‘One Hand Can’t Clap by Itself’: Engagement of Boys and Men in Kembatti Mentti Gezzimma’s Intervention to Eliminate Female Genital Mutilation and Circumcision in Kembatta Zone, Ethiopia

EMERGE Case Study 3

By Erin Stern with Althea Anderson

September 2015

EMERGE
Engendering Men
Evidence on Routes to Gender Equality

Cover photograph: A KMG youth group facilitator engages with youth to prevent FGM-C such as the two female beneficiaries of KMG's work.

Photographer: Franz Stapelberg

Copy-editor: Judy Hartley

Design: Gary Edwards and John Morrison

Correct citation: Stern, E. and Anderson, A. (2015) 'One Hand Can't Clap by Itself': Engagement of Boys and Men in Kembatti Mentti Gezzimma's Intervention to Eliminate Female Genital Mutilation and Circumcision in Kembatta Zone, Ethiopia *EMERGE Case Study* 3, Promundo-US, Sonke Gender Justice and the Institute of Development Studies

Disclaimers

The results reported represent the views of the authors and not necessarily those of DFID.

This volume and the broader EMERGE project have been made possible through support from DFID, under the Leadership for Change Programme. Grant reference number: PO 6223.

Copyright © Institute of Development Studies, Promundo-US and Sonke Gender Justice 2015

ISBN 978 1 78118 268 0

You are free to:

Share — copy and redistribute the material in any medium or format
Adapt — remix, transform, and build upon the material

For any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow these license terms.

License terms: You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.

Contents

Acknowledgements and partner information 2
Abbreviations 3
Abstract 4

1 Introduction 5
1.1 The causes and consequences of female genital mutilation/cutting 5
1.2 Men's involvement in abandoning female genital mutilation/cutting 5

2 Background 6
2.1 Context for our case study 6
2.2 Problem focus of case study 7
2.3 Review of Kembatti Mentti Gezzimma (KMG) 7
2.4 Case study research and process 8
2.4.1 Research questions 8
2.4.2 Research approach and methodology 9
2.4.3 Case study ethical practice and study limitations 10

3 Findings 10
3.1 KMG's approach to the elimination of FGM-C 10
3.1.1 Why work with men? 10
3.1.2 KMG's Community capacity enhancement-community conversation methodology 11
3.1.3 Awareness raising activities 13
3.1.4 Involvement of religious leaders and religious education 14
3.1.5 Rights of women 15
3.1.6 Income generating activities and community development 15
3.1.7 Policy environment and collaboration with government 16
3.1.8 Sustainability 17

4 What has changed? 17
4.1 FGM-C has nearly been eradicated in the target zone 17
4.2 Reduction in other harmful practices against women 17
4.3 Women living healthier and longer lives 18
4.4 Boys and men prefer to marry uncut girls and women 18
4.5 Shifts towards more equitable gender relations in social, economic, and political spheres 19

5 What can we learn? 21

6 Conclusion 23

References 24

Annex 1 List of participants 26

Annex 2 Interview topic guide 27

Acknowledgements and partner information

With thanks to:

Kembatti Mentti Gezzimma (KMG) Ethiopia for their openness and support and in particular Endashaw Mogessie, the Planning, Monitoring & Evaluation (PME) coordinator at KMG for facilitating the field work and the researcher's travel, and Bogaletch Gebre, the director of KMG, for her critical insights and feedback to this case study.

The participants who were willing to share their intimate stories and experiences.

Franz Stapelberg for taking photographs for the 'stories of change' materials

Emily Esplen, Alexa Hassink, Benjamin Zeitlyn, and Christine Kolbe for their valuable reviews.

Abbreviations

CCE	Community capacity enhancement community conversation
EMERGE	Engendering Men: Evidence on Routes to Gender Equality
FGM-C	Female genital mutilation or cutting
GBV	Gender-based violence
IGAs	Income generating activities
IPV	Intimate partner violence
KMG	Kembatti Mentti Gezzimma
NGO	Non-governmental organisation
SNNPR	Southern Nations, Nationalities and Peoples' Region
UTIs	Urinary tract infections

Abstract

The successful involvement of men and women as part of a community-wide approach to shifting deep-rooted norms is critical for the abandonment of female genital mutilation and cutting (FGM-C). However, there is limited research exploring how and why men engage in processes of abandonment and how this relates to shifts in gender relations within private and public spaces. This study assessed the process of change among men and boys targeted by Kembatti Mentti Gezzimma (KMG) Ethiopia's intervention in the Kembatta zone of Ethiopia, which has challenged social acceptance of, and reduced the prevalence of, FGM-C at phenomenal rates (UNICEF 2008). Across four villages, in two districts in the Kembatta Zone, 21 interviews were conducted with KMG staff, male and female beneficiaries, and stakeholders including women's group association members, youth group members, *idir* (mutual assistance groups or agricultural assistance groups), and religious and sub-district leaders. Additional interviews were conducted with a staff member in Sidama zone and two KMG management staff in Addis Ababa. Interviews assessed achievements of KMG's intervention and how men and boys were successfully engaged. Most significant stories of change, which elicited narratives around how and why KMG has impacted participants' lives, were collected from all interviewees. Data was analyzed using thematic analysis.

The data indicates how KMG considers boys and men as agents of change including as members of community FGM-C prevention assemblies, supporting boys and men to disseminate prevention information, and developing and implementing sanctions for those who continue the practice. KMG's community conversations educated men and women collectively about the harmful health, economic and interpersonal effects of FGM-C, and the related benefits of abandoning the practice. Providing alternative income generating opportunities for traditional circumcisers, celebrating whole body, 'healthy life'[1] events to replace former celebrations of FGM-C, and integrating economic and environmental development were particularly effective for harnessing community support. The data indicated that the intervention diminished other harmful practices including bride abduction and widow inheritance and generated shifts in men's and women's support for women's access to property inheritance, political participation, positive sexuality, household decision-making and reducing women's domestic burden. Although men were effectively engaged in both public and private spaces, men's participation appeared to be more gender transformative in interpersonal domains. Given the significant achievements, many valuable lessons can be learned from KMG's approach to shift underlying social norms, and meaningfully engage men in FGM-C abandonment and gender equality.

[1] Refers to community wide celebrations implemented by KMG to celebrate girls not being circumcised, as a means to replace former traditional celebrations around circumcision of girls.

1 Introduction

1.1 The causes and consequences of female genital mutilation/cutting

Female genital mutilation/cutting (FGM-C), which involves partial or total removal of the external genitals of girls and women, is a severe violation of girls' and women's rights. It can lead to severe immediate and long-term consequences for women's psychological and sexual and reproductive health, including frequent bladder and urinary tract infections (UTIs), kidney infections, cysts, infertility, an elevated risk of childbirth complications and newborn deaths, and of acquiring HIV (Hess 2010; Mather and Feldman-Jacobs 2015). More than three million girls, the majority in Sub-Saharan Africa, are at risk of undergoing the practice each year (Mather and Feldman-Jacobs 2015). FGM-C is supported by socio-cultural and religious norms related to notions of women's marriageability, virginity, and fidelity. While some countries in Africa, including Egypt, Ethiopia, and Nigeria have recently outlawed the practice, progress to eliminate this tradition has been slow. In recent years, there has been significant impetus from policymakers, NGOs, and community leaders to advocate against this harmful practice and in 2012, the 67th session of the UN General Assembly passed a resolution encouraging states to condemn all harmful practices that affect women and girls, especially FGM/C, which was a significant global achievement. This was reaffirmed by a resolution adopted by the Human Rights Council in September 2014 on FGM.

1.2 Men's involvement in abandoning female genital mutilation/cutting

Although women tend to be the primary decision makers regarding FGM-C of their daughters, men also play a significant role in its continuation and supporting the prevailing norms around the practice, as fathers, husbands, and community leaders. In communities where social norms condone FGM-C, those who deviate from the practice may be subject to sanctions or disapproval (Heise *et al*. 2011), including harassment or ostracism (OHCHR 2008, Mackie and Le Jeune 2009). Thus, where FGM-C is widely practiced, it tends to be supported by both men and women, even if it is known to cause harm, whereby the perceived benefits of FGM-C are deemed to outweigh the drawbacks (UNCIEF 2010). Taking steps to stop the practice has been found to be hindered by the fear of, or actual, isolation and alienation (Yirga *et al*. 2012).

In some communities, fathers surveyed have indicated that they are less encouraging of the practice than mothers of daughters, with evidence indicating that men's lack of support can influence their daughters not undergoing the procedure (Shell-Duncan 2010). Some evidence suggests that fathers are more likely to advocate for their daughters to not be cut when they are informed about the harmful health effects of FGM-C (Feldman-Jacobs 2013). Furthermore, men in positions of power within religious, traditional and policymaking institutions, from local to national levels, have a powerful role in enabling shifts in the social and political structures that uphold the practice of FGM-C.

