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SUDAN: AN IN-DEPTH ANALYSIS OF THE SOCIAL DYNAMICS OF ABANDONMENT OF FGM/C

Samira Ahmed, S. Al Hebshi and B. V. Nylund

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Correspondence should be addressed to:

UNICEF Innocenti Research Centre
Piazza SS. Annunziata, 12
50122 Florence, Italy
Tel: (+39) 055 20 330
Fax: (+39) 055 2033 220
Email: florence@unicef.org

SPECIAL SERIES ON SOCIAL NORMS AND HARMFUL PRACTICES

UNICEF and partners have increasingly recognized the importance of social norms and their effect on the survival, development and protection of children. Much effort has been made to understand how and why harmful social practices persist: how can families who love their children perpetuate a practice that threatens their children's health and violates their rights to develop to full potential? How can harmful practices persist even in areas where attitudes have turned against them?

Understanding the factors that perpetuate harmful social practices, such as female genital mutilation/cutting (FGM/C), and how these factors interact with processes of social change are critical to understanding why and how communities abandon such practices. A deeper understanding of these dynamics is also crucial to ensure that programmes designed to support abandonment processes and promote human rights are effective and respect the values of communities.

A number of studies and policy documents[*] have recently recognized that harmful practices result from social conventions and social norms: when they are practiced, individuals and families acquire social status and respect. Anyone departing from these societal norms is excluded and ostracized. When applied to harmful practices, social convention theory explains why the decision of a family to continue these cultural practices depends on the decision of others to do so.

The *Special Series on Social Norms and Harmful Practices*, through a number of Working Papers, provides a detailed description and analysis of the process of positive social change that leads to the abandonment of FGM/C and other practices harmful to children.

These publications confirm that, despite marked differences between and within countries, the process leading to the abandonment of harmful practices has common transformative elements. The Working Papers define and examine these key elements so that they can be applied in programmes to initiate positive change and monitor progress.

The series includes the following papers:

A new look at the theory – This paper builds on previous analyses and summarizes how social convention theory has been applied in the past to FGM/C. It then refines and broadens the application of the theory to provide a deeper understanding of the social dynamics that lead to the abandonment of FGM/C and other harmful social practices. It also examines the role of social and moral norms, the powerful force of local rewards and punishments, and the importance of human rights deliberation in bringing about transformative processes.

[*] Innocenti Digest *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting* (2005); UNICEF *Coordinated Strategy to Abandon Female Genital Mutilation/Cutting in One Generation* (2007); UN Interagency Statement, *Eliminating Female Genital Mutilation* (2008) and *Platform for Action Towards the Abandonment of Female Genital Mutilation/Cutting of the Donors Working Group on FGM/C* (2008); among others.

In depth analysis of different experiences – These papers examine in depth experiences in different countries. Despite the fact that FGM/C is still widely practiced in the countries studied, segments of the population have abandoned FGM/C, general attitudes are changing and there is widespread action to end the practice. The studies examine how this is taking place, noting that the abandonment occurs only when gender roles begin to change.

The new evidence analyzed in these Working Papers is summarized in the Innocenti Insight, *A Multi-country Study on the Social Dynamics of Abandonment of Harmful Practices*. The Insight provides greater clarity on how social conventions can be transformed. It focuses not only on FGM/C, but also considers other harmful practices, especially child marriage and marriage by abduction, which are governed by similar social dynamics. It analyzes experiences in five countries (Egypt, Ethiopia, Kenya, Senegal, and Sudan) where abandonment of FGM/C and other harmful practices is reaching significant scale. By expanding upon social convention theory and refining its application to harmful practices, the study provides new insights in the area of social and moral norms and how they affect the well-being of children and the realization of their rights. Finally, successful strategies are analysed to inform policies and programmes.

In all countries studied, evidence shows that parents want what is best for their children. It is this most basic value that motivates a parent's decision to perform FGM/C and participate in other harmful practices, since failure to comply with the social convention brings shame and social exclusion to girls and their families. Once an alternative to the social convention becomes possible within a community and people realize that the community might be better off jointly abandoning the practice, it is this most basic value – to do what is best for their children - that also motivates communities to abandon the harmful practice.

The *Special Series on Social Norms and Harmful Practices* is a joint initiative of UNICEF Headquarters in New York, UNICEF Country Offices (Egypt, Ethiopia, Kenya, Sudan and Senegal), academic partners, development partners and the UNICEF Innocenti Research Centre. A planning meeting to begin work on the multi-country study was held in Ethiopia in March 2007. The meeting was held both at the central level in Addis Ababa and in the field, in Gewane District in the Afar Region.

The project was made possible thanks to a generous contribution from the European Commission and to other contributions, which are specified in the acknowledgements of each publication.

Sudan: An In-Depth Analysis of the Social Dynamics of Abandonment of FGM/C

Samira Ahmed[a] (lead author), Souad Al Hebshi[b] and Bo Victor Nylund[c]

[a] Child Protection Specialist, UNICEF Khartoum
[b] Child Protection Manager, UNICEF Khartoum
[c] Chief of Child Protection, UNICEF Khartoum at the time of writing.

Summary: This paper examines the experience of Sudan by analysing the factors that promote and support the abandonment of female genital mutilation/cutting (FGM/C) and other harmful social practices. Despite the fact that FGM/C is still widely practiced in all regions of northern Sudan, women's intention to circumcise their daughters has decreased significantly during the last 16 years. Attitudes are changing and today, actors are mobilizing across the country to end the practice. This paper examines these changes. It analyses programmes that support ending FGM/C in Sudan and highlights the key factors that promote collective abandonment of the practice, including the roles of community dialogue, human rights deliberation, community-led activities, and the powerful force of local rewards and punishment. The Sudan experience demonstrates that social norms can change when a new understanding and appreciation of communities' traditions and values is introduced. At policy level, the paper describes the adoption of laws and policies that prohibit or criminalize all forms of FGM/C and the introduction of integrated communication campaigns that have mobilized multiple actors to adopt and voice a consistent and clear stance against FGM/C. The paper explains how those factors have created an enabling environment that promotes the abandonment of harmful practices as well as the fulfilment of women's and children's rights more broadly. The process of changing harmful social norms and practices is complex and involves the interplay of many different forces. However, the Sudan experience demonstrates that a major shift can occur at community level and widespread abandonment of FGM/C can be envisioned.

Keywords: Female genital mutilation/cutting, early marriage, harmful practices, social norms, child protection, Sudan.

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Contents

1. INTRODUCTION

In Sudan, FGM/C is associated with family honour, morality, modesty and women's socially approved roles. Systems of rewards and punishments established to adhere to local values can be complex, especially when communities are conservative, have close-knit kinship systems and share communal resources, such as land. In the past and until recently, being uncut was linked to misbehaviour and a number of adverbs were used to describe the stigma. Words such as 'Qulfa,' a pejorative term associated with slavery and prostitution, implying shame and exclusion, were used to demean both females and males who were uncircumcised.

FGM/C is still widely practiced in all regions of northern Sudan, yet over the last 16 years, women's intention to circumcise their daughters has decreased significantly. Attitudes are changing and today, actors are mobilizing across the country to end the practice.

