopt a holistic approach to tackling harmful practices together in communities, such as those devised by World Vision and Tostan, result not only in positive changes in attitudes towards practices harmful to girls, but also in positive rates of abandonment of FGM/C and other harmful practices²⁴. Where both practices prevail, therefore, World Vision considers that FGM/C should be more closely integrated into early marriage policy and programming and vice versa.

2) The UK's Department for International Development (DFID) should align its policies, programming and funding for FGM/C with those for early marriage, where both practices are prevalent. DFID country offices should also consider integrating interventions and strategies on both FGM/C and early marriage into education, maternal health and other existing programmes.

World Vision UK welcomes the recent announcement by the Rt Hon Justine Greening MP, UK Secretary of State for International Development, to make the issue of early and forced marriage a priority and the recognition that this must work alongside DFID's current campaigns on FGM/C²⁵. World Vision UK also welcomes the announcement that the UK Prime Minister, the Rt Hon David Cameron MP, will host an international summit considering FGM/C and early marriage in the UK and abroad.

We consider that both of these initiatives represent important opportunities for closer alignment of DFID's policy, programming and funding for FGM/C and early marriage. The particular causes and consequences of both FGM/C and early marriage should also be incorporated into existing programmes where relevant, including education and maternal health. The summit should be seen as an opportunity to further examine the links between early marriage and FGM/C and their relevance to wider DFID programming.

3) Recognising the importance of a religious narrative around early marriage and FGM/C is important in shaping social norms against both practices. Further momentum should be given in DFID's initiatives to facilitate dialogue, promote action and support religious leaders and faith-based organisations as part of wider efforts to challenge social norms around FGM/C and early marriage.

DFID recognises that there is often a religious narrative around FGM/C and early marriage and that, consequently, religious leaders and faith-based organisations (FBOs) have an important role to play in challenging social norms around these practices. This is particularly the case within local communities. In January 2013, DFID convened a meeting, "Working with faith groups to tackle harmful traditional practices", to encourage dialogue and shared learning on how religious leaders and FBOs can challenge FGM/C²⁶. DFID should build on the momentum established at this summit and view it as the beginning of an ongoing conversation, with specific actions to explore how religious leaders and organisations can, and should, play a role in ending these two practices.

²⁴ Auel J., "Dialogue to promote change from within: A grandmother-inclusive & intergenerational approach to promote girls' health and well-being and to eliminate FGM", (2010) The Grandmother Project. See also, Population Council, *Evaluation of the Long-term Impact of the Tostan Programme on the Abandonment of FGM/C and Early Marriage: Results from a qualitative study in Senegal*, (2008), p.27.

²⁵ "Greening: it's time to break the silence on early and forced marriage", DFID Press release, updated 5 March 2014. Available online: <https://www.gov.uk/government/news/greening-its-time-to-break-the-silence-on-early-and-forced-marriage> (Accessed: 05/03/14).

²⁶ DFID Event, *Working with faith groups to tackle harmful traditional practices, as part of the Faith Partnership Working Group*, held at DFID in London on 14 January 2014.

4) Donor governments should give greater priority to investing in robust programme evaluations in order to strengthen understanding and evidence around successful interventions to address FGM/C and early marriage. This is needed in order to:

- a) identify those interventions that are most successful in achieving sustained reductions in either FGM/C, early marriage or both;
- b) identify effective interventions that have the potential to be up-scaled and to apply in different contexts;
- c) ensure that possibilities for unintended consequences in terms of community responses to FGM/C, early marriage and other harmful traditional practices are incorporated into programme evaluations, as well as, where feasible, into their design and implementation.

World Vision UK has identified numerous examples of government and NGO programmes that appear to have a positive effect in reducing the prevalence of both practices in this research. Nevertheless, a robust evidence-base is required to satisfy the needs outlined in this recommendation. Recent DFID calls for research funding proposals provide opportunities to generate important learning about FGM/C²⁷. There is also a pressing need, however, to capture learning on programmes that relate to early marriage, as well as interventions that seek to address both FGM/C and early marriage practices and harmful traditional practices more generally.

²⁷ For example, the Toward Ending Female Genital Mutilation/Cutting (FGM/C) in Africa and Beyond Research Programme.



Maasai herders from WV's Kisongo ADP in Tanzania. One of the greatest challenges in protecting children in Kisongo was the practice of early marriage for girls.

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