However, there is limited research exploring how and why men engage in processes of FGM-C abandonment and how this enables, or relates to, the redistribution of power between men and women within both private and political domains. While some approaches to community engagement for FGM-C abandonment have been successful through emphasising the harmful health consequences of FGM, it is questionable what effect this has (if any) on promoting gender equality. It is important to better understand the process of men's engagement in FGM-C abandonment when FGM-C is positioned as a violation of girls and women's rights and linked with promoting gender equality. As Institute of Development Studies (IDS), Promundo and Sonke Gender Justice's EMERGE Evidence Review Summary (2015: 3) noted 'men's accountability for addressing gender inequality at personal and political levels is an important avenue for further exploration.' Typical evaluations of FGM-C abandonment interventions lack information on how decisions for abandonment are made, who makes, initiates or supports them, when and in what context, what issues or factors are

relevant (Feldman-Jacobs 2013), as well as, indicated in the EMERGE Evidence Review (2015), how this intersects with men's decision-making roles around the continuation of FGM-C.

2 Background

2.1 Context for our case study

Ethiopia is the second-most populous country in Sub-Saharan Africa with a population of approximately 90 million (Government of Ethiopia's latest estimate is 85.8 million; UN estimate is 94.1 million). Despite high economic growth in recent years, Ethiopia continues to be one of the poorest countries in Africa (World Bank 2014). Repeated emergencies and disasters and poorly funded social services means that many women, men, girls, and boys live in extreme poverty. Ethiopia is a highly patriarchal society, and harmful traditional practices, such as FGM-C and early and forced marriage, are widespread. According to Womankind Worldwide (2014), 74 per cent of women in Ethiopia have undergone FGM-C (UNICEF 2013), 68 per cent of women believe their husbands have a right to beat them (Ethiopia DHS 2011), 49 per cent of women have experienced physical violence from a partner (UN Women 2011–2012), and less than one in five girls enrol in secondary education (Worlds Women 2010).

However, public support for FGM, including the norms underlying the practice has lessened, and the actual prevalence of FGM-C in Ethiopia reduced from 80 per cent to 74 per cent between 2000 and 2005 (UNICEF 2010). This shift is especially pronounced among younger mothers, who are nearly five times less likely to have a daughter cut than older mothers. This is arguably due to awareness raising campaigns and legal interventions that have targeted youth (UNICEF 2010). Younger men also tend to be more willing to marry an uncut woman, weakening a key foundation of the practice's continuation (Feldman-Jacobs 2013). However, changes in the level of support for FGM-C often override changes in the actual level of practice (UNICEF 2010). FGM-C is deeply engrained in the social fabric of Ethiopia, particularly related to notions of women finding a husband and being 'honorable' wives. Taboos exist of uncircumcised women including being prone to break household goods, difficulties handling grain, and serving food and drinks to elders (UNICEF 2010). Women who are economically dependent on men can be more likely to undergo the procedure, as FGM-C is sometimes a prerequisite for the right to inherit (UNFPA-UNICEF 2012).

Promisingly, harmful traditional practices, including FGM-C, are recognised as a violation of human rights in Ethiopia's constitution, and child marriage is illegal, with the age of consent at 18 years for both boys and girls. The Ethiopian government also promotes the abandonment of harmful practices in a number of national policies related to population, health, and gender equality. Since 1987, the government of Ethiopia has established the National Committee on Traditional Practices of Ethiopia (NCTPE) to provide information about the harms of several traditional practices and to generate awareness among religious and traditional leaders of the need to eliminate FGM-C (Hess 2010). In May 2005, Ethiopia's new criminal code was implemented which acknowledged the serious injuries and suffering caused to women and children by harmful practices. In December 2008, an inter-ministerial body was established to prevent and respond to gender based violence (GBV), including harmful practices (Feldman-Jacobs 2013), although awareness of the achievements and efficacy of this body is limited. Ethiopia has also ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which includes actions on the elimination of FGM-C, and in June 2015, the Ethiopian government hosted the national Girl Summit to reiterate Ethiopia's commitment to end FGM-C and child marriage (UNICEF Ethiopia 2015).

NGOs and CSOs have played an integral role in addressing and preventing FGM-C, with community conversations to encourage behaviour change being used widely (UNICEF 2010). However, in 2009, the Charities and Societies Proclamation was adopted, which prohibits any Ethiopian NGO engaging in human rights work from receiving more than 10 per cent of its funding from international funders (NGO Law Monitor 2015). Given that many NGOS advocate for human rights, democracy and gender equality, they arguably disrupt the status quo, and the legislation hinders such organisations from working on politically sensitive issues (Dupy *et al*. 2013), especially those reliant on foreign funding (World Bank 2014).

2.2 Problem focus of case study

There is a current paucity of evidence around best practices to specifically promote and sustain men's engagement in the abandonment of FGM-C, which may be related to perceptions of FGM-C as a woman's practice and perceived risks of men's involvement in this gender sensitive domain. Yet, the critical involvement of men and boys has been widely demonstrated in evaluations of FGM-C interventions. For instance, UNICEF's (2010) systematisation of best practices to eliminate FGM-C over the past two decades in several countries including Ethiopia noted how efforts that focused only on 'at risk' girls, such as alternative rites of passage, had limited impact. This was because the social stigma of being uncut, as well as the community pressure for girls to be cut in order to be marriageable, remained (Heise 2011). The most successful programmes regularly engaged respected community leaders, including men, to provide information and address associated beliefs to prevent the practice. The review also highlighted how interventions that prioritised criminalising the practice and educating people about health risks could stigmatise the practice or encourage earlier cutting. Effective programmes were built on parents' concern for the well being of their daughters, while recognising that social norms about what makes young girls 'pure' or 'marriageable' influences perceptions of a child's best interest. Successful programmes cultivated critical reflection among communities to challenge harmful social attitudes and norms, using local values, concepts, and languages. The concept of 'critical consciousness' (Friere 1973) has provided an important foundation for interventions seeking to transform gender norms condoning violence including FGM-C (Ellsberg *et al*. 2014). The concept advocates for safe social spaces where individuals can have discussions to identify the behaviours and societal factors that place them at risk, and gain self-efficacy to address local challenges (Campbell *et al*. 2013). Such dialogues have been found to address misconceptions fueling FGM-C, and develop strategies, such as collective abandonment pledges, to limit the social costs to individual families (Feldman-Jacobs 2013).

However, the ability of small group education beneficiaries to maintain awareness and behaviour is limited if the broader environment is not addressed (Campbell and Cornish 2010; Campbell 2004). The ecological model, which recognises the need to address the interplay of personal, situational, and socio-cultural factors influencing harmful practices such as FGM-C, is warranted (Abramsky *et al*. 2012; Kyegombe *et al*. 2014). Community educational dialogues also have limitations to support change among those not directly involved in the intervention. It is thus critical for interventions to have an integrated strategy to diffuse and achieve change with the wider population through for instance, community mobilisation strategies. Without wider activism around FGM-C prevention, social norms that condone the practice are likely be maintained (Abramsky *et al*. 2012). In conjunction with social norms theory, individuals who model their behavior changes can influence others' normative behaviours or beliefs, including those not part of the intervention. When a critical mass of people change their beliefs and behaviours, social norms change, which can reinforce and sustain attitude and behavior changes within communities (Heise 2011).

2.3 Review of Kembatti Mentti Gezzimma (KMG)

In consultation with the Department for International Development (DFID) policy advisers on FGM-C, EMERGE project advisors, and UNICEF, the intervention Kembatti Mentti

Gezzimma (KMG) Ethiopia, which means 'women of Kembatta working together', was selected for review for this case study. KMG's FGM-C abandonment efforts, which have operated in the Kembatta zone, about 350 km south of Addis Ababa, since 1999, have been found to effectively challenge social acceptance of the practice of FGM-C, and increase awareness of its harmful effects on women's health including its linkages to increased maternal mortality. As a result of KMG's intervention, parents and girls are increasingly rejecting the practice, which has contributed to a phenomenal reduction in prevalence levels. According to a survey conducted by UNICEF in 2008, the percentage levels of those practicing FGM-C in Kembatta zone reduced from 97 per cent in 1999 to 4.7 per cent in 2008. This evaluation also indicated that only 3 per cent of elders reported wanting their daughters to be cut and their sons to marry cut girls. KMG was founded by the women's rights campaigner, Bogaletch Gebre, who was born and raised in the Kembatta zone. The activities of KMG have recently expanded to other zones, most recently Sidama zone, to the extent that nearly the entire southern region of Ethiopia has been reached by the FGM-C prevention efforts. As regularly emphasised in KMG's communication materials, the underlying values of KMG's approach are to listen to, and respect the community, and learn from local experience. KMG uses a gender transformative approach which seeks to transform the gender inequalities and norms condoning and fuelling FGM-C. While the success of KMG's approach has been relatively well documented, no study has specifically assessed how KMG effectively engaged men in its programmatic success. This case study seeks to address this gap by assessing the processes of change among men and boys engaged in KMG's intervention to eliminate FGM-C. It also aims to identify lessons and best practices for engaging men in FGM-C abandonment in other contexts and/or on other issues relating to the achievement of gender equality.