This paper examines these changes. It analyses programmes that support ending FGM/C in Sudan and highlights the social dynamics that characterize the collective abandonment of the practice.[1]

The study opens with a statistical analysis of FGM/C, an historical overview of the practice and a description of the legal and national policy framework in place. An analysis of the intervention in Sudan follows and highlights the multifaceted process of change and the complex interplay of many different forces. The Sudan experience demonstrates that major shifts can occur at the community level and that widespread abandonment of FGM/C is possible.

2. FGM/C IN SUDAN

2.1 Findings from Household Survey Data[2]

National household surveys provide data about the practice of FGM/C in the Northern part of Sudan. No data have been collected for Southern states where FGM/C is believed to not be widely practiced.[3]

Attitudes are changing and the level of support for FGM/C is decreasing in Sudan

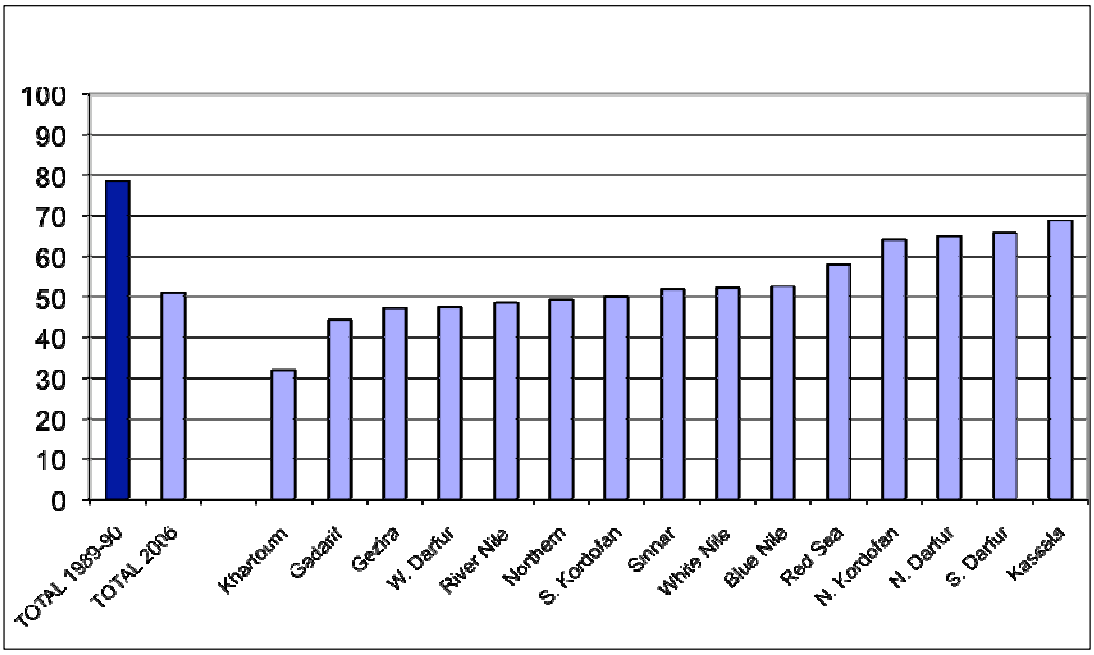
The 2006 Sudan Household Heath Survey (SHHS) found that 51 per cent of ever-married women between 15 and 49 years of age support the continuation of FGM/C compared to 79 per cent in 1989-1990. Support for FGM/C varies significantly according to region, age, educational status and quintile.

[1] This analysis focuses primarily on UNICEF-supported projects, implemented by various local partners. Information related to community-based interventions has been collected from two major local non-governmental organizations (NGOs) with which UNICEF has partnerships, namely Entishar and Rapid Operational Care and Scientific Services (ROCSS). It is important to note that additional information from other NGOs using community-based interventions could provide further insight into the process of FGM/C abandonment in Sudan. This information, however, was not accessible during the time of the study.

[2] The statistical analysis in this section has been provided by the Statistics and Monitoring Section, Division of Policy and Practice, UNICEF New York.

[3] Prevalence rates are expected to be below one per cent.

Figure 1: Percentage of ever-married woman aged 15-49 who think that the practice should continue



Source: Demographic and Health Survey 1989/90 (Total) and Sudan Household Heath Survey 2006 (Total and by State)

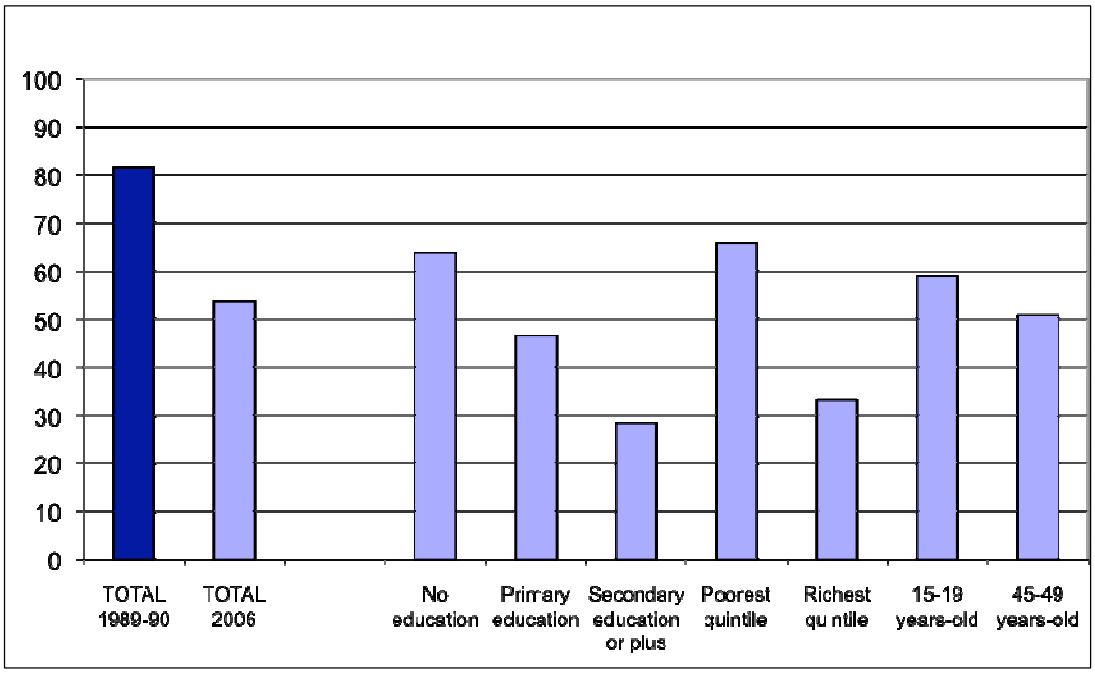
According to the 2006 data, better educated women and women in the wealthiest quintile are less likely to favour the continuation of FGM/C (28 per cent) compared to women who are uneducated and in the poorest quintile (63 per cent). Geographically, support for FGM/C is weakest among women in Khartoum (32 per cent) and highest among women from Kassala (69 per cent) and South Darfur (66 per cent). Surprisingly, younger women are more likely to think that FGM/C should continue: 58 per cent of women aged 15-19 support the practice compared to 49 per cent of women aged 45-49.

