



PARTNERING WITH MEN AND BOYS TO TRANSFORM SOCIAL AND GENDER NORMS TO END FEMALE GENITAL MUTILATION

KEY MESSAGES

Note: The rationale for partnering with men and boys, without detracting from the focus on women and girls, is to ensure families, communities, institutions, and policy-makers support and invest in girls to promote the elimination of female genital mutilation. Men's and boys' engagement is required to address the barriers and discriminatory gender norms that sustain this harmful practice. Advocacy and programming efforts should support men and boys in recognizing their power and privilege to further the interests of women and girls, while simultaneously transforming masculinities and practicing accountability towards women and girls.

Call to Action:

- **Engage** men and boys as agents of positive change in shifting unequal power relations, promoting positive masculinities, and changing attitudes and behaviors that are a cause and consequence of female genital mutilation.
- Promote gender-transformative programming that aspires to address the root causes of gender inequality
 and moves beyond self-improvement among girls and women to redress power dynamics and structures that
 serve to eliminate female genital mutilation.
- **Invest** in national-level policies and legislations protecting the rights of girls and women, including the development of national action plans accompanied by budget lines.

Key Messages Relating to Men and Boys:

- Men and boys coalitions play an important role in awareness raising, enabling safe environments for women and girls and most importantly in detecting, reporting and preventing FGM cases. For example, in Kenya, 52 coalitions of men and boys with a total of 43,297 members were activated to respond to FGM during COVID-19.
- Change in social and gender norms is key to eliminating female genital mutilation. Evidence shows that men
 and boys are challenging power dynamics in their families and communities and supporting women and girls
 as agents of change through community dialogues, peer-education, intergenerational dialogues, mobile
 outreach, and faith-based organizations advocacy.
- Within the last four years, there is 47% increase in the number Joint Programme's initiatives where men and boys' coalitions actively advocate for elimination of female genital mutilation.
- Significant opposition rates to FGM among men and boys are evident in countries such as Eritrea, Ethiopia, Guinea, and Sudan.

- Female genital mutilation is more prevalent among daughters whose mothers want the practice to continue and whose fathers are opposed or undecided, compared to daughters with fathers who are the sole parent supporting its continuation. However, in most societies, men and boys as community, traditional and religious leaders can have a great influence in the occurrence of the harmful practice.
- Adolescent boys 15 to 19 years old are more opposed to domestic violence such as wife-beating than adolescent girls 15 to 19 in countries with available data such as Ethiopia, Guinea, Kenya, Mali, Nigeria, Senegal, Mauritania, The Gambia, Guinea-Bissau, and Uganda.

General Facts on Female Genital Mutilation:

- The practice of female genital mutilation is rooted in gender inequality and power imbalances between
 men and women and it sustains them by limiting opportunities for girls and women to realize their rights
 and full potential in terms of health, education, income, and equality.
- Girls are today one-third less likely to be subjected to female genital mutilation compared to three decades ago; however, progress needs to be at least 10 times faster to meet the global target of FGM elimination by 2030.
- \$2.75 billion is needed to eliminate female genital mutilation by 2030 in 31 priority countries. The estimate further suggests that the amount of development assistance expected to be spent in these 31 priority countries from 2020 to 2030 is \$275 million, indicating a resource gap of about \$2.1 billion. An investment of every \$1 will result in a return of \$10.
- Out of 31 countries with nationally representative data on FGM, 24 are considered fragile contexts, 21 are least developed countries, and 12 countries are categorized as having extremely high climate risk for children.
- An alarming trend is emerging: around 1 in 4 girls and women who have undergone female genital mutilation, or 52 million worldwide, were performed by health personnel. This proportion is twice as high among adolescents, indicating growth in the medicalization of the practice.
- Girls whose mothers have a primary education are 40% less likely to undergo female genital mutilation
 than those whose mothers have no education. And in many countries, women with secondary education are
 even less likely to continue the practice of FGM into the next generation.
- Where FGM is practiced on very young girls, there is a short window of opportunity to intervene. In some countries, this window is getting narrower, as a larger proportion of FGM is being performed on the youngest girls.
- Empowering girls and women to realize their rights and potential by ensuring access to education, healthcare, and employment opportunities accelerate the elimination of female genital mutilation and contribute to equitable social and economic development, and ensure no girl or woman is left behind.

Do's and don'ts

- 1. **Do use** female genital mutilation or FGM instead of FGM/C or female circumcision
- 2. **Do use** caution while taking pictures or footage of survivors or community members, and consider their safety and best interest.
- Do not use terms such as cut/cutting and mutilated. Instead use, undergone and/or subjected.
- 4. **Do not use** visuals or imagery that portray medical tools such as blades, knives, etc.
- 5. **Do not refer** to individuals subjected to FGM as victims, instead use survivors.