2.4 Case study research and process

2.4.1 Research questions

This case study explored the following issues:

- What are the key drivers and barriers to men's and boys' engagement in KMG's FGM-C abandonment processes?
- According to both men and women, where do men's and boys' interests lie in ending FGM-C both personally and politically?
- How does FGM-C abandonment relate to wider processes of change towards gender equality and renegotiations of power, and what are the roles of men and women in these processes?
- What strategies and factors are the most effective at promoting men's and boy's engagement in FGM-C abandonment? How can such changes and impacts be sustained?
- How does men's engagement in FGM-C abandonment interplay with social, political and economic change at community and national levels?

The research approach is centred on responding to the EMERGE learning objective to understand how interventions and approaches to end FGM-C can effectively support long-term attitudinal and behaviour change, facilitating men's and boys' support for gender equality. This is warranted given the gap identified in the EMERGE Evidence Review Summary (2015) that evaluations of programmes with men tend to be quantitative and emphasise clinical outcomes, with little indication of the processes of change among male beneficiaries including programmes' influence on men's identities, gender equitable attitudes and behaviours, as well as how these changes shape men's partners and family members' lives. The EMERGE Evidence Review (2015) also indicated the need to better understand how to promote and ensure the sustainability of men's gender equitable behaviours and attitudes. The case study is expected to generate insights on how to support and evaluate men as advocates of change, which is also critical for programmatic sustainability.

2.4.2 Research approach and methodology

Data was collected across four villages, in two districts (Angecha and Kachebirra) in the Kembatta zone, in the Southern Nations, Nationalities and Peoples' Region (SNNPR). 21 semi-structured interviews were conducted with KMG staff, male and female beneficiaries, and stakeholders including women's group association members, *gezimma* (KMG unit) leaders, youth group members, *idir* (mutual assistance groups or agricultural assistance groups) leaders, and religious and sub-district leaders. One interview was also conducted with a KMG programme coordinator in Hawassa, Sidama zone, SNNPR, and two additional interviews were conducted with KMG management in Addis Ababa (see Annex 2 for a list of participants).

Figure 2.1 Map indicating nine regional states and two chartered cities of Ethiopia

The interviews assessed men's engagement in efforts to abandon FGM-C at interpersonal and political levels, the processes of men's change and decision-making, and how KMG's intervention motivated this. Interviews also inquired about strategies that were particularly effective at promoting men's engagement, as well as the sustainability of these changes and impacts. Interviews further inquired about the influence of men's involvement in FGM-C abandonment on their attitudes towards gender equality and power dynamics, and the roles for men and women in this process. Challenges to promoting men's engagement in the elimination of FGM-C, including disabling social norms and institutions, were assessed.

In conjunction with the most significant change (MSC) approach, all participants were asked to share their most significant personal change as a result of their involvement with KMG's FGM-C intervention, and explain why this was significant to them (the topic guide for the interviews and MSC can be found in Annex 1). The MSC approach was useful for identifying the values that prevail to KMG beneficiaries and staff, and which values were prioritised. Stories are an ideal medium to make sense of the array of programme impacts and achievements, and what factors were involved in these change processes. Trajectories of change were explored against data gathered through interviews and the literature review in order to relate the individual narratives to the wider context. Data was analysed using thematic analysis to produce a grounded account of the changes (both positive and negative) that occurred as a result of KMG's intervention to abandon FGM-C.

2.4.3 Case study ethical practice and study limitations

Informed consent was collected from all participants before the interviews, which highlighted the option to anonymise their feedback. Participants were informed that the nature of their involvement was voluntary and their relationship with KMG would not be penalised in any way should they choose to discontinue or not answer certain questions. In the Kembatta zone, the research was undertaken in the local language of participants, Kembatta, with direct translation between the primary researcher and participants. The remaining interviews were conducted in English. A potential limitation of the study was that participants were identified and accessed through KMG staff, perhaps biasing their views and/or limiting their autonomy. Many respondents were KMG staff or facilitators, which could also potentially hinder discussion of failures of, or challenges around, KMG's intervention. It is important to note the sensitivity of the subject, and the potential harm for participants to discuss FGM-C, particularly given that the researcher was a Western woman. The researcher clarified that there were no right or wrong answers, and that the interviews were meant to provide an opportunity for participants to identify personal and community changes achieved. The interviews also did not inquire about women's experiences of FGM-C. Moreover, the majority of the participants indicated their interest in sharing the stories of KMG's success and requested that the lessons be publicised internationally. The researcher indicated that the findings would be published via open access as part of the EMERGE mandate.

3 Findings

3.1 KMG's approach to the elimination of FGM-C

3.1.1 Why work with men?

From the outset, KMG's intervention to eliminate FGM-C has engaged men as supporters and critical agents of change in efforts to abandon FGM-C. Men were engaged as members of FGM-C prevention community committees known as Women's and Girls Advocacy and Support Groups, which were supported to disseminate prevention information and advocate for the elimination of FGM-C through public awareness activities, and encouraged to develop and implement sanctions for those who continue the practice. This included men making general and public declarations of sanctions at the sub-district and district levels. The rationale for engaging men in abandoning FGM-C is linked to the underlying gender norms and inequalities fuelling the practice. The KMG director noted:

> *Women do not get cut for themselves. They do it to please men. Women harm themselves, they bleed because man wanted to control women's sexuality and created this practice. So our approach has always been to work with men. We did not see it as women's issue since it is about equality with men and women. Men, women, young, old, religious leaders, community elders. It is multi-faceted. It is not adhoc.*
> (KMG director)

Several participants noted the importance of promoting men's cooperation with women to abandon the practice because 'one hand cannot clap by itself'. Key reasons given for engaging men in this work were that men were more likely to have access to, or be influential community members, and that they can play an important role in challenging resistance from other men. As one male community conversation facilitator in Angecha district said: 'men are the main actors in linking our intervention with influential personalities in our community like religious leaders, community leaders. Their voices are heard high here. So the men help advocating eradication of FGM.' One community conversation facilitator in Kachebirra district discussed the importance of male advocates, especially highly influential ones:

> *In the beginning it was so difficult to get men to participate. The first person who married an uncut girl had observed his mother suffer during each labour and after joining KMG and learning it was because of FGM-C, he decided to publicly marry an uncut girl. It seemed a shame for him to marry an uncut girl. But through time the men now understand the benefits of marrying uncut girls.*
> (Community conversation facilitator, Kachebirra)

One male religious leader in Kachebirra district discussed how men tend to have more influence at legal courts, and serve as necessary partners for implementing legal sanctions against the practice: 'the boys are active participants in bringing traditional circumcisers to the legal courts because our voices will be highly heard by government because we are men. Our wives are shy but we have the privilege to present the case to our court.' KMG encouraged its male advocates, including youth club members, to reach other men and boys in their communities with dissemination and activism, and to hold community members accountable for discontinuing the practice. One male youth group coordinator in Kachebirra district said:

> *It was not possible to address every boy so we gave small groups of boys training to raise awareness in the community. Now we can assess each and every household is there anybody who is cut? Boys in every site submit their reports on a monthly basis so we can see the findings. We have observed that parents are voluntary* [sic] *when they hear male participation on prevention. Because in our culture most of the time the boys' voice is heard* [sic]*. So our alliance with the women can give high importance on prevention of FGM. Then women and girls have no fears of not finding a husband.*
> (Male youth group coordinator, Kachebirra)

While such participants explained the efficacy of boys' and men's involvement in having more influence than women in a variety of domains including at legal and household levels, this attitude indicates, and may even reinforce, the extent of patriarchal norms, a potential unintended consequence of such work. As one male *idir* member said in Kachebirra district: 'in our community the family is patriarchal and the man is the head. The majority of *idirs* are male, so we use men to convey information on negative aspects of FGM.' Men holding other women circumcisers accountable for abandoning the practice could problematically be read as men policing women's actions.