Women's intention about daughters' circumcision indicates positive changes

The SHHS introduced important changes in the methodology used to collect information on the youngest generations, which partially compromises the possibility of comparing the 2006 data with previous surveys. Comparable figures on the prevalence levels among daughters are only available for 1989/90 and 2000 and show that the same percentage of daughters (58 per cent) were circumcised during this 10-year period, indicating that no changes in the practice for daughters occurred over that time frame.

Some indication of change can however be obtained by looking at women's intention about daughters' circumcision, information that is available from different sources: a total of 54 per cent of ever-married women in 2006 reported having the intention to have their daughters circumcised, compared to 82 per cent of women in 1990.

Figure 2: Percentage of ever-married woman aged 15-49 who intend to have their daughters circumcised



Source: Demographic and Health Survey 1989/90 (Total) and Sudan Household Heath Survey 2006 (Total and by Background Characteristics).

Generally, poorer and less educated women are more likely to intend to have their daughters circumcised. Younger women also are more likely to intend to have their daughters circumcised compared to older women, which is consistent with data that indicates support for the practice.

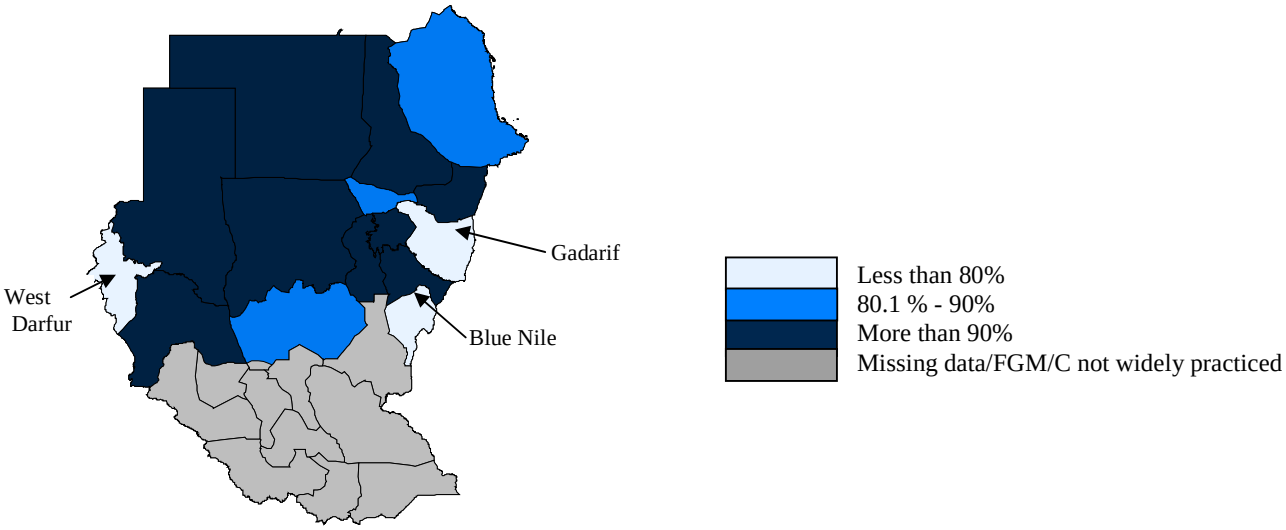
Despite significant changes in attitude towards the practice, FGM/C is still widespread in Sudan: 89 per cent of women in the North have undergone some form of cutting

Despite changes in women's attitudes towards FGM/C, data from the 2006 SHHS show that FGM/C is still widespread in Sudan. Eighty-nine per cent of women aged 15-49 in the Northern part of the country have undergone some form of FGM/C.[4]

Prevalence rates vary across regions. FGM/C prevalence is significantly lower in West Darfur (54 per cent) and in the Eastern states of Blue Nile (73 per cent) and Gadarif (79 per cent), confirming that the practice is not universal throughout Sudan's various regions and ethnic groups.

[4] The 2006 SHHS collected information on the circumcision status of all women aged 0-50+ living in the household. The global prevalence rate for this broader age group in Sudan is 69 per cent. For comparability with previous surveys and in accordance with UNICEF's standard indicators, the final prevalence rate was recalculated for women aged 15-49 and the value of 89 per cent was obtained. The SHHS data on the prevalence of FGM/C among girls aged 0-14 provide important information on the level of the practice among the youngest cohorts. The 2006 data indicate that 11 per cent of girls 0-4 years of age have been cut, compared to 41 per cent of girls aged 5-9, and to 76 per cent of girls aged 10-14. Although these numbers are significantly lower than the prevalence rates for women aged 15 and older, they need to be read in conjunction with information on the median age at circumcision. Many of the girls in the age group 0-14 who have not yet been cut, risk to be cut when they reach the age at which the practice is normally performed.

Figure 3: FGM/C prevalence in Sudan by State



Source: Sudan Household Heath Survey 2006.

Prevalence rates are similar for urban and rural areas (88 per cent and 90 per cent respectively) and across women with different education backgrounds: 91 per cent of highly-educated women (secondary education or higher) have undergone FGM/C, compared to 88 per cent of uneducated women and 90 per cent of women with primary education only. In contrast, significant and surprising differences can be observed by wealth quintile: 74 per cent of women from the lowest quintile have undergone FGM/C compared to 93 per cent of women from the highest quintile.

The prevalence of FGM/C in 2006 remains similar to the prevalence rates observed in 2000 (90 per cent) and in 1989-90 (89 per cent). The comparison of prevalence rates across age groups from the 2006 SHHS also confirms this trend: nearly the same percentage of women aged 15-19 and 35-49 have been cut (86 per cent and 90 per cent respectively), which supports that no significant change has occurred in the practice across the cohort 15 to 49-year-olds.

2.2 Historical Background

In Sudan, local efforts to combat FGM/C began as early as the 1930s by political and religious leaders, and were supported by medical doctors and British colonial rulers.

A social movement against FGM/C began only in the mid-1970s, largely motivated by individual cases of girls who had died as a result of the practice and by regional networking with outside actors who organized joint activities. One national NGO in particular, Babiker Badri Scientific Association for Women's Studies (BBSAWS), was a pioneer in promoting the end of the practice and in the following decades, other NGOs also became actively involved. The Inter-African Committee on harmful practices (IAC) encouraged the establishment of local NGOs in various African countries, including Sudan, to work towards ending FGM/C and other harmful practices.[5] The activities of these groups, strongly motivated by donors, for the

[5] Sudan National Committee for Traditional Practices (SNCTP) was one of these affiliates.

most part, emphasized the health hazards and medical risks of FGM/C. Their impact, however, was limited and the approaches they used were based on trial and error rather than on theory or scientific research.

During the 1970s and 1980s Sudan hosted a number of regional conferences on FGM/C, attended by academics, health professionals, and religious leaders. The conferences provided opportunities to disseminate research on FGM/C and encouraged local and regional networking. Both governmental and non-governmental organizations also began participating in a number of regional meetings outside Sudan on FGM/C. As international forums and conventions drew attention to and refined the concepts of women's and children's human rights, Sudan joined the global discussion and in 1990 ratified the UN Convention on the Rights of the Child (CRC).

At that time, Sudan had one of the highest FGM/C prevalence rates in the world. As concern about the hazards of FGM/C drew worldwide attention, in Sudan, civil society organizations stepped up their efforts to end the practice and official commitment to ending FGM/C also increased. FGM/C became an integral component of a national programme to combat traditional harmful practices that was supervised by the Ministry of Health. When in 2000, Multiple Indicator Cluster Survey (MICS) results indicated that FGM/C prevalence continued to remain as high as 90 per cent, additional attention was paid to reactivating dormant legislation and new NGOs came into being to organise local networks and consortiums to end FGM/C.

By 2000, the silence surrounding FGM/C had been broken. FGM/C had become a public issue open for debate and actors across the country mobilized to end the practice. While a focus was placed on increasing public awareness through media, in particular, radio and television, some targeted community-based projects also started to take shape. Civic groups began to pressure the government to shift their focus away from accentuating the health risks of FGM/C to emphasizing a broader protection of children's rights. New partnerships developed between international agencies, the government and civic groups, which enabled international and local actors to exchange experiences and use scientific studies to explore the dynamics of abandonment.

Sudan continued to support efforts to abandon FGM/C at international and regional conferences: one of the more recent examples of this support occurred at the 2006 Common Market for Eastern and Southern Africa (COMESA) conference attended by heads of the member states. During the conference, held in Djibouti, the First Lady spoke on FGM/C and announced recommendations to halt the practice, including a recommendation that each first lady launch national campaigns to end FGM/C in their respective countries.

All of these efforts influenced a change in attitudes among high-level decision makers and the general public, increasingly creating an environment conducive over time to collective abandonment.

2.3 Legislation and National Policy Frameworks

Legal Framework

Legal reform in the area of FGM/C began in 1946 when Sir J. Herbert, a British official, amended the Sudan Penal Code and introduced an article specifically prohibiting infibulation. Under the new law, infibulation was considered a crime punishable by imprisonment and fine (Sudan Attorney General Records). The law, however, was interpreted as allowing other less severe forms of cutting. A political crisis was sparked that same year when a midwife was jailed for cutting a girl. Demonstrations and riots broke out and the British rule and administration were accused of interfering with local culture. The law was not abolished, but it remained dormant for decades.

When Sharia law was introduced in 1983, the article on FGM/C was dropped from the penal code. The 1991 Penal Code, which is still applicable today, does not specifically include FGM/C, although Article 139 does make it an offense to cause intentional harm and injury to another human being.

In 2005, following the signing of the Comprehensive Peace Agreement between the Government of Sudan and the Sudan People's Liberation Army (SPLA), a legislative reform process began and a constitutional endorsement was made by both the north and south government bodies to ban harmful traditional practices with a special focus on FGM/C. Since then, a series of constructive discussions have occurred at the National and State assemblies and parliaments on child protection legislation, including on the necessity to criminalize FGM/C by law. Yet the ongoing legal reform process has been long and complex, involving multiple consultations with Government, parliamentarians, religious leaders, civil society and others.

Currently there is no national law in Sudan against FGM/C, although there have been several efforts in the recent past to introduce legislation relevant to FGM/C. Advocates for the abandonment of FGM/C have supported several different initiatives in order to ensure that at the end of the day there is at least one piece of legislation that bans the practice. Main initiatives conducted at federal level include:

- An article to ban FGM/C has been included in the Child Act 2008, which was submitted to the Cabinet of Ministers in January 2008, but was recently dropped by the Council of Ministers in February 2009. As of today is still pending ratification. There has also been an initiative to incorporate FGM/C in a public health law. The initial draft submitted for endorsement to the Cabinet of Ministers included the banning of FGM/C and was expected to be approved. Yet when the law was sent to Parliament, the section banning FGM/C was deleted and the law was passed without it.

- Perhaps the most far-reaching initiative is a law drafted by Government and specific to FGM/C. This law not only criminalizes the practice, but also criminalizes promotion of FGM/C and details action for its abandonment. The National FGM/C law was drafted in 2007 but it has not yet been submitted to Cabinet for consideration.

Since Sudan has a federal legal system, adoption of state-level laws to ban the practice are also being promoted in all 15 States of North Sudan and the Three Areas. Although there has not been success in banning FGM/C at the central level, in November 2008, the first state-level law was passed to ban the practice when the government of South Kordofan passed two separate state laws: the Child Law, which contains an article criminalizing FGM/C; and the Female Genital Mutilation/Cutting Law, which criminalized both the practice and its promotion. The enactment of these laws has set a precedent and is expected to encourage the passage of national legislation.

National Policy

A National Strategy for the Eradication of FGM/C in One Generation (2008-2018) was incorporated into the Government's Five-Year National Strategic Plan for Childhood for the period 2007-2011. This document, which identified the entry points to address FGM/C in the various sectors, including health, education, judiciary, religious, and society in general, was a major achievement towards making abandonment of FGM/C a national priority.

FGM/C was also included in a number of national policies, such as the government's Population Policy (2002), the Medical Council Resolution No. 306 (2003) that prohibits doctors from practicing any form of FGM/C, the Women Empowerment Policy (2007), and more recently, Resolution No. 29 by the National Assembly (2007) calling for legislation that bans FGM/C by law. Various structures were created within Ministries of Social Welfare, Education, Health and Justice to follow up National Action Plans that aim to end the practice.

The First Lady has played an important leadership role to promote the abandonment of FGM/C. She spoke publicly about the need to end the practice at international meetings and in March 2008, "blessed" the *saleema* campaign, while pledging to join hands with civil society to end FGM/C signing on the 'Taga'.

3. THE INITIATIVE

3.1 Previous Research on FGM/C

Several studies have looked at the change in knowledge and attitudes and analysed the social, cultural and religious context of FGM/C in Sudan (El Dareer 1983, Rushwan *et. al*. 1983, Gruenbaum 1982, 2004, Boddy 1982, 1989, Lightfoot). Other studies have looked at the obstetric, sexual, psychological, and psychosexual consequences of the practice (Lightfoot-Klein 1983, WHO study 2006, Abdal Magied and Ahmed 2002, Almroth *et. al*. 2001, Gruenbaum 2004, Sa'ad 1998, Mawad and Hassanein 1994). These studies have contributed to a more comprehensive and in-depth picture of FGM/C in Sudan and have assisted in planning the programmatic efforts to end the practice.

UNICEF also supported three earlier studies on FGM/C in Sudan. The first study, conducted in 2001, analysed previous and existing efforts and campaign strategies to end FGM/C and was used to inform an action-oriented strategy on FGM/C. The second study, conducted in 2002, investigated the prevalence of the practice and the attitudes towards its continuation among a

cohort of girls at high risk of FGM/C (5-11 years of age). Two years later, in 2004, a KAP study was conducted in two states to complement the previous cohort study and to provide an in-depth analysis of the level of knowledge, attitudes, and trends of change.

The results of the 2004 KAP study, conducted by Ellen Gruenbaum, were promising and indicated that there had been changes in attitudes and potential changes in behaviour. There was evidence of discussion, debate, risk taking, and soul searching among many people, especially leaders, in the two states studied. The research suggested that there were opportunities in Sudan to end the practice of FGM/C that should not be missed. People were listening to the information they had received over the past several decades and were deeply interested in new information, possibly also because it was being disseminated in more effective ways.