3.1.2 KMG's Community capacity enhancement-community conversation methodology

KMG's approach to change strives to enhance individuals' choice and agency. As the director noted around her motivation for starting KMG:

> [FGM-C] *is being done with the assumption not to hurt but to build the girl, and increase her chance to marry. As they were taking me out to be cut my mother said 'I wished they could do away with it.' She was so helpless. She knew it was damaging and harmful. But she had no choice. Giving people a choice and filling a gap in the knowledge. Addressing misconceptions is what I set out to do.*
> (KMG director)

KMG conceptualises change as a complex and lengthy process, requiring a comprehensive, holistic and community based approach, which is critical for sustainability and ownership. As one male community conversation facilitator in Angecha district said: 'change will never come in one night.' In 2002, KMG implemented its ongoing Community Capacity Enhancement-Community Conversation (CCE-CC) methodology, a participatory learning process focused on strengthening community action to abandon harmful practices and challenging related misconceptions and social norms, specifically FGM-C. This methodology introduces human rights principles in relation to concrete local circumstances and concerns (Lockett and Bishop 2012). KMG supports communities to implement the CCEs using a

participatory approach. As one KMG staff member in Addis said: 'KMG has its own manual for discussions to be conducted by communities themselves. KMG just facilitated the environment for them to raise the issues. Based on their culture, the communities identify and prioritise the key issues in their areas.' Facilitators of the CCEs are trained by KMG but selected by the sub-district leaders and elders based on criteria that KMG set up, as discussed by the director: 'We give selection criteria including to understand the concept we are teaching, be able to translate, live in the community, be respected in the community.' The community selects 50 participants (25 women and 25 men) who represent various segments of the population including elders, women and youth, sub-district and religious leaders, *idir* members, and others. The groups are educated about the harmful health, economic, and relational including sexual effects of FGM-C, the related benefits of abandoning the practice, and the government and legislative policy condemning FGM-C. Several participants noted how the CCEs effectively countered cultural beliefs related to the practice, one of the major reasons for resistance to abandonment. One staff member in Addis Ababa discussed how stereotypes of uncut girls and women related to the control of women's sexuality and their suitability as wives, were addressed through the CCEs:

> *It was believed that uncut girls can break equipment. She may frequently conduct with other men even though she is a wife of one man because she will have active sexuality* [sic]*. They believed that. So they feared the women not being cut. But after knowing the benefits of not conducting FGM, men were aware. This was addressed through community conversations and analysis of stereotypes in groups with men and women. Why this stereotype? Is it true or not? Then encourage men and women to disseminate awareness of stereotypes and misconceptions in communities.*
> (Staff member, Addis Ababa)

Reflecting understandings of change as complex and long-term, the CCEs are conducted twice a month over one and a half years. One male CCE coordinator and trainer in Kachebirra district highlighted the underlying principles and stages of the CCEs:

> *Through the CCE processes, we believe communities have the capacity to get solutions for their own problems. The first step is relation building. Second step is identification of the issue in the community. Third step is to explore in depth the issues. The fourth step is to identify community capacities to address the issues. The fifth step is decision making. The sixth step is action if there is any violation, or community member violates that, they will be punished by agreement made among themselves. The seventh step is reviewing and reflection.*
> (Male CCE coordinator and trainer, Kachebirra district)

The fourth step of the CCEs was said to be particularly helpful for identifying appropriate and viable action items among the group, and identifying opportunities for bridging support. As one male youth group member said:

> *Then we assessed what resources are available in the community to eliminate FGM-C. Idirs help enrich community work together, for example on funerals, helping the poor. Community elders, we make a link with them, with religious leaders, and other influential personalities within our village. We told them complications of FGM.*
> (Male youth group member)

Several participants noted how separate male and female CCE spaces provided the foundation for more effective collaboration between women and men, and emphasised that the male CCEs were a particular motivator for men's engagement. Some evaluations have found that men in mixed sex groups show more positive change than men in single sex groups, while women's behavioural change is less affected by group composition (Anderson and Whiston 2005; Clinton-Sherrod *et al*. 2009). Using both approaches may be important at different points in educational programmes, as the foundation can be built using single sex

groups for boys and girls to reflect on and undermine unequal power dynamics, which can then be further unpacked and negotiated in mixed groups (Cornwall 2003). By working with men and women collectively, the CCEs employed a gendersynchronised approach, which appreciates how both men and women shape and perpetuate gender norms, and has proven to be effective to transform unequal gender norms. One male CCE facilitator in Kachebirra district discussed how:

> *This CCEs process for FGM has helped the men and women to come together and to discuss their issues. This has created an opportunity for men to understand women's burden and issues. This enabled men to recognise women as human beings and to share responsibilities. Appreciate women's issues with compassion* [sic]*.*
> (Male CC facilitator, Kachebirra)

It is also important to consider the potential risk and evidence of men assuming leadership positions or advising women and girls in mixed groups, a serious unintended consequence of this kind of work for reinforcing unequal power relationships. For instance, many participants spoke about how women tend to be shy around men, and have particular difficulties speaking publicly when men are present. Although KMG sought to challenge these hegemonic roles, it nonetheless emphasises the necessity of some gender separate spaces. Overall, the efficacy and mechanisms of gender dynamics among co and single sex groups is an area worthy of further exploration.

3.1.3 Awareness raising activities

To transform social norms condoning the practice, KMG provided awareness, training, and alternative income generating opportunities (IGAs) for traditional circumcisers. A women's association member in Angecha district, a former traditional circumciser, noted:

> *I was a traditional circumciser before KMG's intervention. KMG's taught me the harmful effect of FGM. How I was doing unnecessary mistakes* [sic] *on women's bodies. After getting information on FGM complications, I stopped conducting the FGM and I joined the women's associations. KMG provided an alternative option for me to be out of the act and gave me a milk cow, and it is breeding so I have an income.*
> (Women's association member, Angecha district)

KMG also publicly celebrates and supports boys marrying uncut girls. One male beneficiary in Kachebirra district discussed how this was highly stigmatised at first and how KMG addressed this stigma: 'there was the boy who married the first uncut woman and communities abandoned him from different social activities. He was about to get his wife circumcised due to pressure from communities. But KMG continually worked on this not to be reverted back.' In 2002, KMG supported a wedding of an uncut girl to a boy to take place on television where the bridegroom and bride wore placards indicating their happiness at having a marriage without circumcision. KMG also provided information about health effects caused to women and girls, including the fact that many childbirth deaths could be attributed to this practice. In 2002, KMG made a video of a cutting, showing the trauma of the process. The video was shown in various areas on the back of a pick up truck using a generator. Few community members had visually observed the practice and the video had a powerful impact (Shetty 2007). KMG also built some schools to educate boys and girls, incorporating awareness of FGM, alongside their regular education. Since 2004, KMG implements annual celebrations of 'whole body, healthy life' events as a means to replace former celebrations of FGM-C of girls, which has reached hundreds of thousands of community members and celebrates uncut young women, young men who marry them, and parents and communities who accept and support them. One male *gezimma* leader in Angecha district discussed how these events have strongly promoted men's involvement:

> *The whole body and healthy life, freedom from FGM celebration is a great achievement and reaches wider communities to eliminate FGM. It is an opportunity for men to come*

together and show their support. FGM is not only a woman's issue. Previously, once females are cut, they go to the market to celebrate. And as reversing that situation, the event is established which invites all sections of community to come together. Leaders, elders sharing information. That is a key tool to motivate men to take part in eradication of FGM [sic].
(Male *gezimma* leader, Angecha district)

Repeated public awareness activities, conducted in the local language, were said to be an important avenue to mitigate community resistance to abandoning the practice, as well as consequences for uncut girls and women. A male beneficiary in Kachebirra district noted:

At the beginning there was big resistance. Not only from men but also from women to engage in elimination of FGM-C. They were considering that this is against the culture. When there are uncut girls, she was eliminated from different social activities. As Boge is from this area, she come continuously to the village and she teached the harm of the practice with local language, which has helped to bring change [sic].
(Male beneficiary, Kachebirra district)

3.1.4 Involvement of religious leaders and religious education

KMG's active involvement of religious leaders was positioned as critical to transforming social norms condoning FGM-C, particularly given that the communities where KMG works tend to be highly religious, primarily Protestant. It is necessary to engage religious leaders and teachings in FGM-prevention given that the practice is often positioned as a religious mandate. Moreover, several participants discussed how many prominent and influential religious leaders in the Kembatta zone are men, which motivated their effective involvement. Religious leaders were trained by KMG to provide prevention information and to implement sanctions against those who continue the practice. Typical sanctions included being dismissed from church or mosque, or expulsion from traditional social self help groups or *idirs*, which play an integral role in the communities. Several participants discussed how learning that there was no indication of circumcision for girls in the bible was a powerful tool for challenging this practice. One male religious leader in Kachebirra district discussed his ability to influence social norms, and in particular promote men's engagement: 'we are a source of so many norms. The community obeys our norms. So we have the greatest power to assign men on FGM-C prevention activities. We can educate our religious members about harm and negative impact of FGM' *[sic]*. Religious teaching was critically used to promote gender equality as a basis to abandon FGM-C. As the director noted: 'We taught that God created women from a piece of Adam's body. Her flesh is his flesh to show she is equal. God does not make mistakes. We can never edit God's work.*'* Similarly, a 'Golden Hands'[2] association member remarked how religious teaching could motivate men's and women's vested interest in eliminating the practice: 'in the bible God says men and women are one flesh, one body, one soul when they marry. So if I marry circumcised, if I die or get complications it is internal to the man.' It is important to note the changing power of religious leaders, particularly among young people. The director emphasised the need to employ community participatory approaches and not overemphasise the role and leadership of religious leaders:

Religious leaders may say yes we declare my village will stop [FGM-C]. *But how do you go back and measure if this is actually implemented? To do this, you must have a community assembly check whether the communities are stopping the practice. It is not enough to have religious leaders who declare it has ended. Time has passed where their power is God's word, today young people live independent lives.*
(KMG director)

---

[2] 'Golden Hands' refers to outcast artisan communities, who are more commonly known by the derogatory name fuga and experience similar discrimination to 'untouchables' in India. KMG aims to improve the social and economic status of these communities through CCEs and social mobilisation.