In her conclusions Gruenbaum stated that "these strategies are beginning to have the desired effects, but they need more time, new elements, and greater geographic expansion. Also, they are challenging deeply held cultural values affecting wide areas of the country in regionally diverse ways. To change these strongly held beliefs and practices requires more than the two main strategies of the past: providing more information about health consequences and de-linking the practices from Islam. While both are crucial components of a successful change effort, they cannot challenge the beliefs about honour and shame, virginity, marriageability, and male sexual pleasure without strong messages. But also, reformers find that there are expectations of rewards for those who go along, or appear to go along, with the change agenda."

Gruenbaum made recommendations to guide future research and programming, noting in particular that it was important to identify and promote positive aspects of local culture as part of a campaign to change the practice. Additionally, the study recommended priority actions to be taken at the community level. The recommendations were used to develop an FGM/C strategy that integrated various interventions and components, including a comprehensive package of services that covered water, education, health and protection. Strategies used to promote FGM/C abandonment included:

1. Raising awareness on the hazards of FGM/C.
2. Legislative reform to enact laws to ban FGM/C.
3. De-linking FGM/C from religion.
4. Direct capacity building and institutional support to new partners, including NGOs and civic groups.
5. Establishing coordination mechanisms.
6. Community mobilization, using mass media, theatre for life, sports and inter-community/state exchange visits.

3.2 Partnerships

In Sudan, a wide range of partners are involved in the national programme to abandon FGM/C. The National Council for Child Welfare (NCCW) coordinates all programmes relevant to children. In addition to its coordinating function, the NCCW advocates, develops policies, and

speaks out for the rights of children. The NCCW reaches the state level through State Councils for Child Welfare (SCCWs) that exist in each of the 15 states of the North and the Three Areas. At the national and state levels, the NCCW and the SCCWs also run coordination fora, called Child Protection Working Groups. Especially at the state level, these fora are dynamic, deal with practical matters, and include FGM/C as part of their agenda. Recently, the Working Groups coordinated activities related to the national child protection awareness campaign and its FGM/C component. Separate meetings for FGM/C are not held at the state level, although there is a separate national forum for FGM/C led by the NCCW in Khartoum.

Other government bodies are also working towards the abandonment of FGM/C through the implementation of programmes at the field level. These include the Ministries of Social Welfare, Health, and Education, all of which were actively involved in the crafting of the national FGM/C strategy.

Coordination mechanisms for FGM/C activities assume different names at different levels but have similar functions: they are responsible for expanding partnerships, coordinating activities, creating synergies with other child protection and gender initiatives, and monitoring progress. Committees at state level are called Child Protection Committees or FGM/C Coordination Committees; committees at local level are usually called Village Development Committees (VDC). All coordination committees at the state level operate under the auspices of the state offices of the Ministry of Social Affairs and the coordination of the state Councils for Child Welfare.

UN agencies and programmes (UNICEF and UNFPA together with United Nations Development Programme, United Nations High Commissioner for Refugees, United Nations Development Fund for Women, United Nations Volunteers, World Health Organization) also support the national efforts to end FGM/C. The 2009-2012 United Nations Development Assistance Framework (UNDAF) includes FGM/C as an integral component of gender equality and violence against women campaign and programming. Through the concerted global effort for a common framework to abandon FGM/C, donors started to contribute funds, particularly the European Union and some Nordic countries.

In 2004, a network of 42 NGOs was established with the aim to end FGM/C in Sudan and to enhance the work at local level. These NGOs work against all forms of cutting and encourage the involvement of young people, children, women, and religious leaders in all their activities.

3.3 Community Activities

This analysis focuses primarily on UNICEF-supported projects implemented by various local partners.

Six national NGOs have participated in community-based interventions supported by UNICEF: Entishar, Rapid Operational Care and Scientific Services (ROCSS), Agaweed, Nutritional and Rural Development Centre (NARD), Ahfad University for Women, and BBSAWS. Two of these NGOs (Entishar and ROCSS) have developed community empowerment programmes that use non-formal and human rights learning for positive social transformation. The

community development work analysed in this paper, is based mainly on the initiatives of these two organizations.
Recognizing FGM/C as a human rights violation, it was deemed necessary to move beyond simply disseminating messages that encourage communities to adopt healthy practices to developing new approaches that communicate about FGM/C from a human rights perspective. An important first step was to facilitate dialogue about the practice. Second important step was to stop framing FGM/C as a problem, but rather recognize the practice as an integral part of a community's traditions and values. Since FGM/C is a community practice, it was also necessary to support communities to act together to create new social practices and to empower them to develop their own solutions.

Three types of communities participated in the project:

1. Communities participating in the Child Friendly Communities Initiative (CFCI), which was launched globally in 1996 to ensure children in all cities have access to basic services and enjoy opportunities for development. In the CFCI, government, UNICEF and communities share the responsibility for providing communities a comprehensive package of support for education, health, water and sanitation, and protection. Communities for the FGM/C project were selected by UNICEF and the Government in collaboration with the CFCI unit in the state. While population size for each selected target group was not uniform, the mean size ranged from 3,000 to 10,000 people per community.

2. Refugees or those affected by displacement and in need of emergency support. This was usually done after rapid assessments were made to ensure the groups can be supported for longer rehabilitation and development purposes.

3. Communities that formed part of a cluster of villages. They may be named after an ethnic or tribal name or after an official name of a geographical division (e.g., a locality name).

When UNICEF first launched the FGM/C abandonment project in 2001, in collaboration with government, NGOs and civic groups in the country, only three communities were targeted. By 2006, however, the project was reaching 42 communities in six states in Northern Sudan [Kassala, (10) Gadaref (5), North Kordofan (6), South Kordofan (6), North Darfur (1), South Darfur (10), Khartoum (4)], and covered about 300,000 people. The project contributed to significant changes in attitudes and led to initial commitments by communities to abandon FGM/C over six years. The reduction in the FGM/C prevalence rate provided momentum to scale up the programme even further. In 2008, in collaboration with United Nations Population Fund (UNFPA), the programme expanded to target 100 additional communities, (50 in South Kordofan and 50 in Gedaref), and 700,000 additional people. A strategy was put in place to expand to other states in Northern Sudan, including Sinnar, Blue Nile, White Nile, Gezira, River Nile and Red Sea.

The following sections describe the activities implemented in the field within and across communities. An analysis of the national and state communication activities follows.

3.3.1 Activities within Communities

Values-based non-formal education

Informal learning, human rights education and interactive dialogue were all critical to encourage the abandonment of FGM/C. The NGOs Entishar and ROCSS incorporated all three elements into their work.

The educational programmes lasted between two and three years, were participatory in nature, guided communities to find their own solutions, and harnessed positive village traditions to encourage people to speak out and engage in discussion. The goal of both of these community education programmes was to increase participants' awareness of human rights. Special attention was given to empowering women. This was addressed through classes to improve women's knowledge and skills, and through income-generating activities.

In both programmes a local community management committee was formed to initiate a new project to promote the abandonment of FGM/C. Sometimes existing structures, such as youth centres, local administrations or village development committees, supported by the CFCI, were used. In other cases, new committees were established. Committee members were respected in the community and included community leaders, village chiefs, village councils, religious leaders, health care providers, youth, women and other key actors. They participated in the construction of facilities and spaces for learning and mobilized related activities, such as official visits by authorities, UN, and neighbouring communities. Community members were usually informed of the project through local dignitaries.