3.1.5 Rights of women

In congruence with FGM-C abandonment education, KMG educated men and women about women's economic rights (i.e. to inherit property), rights to be free from other forms of violence including intimate partner violence (IPV), and rights to participate in political and public activities. The director noted how: 'for women it is very difficult to get justice in the modern courts or in traditional courts. We taught women their right to inheritance and property, which they never considered was theirs.' Some participants discussed how many female beneficiaries of KMG have become increasingly vocal about their rights. For instance, in June 2002, 78 young schoolgirls marched with placards that read: 'I refuse to be circumcised, learn from me.' Several participants highlighted how such shifts 'create an opportunity for women to be heard by our husbands. By men in the community' (Female chairperson of the uncut girls club in Angecha district). Men's engagement in efforts to abandon FGM-C could enhance women's awareness of, and/or advocacy for their rights. One women's group association member in Kachebirra district said:

> *Because of FGM eradication activities the female gets a man to reflect on their rights. The females don't know their constitutional right. What the country grants to women. They used to not know but after men's involvement within the eradication of FGM it creates an opportunity to enhance females' attitudes on gender equality.*
> (Women's group association member, Kachebirra)

The director of KMG noted how promoting women's rights among men and women was the basis for the abandonment of FGM-C:

> *It's not FGM-C that is changing women's perceptions. It is women's and men's perceptions that FGM-C and customary harmful practices should not be part of women's lives. Equality, women are whole and the constitution of the country gives us a full personhood. Therefore, we won't conduct FGM-C. It is the gender equity that helped prevent FGM-C abandonment rather than FGM-C helping equality of women.*
> (KMG director)

3.1.6 Income generating activities and community development

KMG's intervention implemented community development projects, including health and education services, income generating activities (IGAs), saving and credit services, and skills training in agricultural, artisan and business activities, which importantly linked human rights principles to local circumstances. The IGAs worked with men and women collectively as a necessary part of community development, as the director noted, 'to put the concept of gender equality as concrete rather than abstract, as a fundamental basis for change.' Such community development projects were seen as an essential means of building trust and rapport with the communities. In some villages, small bridges and wells were constructed and environmental activities were initiated, including projects that generate alternative energy, nurseries, reforestation and horticultural schemes. The director spoke about how the organisation's mandate evolved to include structural development to respond to the community's needs:

> *The* [women] *said, "If I have no money how do I ask my husband to give me money to report him to the police?" I realised I need to empower women economically. When we told the women to go to a hospital to deliver their babies, they asked me what hospital? We had to build a hospital together. We said under five children die because of waterborne diseases so we told them to boil water, they said what water?*
> (KMG director)

In 2003, KMG introduced an Asset Based Community Development (ABCD) approach to assist communities in identifying their resources and prioritising actions to improve their economic situation. Groups were formed such as group saving and group loans to support small businesses of individuals and collective investments. KMG also provided microfinance

to certain beneficiaries, including male and female youth clubs, which were also supported with educational materials, transportation costs, and school fees. One male beneficiary in Kachebirra district discussed how 'the girls and the boys come together and there are different activities they are engaged with like production of handicrafts. This creates a motive for the girls that they are able to work like the boys.' The chairperson of the widow women's association in Angecha district noted how their economic efforts were made possible through their husbands' support, and how their achievements could motivate men's involvement:

> *There is one mother who doesn't have a good house. So all of us others we have built her a house by pooling, contributing and supplying money and the efforts of our husbands helped. The majority of men are learning savings from our women's groups associations because of our achievements.*
> (Chairperson of the widow women's association, Angecha district)

Members of the Golden Hands community, who are particularly vulnerable to poverty and traditionally perform FGM-C, were also targeted with KMG's IGAs. One Golden Hands member remarked how 'empowering the women through economy has the greatest impact on the interventions against gender inequality. So it is better if we collaborate with men.'

3.1.7 Policy environment and collaboration with government

Because KMG actively engages communities in a broad range of activities including infrastructure development, environmental remediation, and promoting healthy lifestyles, KMG is not primarily categorised as women's rights organisation and was able to continue its work despite the Charities and Societies Proclamation Act 2009. Although KMG was credited by participants with starting the FGM-C abandonment efforts, in many areas, the government has begun to support these initiatives. The chairperson of the widow women's association in Angecha district said:

> *KMG was the first organisation to appear and had the greatest activities on eradication of FGM, but after, government assisted on legal issues, sanctions and punishments of traditional circumcisers, and on creating conducive environment to hold community conversations and other events held by KMG* [sic]*.*
> (Chairperson of the widow women's association, Angecha district)

The female sub-district leader lamented the lack of gender equality at the government level and warranted KMG to promote women's leadership at this level:

> *Decision-making ability and ratio of female to male is not as planned in our district. If there are 40 leaders in the district around two to four are female. This is our greatest challenge, so we need to promote women's leadership and decision making especially in government institutions, and enhance male and female partnership.*
> (Female sub-district leader)

KMG also engages with the national legislative framework relating to FGM-C through the CCEs and public awareness activities, which were also said to be important for its credibility. Yet, overall KMG's emphasis was said to be at community level work rather than at a national or policy level. One KMG staff member emphasised this as area to improve upon:

> *Mostly KMG involvement is at the grassroots level. This has to be strengthened further to go to policy level. It is important to have more role at the national level so policy makers can be influenced in setting different legislations with regards to FGM.*
> (KMG staff member)

3.1.8 Sustainability

KMG's participatory approach to all sectors of society including with men and women was deemed to be critical for sustainability. As one male *gezimma* leader in Angecha district said:

> *There is strong community ownership starting from grassroots level. The gezimma structure starts from village up to zonal level: indicators for sustainability. I have full confidence and belief that since it is a community based organisation and comes from the community itself, the community will take ownership of all activities.*
> (Male *gezimma* leader, Angecha district)

Yet, several participants discussed economic constraints as a major barrier to the sustainability of KMG's work. One male community conversation facilitator in Kachebirra district noted how many staff are volunteers, which can create problems of continuation. The director noted how insufficient funds could lead to high staff turnover. The chairperson of the widow women's association in Angecha district reiterated the limitations of KMG's reach and access to trainings because of resource constrains:

> *There are women within our community who are not part of our association but need to be included. Our capital is so minimal. If we get assistance, like seed money distribution, we can incorporate all women within our community and widen the activities on FGM and gender equality. We need refresher trainings for us.*
> (Chairperson of the widow women's association, Angecha district)

Monetary and capacity constraints limit the ability of KMG to work in all areas to reduce FGM-C, which is critical to successfully eradiate the practice. One male community capacity enhancement-community conversation (CCE) facilitator in Sidama district lamented 'the challenge is we were only operating in one district. We have adjacent districts which are near but there is no intervention working on FGM or GBV. Sometimes circumcisers come from adjacent districts and perform circumcision in our district and then run away.' Some participants indicated their desire for more tools and strategies to sustain their FGM-C prevention and gender equality work. One uncut girls peer club member in Angecha district recommended 'an action learning centre on how peer clubs work, their documentation, and best practices. This will be visited by the next generation and create a story. Linking our activity with institutions in the community can sustain our best efforts.'

4 What has changed?

4.1 FGM-C has nearly been eradicated in the target zone

All participants expressed that FGM-C has nearly been eradicated in intervention areas in the Kembatta zone, which is strongly attributed to KMG's intervention over the past two decades. To reduce the practice of FGM-C and create change at individual and community levels, evidence suggests that approaches should be holistic, multi-sectoral, long term, and owned by the community (Feldman-Jacobs 2013), all criteria that KMG's intervention appeared to meet. The project coordinator in Sidama district noted how over only two years of KMG's intervention, attitudes towards the practice have dramatically changed, the prevalence of FGM-C has reduced, and reporting of the practice has increased.

4.2 Reduction in other harmful practices against women

KMG's intervention not only reduced the practice of FGM-C but also diminished other harmful practices against women including bride abduction, widow inheritance, and intimate partner violence. One female youth group member from Angecha district noted how such shifts were related to women's greater agency and voice: 'previously the men couldn't hear our voice. But today we are heard by the men and have equality with them. There is no GBV

even at the public atmosphere and also at the domestic level.' One male community conversation facilitator discussed the reduction of men's perpetration of GBV as a result of their engagement in KMG's efforts:

> *Previously, the men did not care. There is violence. There is beating of women. But now due to our intervention rather than beating he looks after his wife. Previously if she failed to care for the cattle, she would be beaten.*
> (Male community conversation facilitator)

Other programmes designed to reduce FGM-C, including Tostan's community empowerment programme in Senegal, similarly found that in areas where FGM-C reduced, women also reported decreased levels in IPV and rates of child marriage, as social norms related to such practices were found to be similar (Heise 2011). One male community conversation facilitator in Angecha district discussed how the CCEs were strongly responsible for the reduction of FGM-C and other harmful practices against women: 'because of our conversations there is now no FGM in our community and the other harmful customary practices like abduction, rape, polygamy, dowry, these are now not applicable in our community because of strong community conversations. We reached different consensus.' As one male *gezimma* leader in Angecha district noted, improved sexual satisfaction in couples as a result of abandoning FGM-C could reduce some incentives underlying men's engagement in polygamy:

> *In previous generations, there was polygamy. The men understood that this is a result of impacts of FGM on the sexual feeling. The man tries to get another woman to get satisfaction because of this impact. The practice decreases romantic sexual feelings. But now they prefer to marry uncut girls and do not need another wife.*
> (Male *gezimma* leader, Angecha district)

A female beneficiary and member of KMG's Golden Hands association in Angecha district discussed how polygamy has reduced, which was a notable change as 'previously, especially in Golden Hands community, there is rampant polygamy. After the KMG intervention, polygamy has highly reduced and there is almost none today' *[sic]*.