Community empowerment is the cornerstone of Entishar's programme. The NGO provided three-year classes for women on women's human rights and on developing life skills so that participants were empowered with the skills they need to solve problems and mobilize others. The project covered 18 communities spread across South Kordofan and Kassala states. Communities were also provided with modest funds or support for development. This came in the form of cash for a medicine fund, support to classrooms, recreation activities, among others. Further details are provided in Box 1.

ROCSS provided non-formal literacy education using the REFLECT[6] methodology. Religious leaders and community and youth representatives from both genders were eligible to serve as community facilitators who underwent extensive training to run the literacy classes. When the literacy classes began, they focused on young people, using the peer-to-peer model, but over time they shifted their focus to include women. ROCSS reached 10 communities, 10 schools, and 2 displaced persons camps with this project. Box 1 provides greater detail the phases of the two-year course.

[6] REFLECT means Regenerated Freirean Literacy Through Empowering Community Techniques. It is based on the theory of Paulo Freire, Brian Street and Gender and Development. The REFLECT approach combines adult education and literacy in a very participatory way. It starts from the grassroots level with the intention of raising awareness and generating debate. It focuses on encouraging people from local communities to identify the problems affecting their lives, discuss them, and find their causes and possible solutions. The aim is the empowerment of the communities so that their basic rights can be fulfilled and the quality of their lives improved. The starting points for the discussions are rooted in their own experiences.

A participatory approach

Entishar courses were held for one year in Phase One. A typical session lasted from two to three hours, and was usually held three to four times a week. Local community facilitators received intensive one-month training before they began leading the educational sessions. Each village usually selected a male and a female for the facilitation training.

Women and adolescent girls generally attended the Entishar classes. In some communities, sometimes men also attended. There were no criteria for selecting the participants for the classes at the community level and everyone was invited to participate in the sessions. In certain situations, separate classes were held for young girls. Facilitators received US$50 per month. Education materials, recreation kits, and some supplies that support coordination and mobilization activities were provided by the project (e.g., chairs, tables, cupboards, and stationery).

ROCSS classes were held for nine months. Sessions were held three days a week and typically lasted three hours each. Community facilitators were usually selected from community members who had some knowledge about the issue, were willing to be trained, and had approval from their families and community leaders. Normally a male and a female were selected for the extensive and lengthy training, which was held outside the village, both in town and in Khartoum. Community facilitators were given a modest incentive, about US$ 50-70 per month to sustain their work at the village level, although they were considered volunteers and many were employed elsewhere.

At the time of this study, 42 community facilitators had been trained. Each class had 35 students from each gender, per course. Participants in the classes were usually illiterate women and sometimes school dropouts. The average age of female participants ranged from 20-30 years and male participants were generally between 18-30 years of age. Most of the women were married, except for the few who have dropped out of school.

Unlike the Entishar programme that opened its classes to women community members, participants in the ROCSS programme were usually chosen through a selection process after a public meeting organized by the village development committees and included both men and women. Since this project worked through the existing committees established by the CFCI, selection of the participants was done either through CFCI or by members elected from the community. Following the public meeting, an announcement was made by the youth centre indicating where and when the classes would be held. Youth centres were established by the community and were supported by ROCSS to run the classes.

Separate sessions were organized for women and men, and young people were grouped with adults in the same classes. This not only promoted intergenerational dialogue, but also addressed potential concerns. In some villages, for example, elders were reluctant to allow young people to learn separately from adults, concerned that new Western ideas would spoil their young people.

Box 1. Different phases of values-based non formal education

ENTISHAR PROGRAMME

Phase 1 (one year) included the following activities:

- Preparatory activities: target communities were selected in collaboration with local authorities, meetings were held with community leaders to introduce programme objectives and methodology; a baseline survey was conducted to set priorities and identify interventions; community facilitators were selected by the community; a community management committee was established for follow up and supervision.
- A one-month training workshop was held for community facilitators.
- Training and capacity building began for women at the community level, especially through non-formal education.
- Social mobilization activities: Public meetings, family visits, intercommunity exchange visits, sports and theater activities, community services, etc., with the involvement of all sectors of the community (children, youth, men, women and leaders).
- Supervisory visits were conducted by national actors for monitoring and evaluation.

Phase 2 (one year) included the following activities:

- Community leaders were selected.
- A training workshop for community leaders was held.
- New female potential members were encouraged to participate in the programme.
- Social mobilization activities continued, with more active roles for community leaders.
- Community-based organizations (CBOs) were established.
- Monitoring and evaluation continued.

Phase 3 (one year) included the following activities:

- A public declaration was made to express community commitment to FGM/C abandonment.
- A local independent monitoring mechanism was put in place.
- Plans are developed to ensure abandonment was maintained.

ROCCS PROGRAMME

Phase 1 (one year) included the following activities:

- Communities were selected through the Child Friendly Communities Initiative.
- Women and men were selected for the literacy classes through the Village Development Committees (VDCs).
- Community groups, made up of youth, women and leaders, were established.
- Facilitators were selected from youth and community leaders.
- Literacy classes (one male and one female) were organized.
- Micro-development projects were started to address the basic needs of the community.
- Local committees were established for monitoring and setting up a system for tracing risk and protecting girls from being cut.

Phase 2 (one year) included the following activities:

- Students graduated from literacy classes.
- Mobilization events were organized, including games, intra-community visits, exhibitions for sale of products, festivals, etc.
- A code of conduct was adopted as the entry point to a public declaration for stopping FGM/C collectively.
- Public declaration and pledges to end FGM/C. These events were sometimes linked to the graduation ceremony.

The youth centre's management team supervised the sessions and assisted with the activities organised by the community. The team had an extensive network and their collaboration with others was critical to the success of the project. They worked closely with traditional and religious leaders, midwives who were officially linked to the government system, and with government authorities to get official approvals to organise the activities and to ensure participation from community representatives in official meetings.

Education beyond literacy

Both the Entishar and ROCSS programmes integrated FGM/C into a wider learning package that included modules on a range of issues, including HIV/AIDS, early marriage, other harmful practices, health and hygiene, nutrition, maternal and child care, human rights for women and children and other subjects relevant to the community. Simplified instruction was given on the Convention on the Rights of the Child and the study of human rights issues was done in a participatory manner. In Entishar's classes, some training explicitly addressed the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), even though Sudan has not yet ratified the convention.

Participants in the classes were taught critical skills to facilitate and communicate information and to promote discussion. Educational activities used local culture to ensure classes were relevant and to further enhance the learning process. To support micro-credit projects, students learned about accounting, funds management, and ways to generate income from sales of local items, such as handicrafts. In some instances, participants asked for supplemental training, including handicrafts training, first aid training, nutrition, and food processing, etc.

Women and girls were all encouraged to participate equally in the courses. In the classes, the issue of gender equality and differential treatment of girls and boys was reflected in role playing, stories, and drawings. Classes, theatre, poetry, dancing, proverbs, songs, traditional dance, illustrations, drawing, etc., were all used in educational activities, and during special events, women and young people publicly displayed their writings, drawings and handicrafts.

Community Dialogue

Community-based programmes encouraged dialogue between generations and dialogue between men and women on FGM/C. Through ongoing discussions, ambivalences and dilemmas were expressed and new points of view and behavioural options emerged. The aim was to reach collective consensus to abandon FGM/C, which was an important first step towards community decision and commitment to end the practice.

Initially, public meetings opened up the discussion and during this time, various community interests were presented. Different issues were brought forward in different fora. Within the classes, women and adolescent participants of different ages and backgrounds were encouraged by community facilitators to exchange views. Participants continued the dialogue at the family level and during different events and public gatherings with peers and trusted community leaders. When the discussion was about FGM/C, the social mobilization process broadened the dialogue, which reached its peak when a declaration was made. The dialogue was initiated and

maintained by facilitators and participants both in classes and also during the supervisory visits made by teams from the NGOs.

In the ROCSS programme, issues for discussion were introduced during classes, literacy education sessions, and skills development sessions. Community dialogue sessions, typically lasted one hour and usually take place at the beginning of each of the courses and continued during the different units of learning. Youth centre meetings and recreation events were also excellent forums for discussion, as were VDC meetings, where community members discussed problems and their solutions. During public events, it was generally young people and children who were the most actively involved in supporting community dialogue, although some religious and health personnel also played important roles in generating discussion. The women who spoke up were usually those who attended classes. Other women participated through community folklore singing and dancing groups. All women in the community were invited to attend the public events.

During the first phase of the programme, the dialogue sessions covered a range of issues, including problems facing the community in general, and problems facing specific groups, such as young people, women, and children. Specific topics were raised by community and religious leaders to elicit opinions and discussion. These topics included HIV/AIDS, traditional harmful practices, the relationship between FGM/C and religion, maternal and child health issues, water and electricity problems, and others. In general, issues of water, education, health, economic situation, and conflict were highlighted by the community as high priority concerns, especially at the beginning of the programme, and they became an integral part of the project once the training was conducted.

During the second phase, community dialogue focused on issues that mattered to children, such as obstacles to girls staying in school, abduction of girls, issues of family honour, ideas about child marriage or delaying marriage, among others. Community facilitators, religious and community leaders and young people were all been trained to facilitate discussions and communicate with different age and social groups. Usually men and women, boys and girls were addressed separately when discussing sensitive issues.

For Entishar, the dialogue involved all sectors of the community with midwives, religious leaders, health workers and other key informants often presenting their individual perspectives. Facilitators, community leaders and supervisory team members all received training in communication skills and facilitation to get people talking. Although the dialogue sessions differed from one community to another, depending on the phase of the programme, participants were usually very active, participated voluntarily and encouraged others to give their opinion and be involved in the discussion.

The sessions lasted from one to three hours and took different forms – from family visits, to open discussion during public meetings, sporting events, theatre performances, among others. Sensitive issues, such as FGM/C, HIV/AIDS, women's participation and empowerment, were often introduced through role playing, songs, stories, poems, folklore dancing and other indirect methods, before they were followed by discussions. Under most circumstances, dialogue sessions were held separately for men and women, but when events were public, both

males and females often participated, and there was a significant presence of young people.

In both Entishar and ROCSS programmes, some community facilitators promoted discussions through radio listening groups, established through CFCI with state radio and local personnel. Women as well as men led these groups, which generated much discussion over issues raised, including FGM/C. Special dialogue sessions were also sparked by news and other significant events, such as the death of a girl caused by cutting, or an imam's lecture during prayers. The facilitators and the participants introduced the topics indirectly or directly into a natural community dialogue, depending upon the skills of the facilitators.

A new initiative was also being developed that was expected to dramatically scale up the coverage of community interventions. Under the initiative, NGOs would provide facilitation training for personnel already working within the existing government welfare system and already established CFCIs. This would ensure that the community-based interventions would not depend solely on NGOs, since external support and services would be provided by the government and would be incorporated into the government planning process. Mainstreaming FGM/C within the government welfare system would ensure ownership and sustainability. It would also accelerate outreach, which until this point had mainly relied on volunteers.

Support to community organizations and development activities

Projects to promote the abandonment of FGM/C began with a rapid assessment of development needs that engaged diverse members of the community. During this time, the community produced a list of needs and priorities and proposed development projects that would benefit the entire community. Examples of community development projects included water vending, electricity supply, health services, micro-credit projects for poverty alleviation, a woman and child centre, and clubs for community TV watching, among others.

Scores were given to individual development projects, depending upon what was considered to be a community priority. The final selection was usually made taking the highest scores from the list and interventions were planned according to availability of funds. All selections were done through the established management committees and the planning and management of the development activities were integrated with the literacy learning and strongly supported the social mobilization process.

Activities with community leaders/ local religious leaders/ cutters/ health practitioners

Community leaders, village chiefs, village councils, religious leaders, health care providers, and other key actors were involved from the beginning and they participated in the baseline survey and in the selection of community facilitators.

Training was provided to community facilitators and leaders on advocacy and communication and was reinforced during later phases of the project to further increase involvement and support. Religious leaders were trained on how to respond to public queries that linked religion to behaviour and, specifically on how to sever the link between religion and FGM/C. Younger people were trained in advocacy skills, on FGM/C hazards and also on de-linking FGM/C from

religion. Traditional midwives were encouraged to cease the practice, both through mobilization activities and through a reward system that provided those who cease cutting with midwifery kits.

Community leaders and health professionals used their networks and public events to spread information and initiate dialogue on FGM/C. Religious leaders addressed their congregations, and Sufists their followers, calling for an end to FGM/C during prayers. On special international occasions, such as World AIDS Day, Human Rights Day, International Women's Day, International Children's Day among others, a wide variety of actors became involved to spread the message.

3.3.2. Activities across Communities

An important part of the project has been to create social, economic and administrative networks with neighboring communities so that the decision to abandon FGM/C could be spread and sustained. To ensure that information spread to neighboring communities, the project used local community radio, which usually broadcasted in the local language three times a week. State mechanisms produced 10 minute spots on FGM/C that were broadcast through these local programmes to ensure messages were delivered to all communities within the broadcasting range.

Information also spread to other communities through organized events. Social events were organized among intramarrying and kinship groups to introduce new communities to the project and to mobilize their commitment. These included intra-village football competitions among young people, theatre work, including Theatre for Life, and celebrations, such as weddings and births. In Kassala state, three neighbouring communities came together to celebrate International Day on Zero Tolerance to FGM/C, participate in organized football competitions and attend orientation sessions on the hazards of FGM/C. In other instances, communities joined together to attend prayers during religious ceremonies and participate in vaccination days and campaigns against HIV/AIDS. In Gedaref state, similar joint activities were held among neighbouring communities.

Welfare officers were encouraged to set up volunteer groups to engage communities in the abandonment of FGM/C. Guidelines were developed with the technical support of UNICEF and the capacity of welfare officers in South Kordofan was improved, enabling volunteers to reach 62 communities. This system is expected to accelerate action towards abandoning both FGM/C and early marriage.

3.4 National and State Communication Activities

The FGM/C project was part of a national and state media action plan and produced weekly programmes as well as specialized programmes for community radio stations. All communities in the FGM/C project were covered by media activities, as well as communities that were not targeted. National radio, in particular, reaches nearly every part of the country and there is wide television coverage as well.