4.3 Women living healthier and longer lives

Several participants discussed the health benefits for women as a result of the reduced prevalence of FGM-C, which was a major incentive for men's involvement in, and support of efforts to abandon FGM-C. The chairperson of the uncut girls' club in Angecha district said: 'there are no more complications of delivery because of abandonment of FGM through intensive interventions carried out by KMG. There is no bleeding. There is no death.' Several participants reflected on the critical importance of having known someone intimately who had died as a result of maternal mortality. One CCE facilitator in Kachebirra district described how his son had mental health problems due to his wife's difficult and prolonged labour, which with time he learned was related to FGM-C. This was a major motivation to his work as a CCE facilitator and public advocacy of the elimination of FGM-C.

4.4 Boys and men prefer to marry uncut girls and women

There was indication of a notable shift in social norms, from those generating stigma for boys and men who marry uncut girls and women, towards a general preference and community support for boys to marry uncut girls. As evidenced in the stories of change, where boys and men were asked about how KMG's intervention had affected them most significantly, the majority mentioned that they decided to marry an individual who had not been circumcised. Among older men who were fathers, many participants discussed how they chose not to have their daughters circumcised. Overall, one of the primary motivations for boys and men to marry uncut women was their increased awareness of the potential for maternal mortality among circumcised women. One religious leader in Kachebirra district said:

Previously it is obvious there was high rate of circumcision and maternal mortality. So the men know the mortality but they didn't know the reason for mortality before KMG's intervention. After the education on FGM eradication, each and every man knew of the harmful or negative impacts of FGM. Women are mothers, sisters and wives, so why would men not participate in eradicating this?
(Religious leader, Kachebirra district)

A female uncut girls' peer club member in Angecha district discussed some other common reasons for boys' preference to marry uncut girls, confirmed by several men and women:

Because the men do not want to waste money on medical complications of delivery if they marry a cut girl, so he prefers to marry an uncut girl. Now we marry more for love. So if he loves me, why would he need to lose me because of FGM? On sexual intercourse, it creates fun for both of us if I am uncut. It is also a sign of modernisation not being circumcised [sic].
(Female uncut girls' peer club member, Angecha district)

Other reasons for this included the potential risk of sexually transmitted infections (STIs) among uncut girls, as discussed by a male CCE facilitator in Kachebirra district:

This cutting is done by a blade used with many individuals, which can lead to HIV infection. That girl without having sexual intercourse might be infected with HIV, which will lead to the boy being infected. The boys come to understand this is our common issue. We should support elimination of FGM and marry uncut girls to be free from these effects.
(Male CCE facilitator, Kachebirra district)

Several participants discussed how this attitude shift was critical for generating confidence among families that their daughters were still marriageable if they were not cut, and among unmarried girls themselves. Some participants spoke about how, especially in the beginning, there was community resistance to men's preference for marrying uncut women. However, this was mitigated by men witnessing the positive results of women not being circumcised in practice. The chair of the uncut girls' club in Angecha District said: 'men saw the results and difference due to our intervention. They know and compare the previous negative impacts, especially on our mothers. Our work has changed their mind.'

4.5 Shifts towards more equitable gender relations in social, economic, and political spheres

The interviews revealed how KMG's intervention generated shifts in men's and women's support for women's access to property inheritance, political participation, positive sexuality, household decision making, and reducing women's domestic burden. The evidence of such shifts generated by the interviews are supported by evaluations of KMG's work including UNICEF's (2010) evaluation. The director discussed how shifting gender inequalities can allow men and women to recognise the benefits of women's empowerment in practice:

When you start filling that gap: the economic violation, the social violation, the human rights violation, the environmental violation to women. You bring those things to women piece by piece. Men start seeing women flowering under their eye within their household. The human right, the abstract concept becomes real.
(KMG director)

A male religious leader in Angecha reflected on men's attitudinal and behavioural shifts towards gender roles as a result of KMG's awareness activities and CCEs:

Previously there is male dominance in the household. He may insult or batter her. He puts the highest burden of household work on her. After this intervention, the women

can discuss their opinions at the household level on children, on property ownership. Previously men decided her participation in public atmosphere, but she can decide on herself. Her decision making power has increased.
(Male religious leader, Angecha district)

Improved gender equitable relations at the household level were said to influence greater gender equality in public spaces. One male beneficiary in Kachebirra district indicated how challenging the domestic household burden on girls allowed an increasing number of them to complete their education:

KMG is teaching about gender equality, previously the girls were burdened. The girls used to go to school, when they come back, they don't have time to study. They have lots of tasks in the home. KMG encouraged boys and men to support girls and women with domestic duties at home so their burden is decreasing. So the girls can have time to study. This is a great contribution to bringing gender equality.
(Male beneficiary, Kachebirra district)

Some women discussed how more equitable relations with their husbands, could influence their own public participation and improve their self confidence. A female *idir* member in Kachebirra district said:

Previously we felt inferior and discriminate ourselves. After we saw men's cooperation, our attitude is changing. We are empowered now because it starts from the household. If my husband treats me well I am empowered to face public affairs.
(Female *idir* member, Kachebirra district)

The majority of the participants indicated how women's participation in a variety of public spaces drastically improved, including in religious events, political events and sports, which was directly encouraged by KMG's intervention, and also related to underlying shifts in gender relations. One religious leader in Angecha district noted how men's acceptance of women's greater public participation was critical to this change:

Before this intervention, women did not participate in different public events. But after they voiced their rights because of the FGM intervention, men started reflecting on their opinion and invited women in public events, even on leadership. In offices and in churches, women's participation is increasing because men accepted this.
(Religious leader, Angecha district)

One male CCE facilitator in Kachebirra district discussed how men's roles within public and political spaces necessarily had to shift due to the greater participation of women:

Women got an opportunity to voice their rights. Even my wife has the right on [to own] *property within my house. She paid tax on her name for the land. And public affairs participation, like idirs, has improved for women. The ability of men to be in power is decreasing because of women's voice and participation in management.*
(Male CCE facilitator, Kachebirra district)

One *gezimma* leader in Angecha district discussed the influence of CCEs teaching men and women about women's rights to inherit property and have land registered in their name:

Previously it is restricted but now a woman is having property rights. At this public marriage of uncut girls and community mobilisation, it gives an opportunity that women have a right to share property. If there is divorce she can claim because it is acknowledged by the community. Previously, when men and women divorced, parents come and they put butter on her head. No property. She can't claim.
(*Gezimma* leader, Angecha district)

One male CCE facilitator in Kachebirra district justified women's increasing political leadership using hegemonic understandings of femininity, which is not in itself gender transformative: 'female leaders are loyal in compared to men. The community mobilisation provided opportunity to support women. They can't enter into anger. They can handle customers from community more smoothly.' Several participants reflected on women's increased access to economic assets as a result of KMG's intervention.

5 What can we learn?

Given the significant achievements, many valuable lessons can be learned from KMG's approach to engaging men in the elimination of FGM-C in meaningful and sustainable ways:

1. **Involve key stakeholders:** both institutions and individuals who are reference points and/or key gatekeepers for social norms around FGM-C and gender equality, and can be influential allies. In the Kembatta zone, religious and *idir* leaders had particular influence and were key to the success of KMG's intervention. KMG also provided opportunities for these leaders to interact with all sectors of society including women, youth, and Golden Hands members, most notably through the CCEs and public events. This could help to shift power relations, and allow key stakeholders to learn first hand about, and acknowledge the specific difficulties that women and girls in the community experience. *Community-wide approaches*, that bring various stakeholders together, were effective for building a critical mass of people who no longer accept FGM-C and creating new shared community beliefs.
2. **Use a participatory, community-led approach:** KMG recognises the value of social norms change work being led by local organisations that have established trust and have the capacity to mobilise communities. KMG has been active in the Kembatta zone for 16 years, which has supported the gradual changes in gender relations and attitudes in public and private domains. The participatory approach, grounded in local values and context, could lead to results more rapidly, as demonstrated by KMG's recent intervention in Sidama zone. A community-led approach is particularly critical for interventions to eliminate FGM-C, which has diverse contextual enablers, and is a deeply embedded cultural and traditional practice. The participatory approach employed by the CCEs was useful for challenging harmful masculinities and patriarchal ideologies, as indicated by the EMERGE Evidence Review Summary (2015). Moreover, CCEs emphasised mobilisation and ownership by socially just and democratic actors, including facilitators selected by the communities, which was also suggested by the EMERGE Evidence Review Summary (2015). Greater funding of these local organisations is warranted, as one of the major challenges to scaling up KMG's work and retaining staff was resource constraints.
3. **Train and employ community activists:** The CCEs intensively trained 25 men and 25 women and encouraged them to disseminate FGM-C advocacy and prevention information in their communities, which was found to be extremely influential, and enabled the reach of KMG to be greatly expanded. This also enhanced the sustainability of the project. The use of community activists was said to be important for encouraging men's meaningful involvement in KMG's intervention, and harnessing community support, particularly in spaces that were more difficult for women to influence, such as at legal courts.
4. **Address the wider environment, including economic conditions:** IGAs and structural development including environmental rehabilitation were critical for securing community buy in, addressing priority needs, and enabling men and women to enact and sustain changed gender behaviours and attitudes. For instance, efforts to reduce the domestic burden of girls and women made it easier for them to continue with their education. IGAs and skills training were offered to men and women using a gender

synchronous approach, which could allow men to appreciate the benefits of women gaining economic assets, including their right to inherit property. As the EMERGE Evidence Review Summary (2015: 3) noted, 'economic empowerment outcomes have been shown to improve when men are engaged as partners in interventions traditionally targeted at women, such as in micro-finance.' KMG was highly valued for introducing CCEs *as part of* broader community development, so that social and economic needs were met alongside consciousness-raising.

5. **Conceptualise gender as relational:** as suggested by the EMERGE Evidence Review Summary (2015). KMG appreciated the ways that FGM-C affects men in their relations with women, as fathers, brothers, husbands, and that this could be a primary motivator for supporting the elimination of the practice. Indeed, one of the strongest motivators for boys and men to advocate for FGM-C elimination was to reduce women's risk of maternal mortality. As the EMERGE Evidence Review Summary (2015) noted, interventions engaging men in interpersonal gender issues, have been shown to be an important entry point for more political and public pro-feminist engagement. KMG also recognised how women could condone patriarchal norms, and that these need to be challenged with both men and women. Providing opportunities for men to gain awareness of women's vulnerabilities and rights could in turn influence women's attitudes and behaviours towards gender equality and FGM-C. Yet, men's engagement in public spaces tended to be less gender transformative as the majority of men did not problematise the privileges they have in such arenas. Programmes need to be aware of potential risks and unintended consequences of tapping into men's access, and monitor the extent of patriarchal norms and men and women's agency in their evaluation efforts. Men's engagement in interpersonal relations appeared to be more transformative for necessitating shifts in men's roles (i.e. men's greater involvement in domestic duties, equal management of finances with their wives). As the EMERGE Evidence Review Summary (2015: 3) noted 'understanding these complex – or conflicted – positions and interests are important in helping different types of men to change and take on a more constructive role.'
6. **Partner with the government and work within policy context:** Working with government to challenge FGM-C is warranted for reducing and eventually eliminating the practice at a national scale. National laws and policies also provide an important framework for facilitating this work at the community level, including men's engagement in the elimination of FGM-C. For instance, the illegality of FGM-C could give credibility to KMG's implementation of sanctions with those who continue the practice. KMG has managed to navigate the difficult policy context for NGOs, and hold the government to account given its positive reception with communities. However, it was noted how KMG could further strengthen its partnership with the government and better integrate national policies in its programming.
7. **Work at the level of social norms:** KMG recognised that decisions made around the practice of FGM-C are not solely governed by individual choices and attitudes but are heavily influenced by discriminatory social norms operating at the community level. Challenging such norms requires working with men and women from a variety of sectors using approaches such as the CCEs, which stimulate personal and collective reflection and critical thinking. The seven stage model used by KMG importantly combines critical reflection with action: (1) relation building (2) identification of the issues (3) explore issues in depth (4) identify community capacities to address the issues (5) decision making (6) action and sanctions (7) reviewing and reflection.

6 Conclusion

Johnny Steinberg's critically acclaimed book 'A Man of Good Hope' (2014) narrates the true story of Asad, tracing his upbringing in Somalia during the 1990s civil war and his travels to, and eventual life in South Africa. Asad recalls how in South Africa, his wife Foosiya regularly accessed medical care for kidney infections and recurring UTIs as a result of her circumcision, but that she was too ashamed to discuss it openly with him. He notes his frustration at being excluded from her difficulties, his compassion for her, and condemnation of the practice because of how it affected their marriage:

> *The day of your wedding, a big problem begins. It was like that with me and Foosiya. It was very painful. It took a long time. But Foosiya would not have a single discussion about it. When I tried to talk about her terrible pain, she turned her head away. We had to pretend it was not there. It is cruel. I will not allow my daughter to be circumcised, not anyone who gets advice from me. You are there naked together, exposed, and one of you has this terrible pain. It is not right. It is an injustice.*
> (Asad, South Africa)

This excerpt relates to many of the participants' narratives, and denotes that great focus should be given to the protection of survivors of FGM-C with regard to issues including partner intimacy and mental health. Boys and men as fathers, brothers, and husbands gave stories of how FGM-C negatively affected them in their intimate relations, including having lost loved women to maternal mortality. KMG provided opportunities for men and women to openly discuss the potential harms of the practice, how FGM-C is not only a female concern, and tapped into men's vested interests to end the practice. One KMG staff member in Kachebirra district noted: 'when I joined KMG I learned about the negative effects of FGM, I came to understand it has negatively impacted my life. I changed my attitude.'

The CCEs and awareness raising encouraged communities to reflect on how FGM-C is driven by gender inequalities and norms including around women's marriageability, which advocated for men's role in shifting social norms condoning the practice. Combining gender transformative reflection and awareness raising with community activism and economic empowerment was effective *not only* in combatting FGM but also in shifting gender relations, which impacted positively on women's rights in other spheres of their lives including positive sexuality and economic empowerment. For many men, witnessing the benefits of the women in their lives not undergoing the practice as well as more gender equitable relations, motivated their community advocacy and political engagement to eliminate FGM-C. Yet, there appeared to be limited impact in encouraging men to reflect on and change their attitudes and behaviours in relation to their *privilege in public spaces*. Key questions that remain to be addressed are *how* interventions such as KMG can support men's role as change agents in ways that do not inadvertently reinforce their social and political dominance, or control over women's bodies, but rather transform patriarchal norms and institutions. Overall, there is a need to better understand the processes and relations between shifts in men's roles and attitudes in private and public spaces.

References

Abramsky, T.; Devries, K.; Kiss, L.; Francisco, L.; Nakuti, J.; Musuya, T. and Watts, C. (2012) 'A community mobilisation intervention to prevent violence against women and reduce HIV/AIDS risk in Kampala, Uganda (the SASA! Study): study protocol for a cluster randomised controlled trial', *Trials* 13.96.

Campbell, C. (2004) 'Creating environments that support peer education: experiences from HIV/AIDS-prevention in South Africa', *Health Education* 104.4: 197–200.

Campbell, C. & Cornish, F. (2010) 'Towards a "fourth generation" of approaches to HIV/AIDS management: creating contexts for effective community mobilisation', *AIDS Care* 22.2: 1569–1579.

Campbell, C.; Scott, K.; Nhamo, M.; Nyamukapa, C.; Madanhire, C.; Skovdal, M. and Gregson, S. (2013) 'Social capital and HIV Competent Communities: The role of community groups in managing HIV/AIDS in rural Zimbabwe', *AIDS Care 25.1*: S114-S122.

Dupuy, K. E.; Ron, J. and Prakash, A. (2014) 'Who survived? Ethiopia's regulatory crackdown on foreign-funded NGOs', *Review of International Political Economy* 22.2: 419–456.

Ellsberg, M.; Arango, D. J.; Morton, M.; Gennari, F.; Kiplesund, S.; Contreras, M. and Watts, C. (2015) 'Prevention of violence against women and girls: what does the evidence say?' *Lancet* 385.9977: 1555–1566.

Ethiopia, N. L. M. (2015) NGO Law Monitor, Washington, D. C. The International Center for Not-for-Profit Law from http://www.icnl.org/research/monitor/ethiopia.html (accessed 31 July 2015).

Ethiopia Demographic and Health Survey (2011) http://dhsprogram.com/pubs/pdf/FR255/FR255.pdf (accessed 31 July 2015).

Fahmy, A.; El-Mouelhy, M. T. and Ragab, A. R. (2010) 'Female genital mutilation/cutting and issues of sexuality in Egypt', *Reproductive Health Matters* 18.36:181–190.

Feldman-Jacobs, C. (2013) *Ending Female Genital Mutilation/Cutting Lessons from a Decade of Progress*, Washington D.C: Population Reference Bureau.

Friere, P. (1973) *Pedagogy of the Oppressed*, New York: Seabury Press.

Heise, L. (2011) 'What works to prevent partner violence? An evidence overview' in STRIVE (ed.), *STRIVE*, UK: Policy Division of the UK Department for International Development (DFID).

Hess, R. F.; Weinland, J. and Saalinger, N. M. (2010) 'Knowledge of female genital cutting and experience with women who are circumcised: a survey of nurse-midwives in the United States', *J Midwifery Womens Health* 55.1: 46–54.

Promundo and Sonke Gender Justice (2015) *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Relation to Social Change and Gender Equality*, EMERGE Evidence Review Summary, Brighton: IDS.

Kyegombe, N.; Starmann, E.; Devries, K. M.; Michau, L.; Nakuti, J.; Musuya, T. and Heise, L. (2014)' "SASA! is the medicine that treats violence". Qualitative findings on how a community mobilisation intervention to prevent violence against women created change in Kampala, Uganda', *Global Health Action* 7.25082.

Lockett, K. and Bishop, K. (2012) 'A practical guide on community programming on violence against women and girls', *CHASE Guidance Note Series*, London, UK: DFID.

Mackie, G. and Mackie. L., J. (2009) 'Social dynamics of abandonment of hamrful practices: A new look at the theory', *Innocenti Working Paper*, Florence: KACHEBIRRA.

Mather, M. and Mather, F. J.,C. (2015) *Women and girls at risk of female genital mutilation/cutting in the United States* http://www.prb.org/Publications/Articles/2015/us-fgmc.aspx (accessed date e.g. 5 June 2015).

Mulrooney, D. (Producer) (2009) *Turning the tide on female genital mutilation in Ethiopia* http://www.ethiopianreview.com/index/9217 (accessed etc.)

OHCHR (2008) *Eliminating female genital mutilation: an interagency statement* in UNAIDS, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO'. Geneva: OHCHR. http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/[G1]

Shell-Duncan, B. H.; Wander, Y. and Moreau, A. K. (2010) 'Contingency and Change in the Practice of Female Genital Cutting: Dynamics of Decision Making in Senegambia: Summary Report' in U. UNDP, WHO, World Bank (Ed.). Geneva.[G2]

Shetty, P. and Bogaletch G, 'Ending female genital mutilation in Ethiopia', *The Lancet* 369.9579: 2071.

UNFPA-UNICEF (2012) *Joint programme on female genital mutilation/cutting: Accelerating change: Scaling up a comprehensive approach to abandonment in 15 countries*, New York: UNFPA.

UNCIEF (2010) *The dynamics of social change towards the abandonment of female genital mutilation/cutting in five African countries*, Florence: Innocenti Insights.

UNICEF (2013)*Statistics Ethiopia* http://www.Kachebirra.org/infobycountry/ethiopia_statistics.html. (accessed 31 July 2015).

UNICEF Ethiopia (2015) *National girl summit to reiterate Ethiopia's commitment to end FGM-C and child marriage* https://Kachebirraethiopia.wordpress.com/2015/06/23/national-girl-summit-to-reiterate-ethiopias-commitment-to-end-fgmc-and-child-marriage/ (accessed 2 September 2015),

UN Women (2011–2012) *Progress of the world's women 2015–2016. Transforming economies, realising rights*. http://progress.unwomen.org/en/2015/. (accessed 31 July 2015),

Womankind Worldwide (2014) *Ethiopia* http://www.womankind.org.uk/where-we-work/ethiopia/ (accessed 25 July 2015).

The World's Woman (2010) *Trends and statistics. Department of Economic and Social Affairs*. https://unstats.un.org/unsd/demographic/products/Worldswomen/WW_full%20report_color.pdf (accessed 31 July 2015).

Yirga, W. S.; Kassa, N. A., Gebremichael, M. W. and Aro, A. R. (2012)' Female genital mutilation: prevalence, perceptions and effect on women's health in Kersa district of Ethiopia', *International Journal of Women's Health* 4:45–54.

Annex 1 List of participants

Participants = 24 total

Number	Gender	Designation	Area
1	Female	KMG Director and Founder	Addis Ababa, Addis
2	Male	KMG Monitoring and Evaluation Coordinator	Addis Ababa, Addis
3	Male	KMG male beneficiary	Angecha District, Kembatta zone
4	Male	KMG Community Conversation Facilitator	Angecha District, Kembatta zone
5	Female	KMG Chair of Uncut Girlss Youth Club	Angecha District, Kembatta zone
6	Female	KMG member of Uncut Girls' Youth Club	Angecha District, Kembatta zone
7	Male	KMG *gezimma* Leader	Angecha District, Kembatta zone
8	Male	KMG *gezimma* Leader	Angecha District, Kembatta zone
9	Female	KMG Women's Association Member (Prior Traditional Circumciser)	Angecha District, Kembatta zone
10	Female	KMG Chairperson of Widow Women's Association	Angecha District, Kembatta zone
11	Male	Religious Leader	Angecha District, Kembatta zone
12	Female	Sub-district leader	Angecha District, Kembatta zone
13	Female	KMG member of Women's Association	Angecha District, Kembatta zone
14	Male	KMG Community Conversation Facilitator	Kachebirra Distirct, Kembatta zone
15	Male	KMG Community Conversation Coordinator	Kachebirra District, Kembatta zone
16	Male	KMG *gezimma* Leader	Kachebirra District, Kembatta zone
17	Female	KMG member of Uncut Girls' Youth Club	Kachebirra District, Kembatta zone
18	Male	KMG member of Boys' Youth Club	Kachebirra District, Kembatta zone
19	Female	KMG member of Women's Association	Kachebirra District, Kembatta zone
20	Female	KMG member of Youth Group	Kachebirra District, Kembatta zone
21	Male	KMG Youth Group Facilitator	Kachebirra District, Kembatta zone
22	Female	*Idir* member	Kachebirra District, Kembatta zone
23	Male	*Idir* member	Kachebirra District, Kembatta zone
24	Male	KMG Bona Woreda Project Coordinator	Hawassa, Sidama zone

Annex 2 Interview topic guide

1. Can you please describe the key activities of the KMG intervention to promote FGM-C abandonment?
2. What are the major achievements of the KMG intervention to promote FGM-C abandonment? What factors internal and external factors supported these changes?
3. Can you describe how men were successfully engaged through the intervention? What were the key motivators to men's engagement in FGM-C abandonment processes? Were certain men easier to engage, and why? What were typical personal and political motivators for men's involvement? Did the intervention cater to these, and if so, how?
4. Can you describe any barriers to men's FGM-C engagement in FGM-C abandonment processes? Were certain men more difficult to engage, and why? Was this due to internal or external factors?
5. Did the intervention generate changes in men's attitudes and behaviours towards gender equality and unequal power dynamics? Please describe if so. What are the roles of men and women in this?
6. Did men's involvement in the intervention influence women's attitudes or behaviours towards FGM-C abandonment? If so, please describe this process.
7. Did the use of community mobilisation dialogues influence men's engagement in FGM-C abandonment processes? If so, please describe this process.
8. Did the use of the social norms and awareness campaigns influence men's engagement in FGM-C abandonment processes? If so, please describe this process.
9. Did the active involvement of *idirs*, sub-district, and religious leaders influence men's engagement in FGM-C abandonment processes? If so, please describe this process.
10. Did the structural components of the intervention, including the health and social services, income generating activities, and skills training, influence men's engagement in FGM-C abandonment processes? If so, please describe this process.
11. Were there other strategies or factors that were particularly effective in engaging men in FGM-C abandonment? Please describe these. What activities do men identify as being particularly transformative and why?
12. Are there other contributing factors outside of the intervention to explain the changes in FGM-C, including men's and boys' engagement?
13. How can the achieved results, especially the positive changes generated by the project in the engagement of men and boys, be sustained? Are key stakeholders needed? Are resources or other factors (policy environments, local champions etc.) necessary to support sustainability?
14. What individuals and institutions constitute the most important reference group(s) for norms related to FGM-C? What sanctions (actual and perceived) exist if someone departs from these norms?
15. Have there been any challenges or are there ways that the programme could be improved?
16. What is the most significant change in your life as a result of the intervention? Please provide a story to explain. Why is this story the most significant to you?[3]
17. Do you have any more comments or questions?

[3] Question used to capture most significant stories of change from participants.

EMERGE Engendering Men
Evidence on Routes to Gender Equality

Engendering Men: Evidence on Routes to Gender Equality' (EMERGE) is a two-year project to build an openly accessible basis of evidence, lessons and guidance for working with boys and men to promote gender equality, by early 2016. Supported by the UK Department for International Development (DFID) Leadership for Change Programme, a consortium of the Institute of Development Studies (IDS), Promundo-US and Sonke Gender Justice Network collaborates in reviewing and analysing existing evidence, in documenting lessons from the field and in developing guidance for improved learning, policy and practice.

Institute of Development Studies: www.ids.ac.uk/, Promundo-US: http://promundoglobal.org/,
Sonke Gender Justice: www.genderjustice.org.za/

Learn more about EMERGE, our work, our findings and our free resources on: **http://menandboys.ids.ac.uk/t**

This publication is available on the Men, Boys and Gender Equality website at: http://menandboys.ids.ac.uk/evidence

PROMUNDO
IDS Institute of Development Studies
Sonke Gender Justice Network
HIV/AIDS, Gender Equality, Human Rights
BRIDGE development - gender
UKaid from the British people