National and state campaigns against FGM/C were organized several times in all states where UNICEF supports the abandonment of the practice. Annual campaigns at the national and state levels were timed to coincide with the International Day on FGM/C (6th February), UN Women's Day (8th March), International 16 Days of Activism Against Violence Against Women (starting 26th November), and African Child's Day (16th July). Official government events were regularly organized and attended by ministers, representatives from UN agencies and community leaders. Some campaigns were organised following the death of young girls due to FGM/C during the reporting period of this project. At that time, demonstrators paraded in the streets of Khartoum calling for a law to ban the practice.

Not only was FGM/C talked about publicly, it was being talked about in a new way. Since 2006, UNICEF supported the National Council for Child Welfare in developing a comprehensive awareness campaign on child protection issues. This campaign helped to transform the way FGM/C was presented. National advocacy against FGM/C that once relied solely on negative messaging and conveyed the health hazards of the practice began including information on human rights, women's rights, and child rights. This was transmitted through theatre, folklore dancing, songs, IEC materials, radio and TV spots and programmes. More recently, the perspectives of children, young people and married couples were also incorporated into media initiatives. Today, as a result of these efforts, it is not uncommon to see programmes broadcast through national media that de-link FGM/C from religion and promote the need for legislation to ban the practice.

The most groundbreaking development was the creation of an integrated national communication campaign, developed through broad-based consultations with partners and community members. The campaign was designed to create positive messaging that would promote behaviour change at the community level. It used research and considered the dynamics of communication within communities and families that practice FGM/C.

One of the initial major challenges was to address problems with terminology. In Sudanese Arabic, there was no widely accepted positive term to describe the uncircumcised girl or woman. In fact, the word commonly used *(Qulfa)* throughout north Sudan was a pejorative term, with associations of slavery and prostitution. Identifying a positive term was an important first step in building a new positive messaging strategy. Poets, artists as well as traditional FGM/C partner organizations brainstormed to find a new term to be promoted. The Arabic word *saleema*, meaning *whole, undamaged, unharmed, complete,* was chosen to be popularized and used to describe the uncircumcised female. An added advantage was that *saleema* could also be used as a girl's name.

Saleema National Campaign

Roll-out of *saleema* as a positive messaging tool was planned in several phases. The term and its positive associated concepts were introduced into the discourse about FGM/C at the national level and are now widely accepted and used at this level. To promote and popularize consistent use of the terminology at the community and family level, a visual concept was developed, based on three integrated elements:

- a palette of vibrant colours
- an original design/pattern
- cloth as the medium for the design

The *saleema* pattern appeared on a printed cloth in artwork for posters and other visual materials and was also used in a campaign logo.

Popularization of the new terminology began with two message phases. In the first foundational phase, the key message was expressed simply as *Every girl is born saleema. Let her grow saleema.* This basic, incontestable message, asserting *saleema* as the normal/natural state for girls, was repeated in combination with several different artwork images featuring infant girls wrapped in a cloth with the *saleema* design. The images displayed on colourful posters projected warmth, comfort and happiness. A campaign song was composed and produced to reinforce the new terminology. Other materials, including stickers, banners, badges, a comic book, electronic billboards, among others, were also planned.

In the second phase, an infant's swaddling cloth was still used as a powerful visual image, but the message content shifted to a new register as adult woman's *tobe* (traditional Sudanese women's body wrap), shawls and scarves were integrated into the campaign. Giving voice to a wide range of reasons for protecting girls from FGM/C, the '*saleema because*…' messages, which were developed through focus-group discussions, echoed and reflected the everyday speech of parents who had already abandoned the practice. A series of images featuring women, men, and children of all ages conveyed a range of '*saleema because*…' messages, with the colours, design, and visual concept carrying over and repeating from the earlier phase.

The *saleema* campaign used local culture, including language, music, poetry, songs, dance, painting, and festivity to celebrate *saleema* countrywide and was specifically designed to support the national strategy to end FGM/C within one generation. It also drew lessons from Sudan's historical experience in ending facial scars (Shilook) in North Sudan for men and women within a generation. The Shilook campaign successfully incorporated new social values and norms into traditional poetry songs, and theatre so that over time, facial scars were no longer perceived as beautiful or required by marriage suitors. After centuries of practice, facial scarring was abandoned in just 12-15 years. Today, facial scarring is non-existent in Sudan, with very few exceptions in remote rural settings.

A special social mobilization feature of the *saleema* initiative has been an accompanying signature campaign. Thousands of signatures have already been collected on pieces of bright coloured cloth (taga) to encourage public declarations of collective abandonment to the practice. Radio and TV animation spots, songs, stories and comic books will be produced to accompany every phase of the *saleema* campaign.

4. IMPACT AND DYNAMICS OF CHANGE

This section explores the social dynamics that lead to the abandonment of FGM/C in Sudan. Despite the fact that FGM/C is still widely practiced in all regions of northern Sudan, women's intention to circumcise their daughters has decreased significantly over the last 16 years and

attitudes have changed. A number of social networks and pressure groups have emerged and voiced a consistent and clear stance against FGM/C.

Information was collected from various sources, including from government and development partner reports, national surveys, KAP (Knowledge, Attitudes and Practice) studies, assessments and evaluations undertaken during the period 2001-2006. Information related to community-based interventions has been collected from Entishar and Rapid Operational Care and Scientific Services (ROCSS).[7]

4.1 Public Declarations

The expression to abandon FGM/C in a public acknowledgement or declaration of abandonment is a visible sign of progress. This can take different forms, including a celebration/event or the official signature and public posting of a document. In Sudan, people respect collective decision, social norms and codes of conduct in the forms of oaths, signed statements and declarations by leaders, whether they are made by political, community, or religious groups.

Both the Entishar and ROCSS programmes are nearing the end of their second phase, which means that communities are preparing to publicly declare that they are abandoning FGM/C. The process unfolds in stages. First a consensus is reached among a core group of community members, representing an important milestone in the process of public declaration. Once this has occurred, leaders, community members, particularly programme participants, announce their commitment to end the practice before the entire community and in the presence of local and national media, officials, civil society, UN agencies and guests from neighbouring villages. The events are complemented with celebrations and a graduation ceremony for those who participated in the classes. The next step, also a milestone in the process of abandonment, is the collection of signatures of those who pledge to abandon the practice and distribution of rewards to those making the declaration.

Among the communities targeted by the project, one community in Khartoum, five in Geadref and five in Kassala have already signed a statement declaring to stop the practice and many more are preparing to make similar declarations in their respective communities. In addition, 70 sophist sheikhs have made statements against FGM/C, and thousands of signatures have been collected on traditional cloth “taga” through the *saleema* campaign, which is encouraging more families to join the movement to stop the practice.

Full abandonment, however, is not guaranteed. There was some evidence of groups who advocate for a milder form of cutting (clitoridectomy), which is performed by some medical doctors and supported by some religious sects. This could delay the process of abandonment by creating suspicion in the minds of people who are still hesitating to make a final decision to stop the practice. It is more likely, however, that communities who have already moved

[7] Additional information from other NGOs using community-based interventions could have provided further insight into the process of FGM/C abandonment in Sudan. This information, however, was not accessible during the time of the study.

towards a collective code of conduct are prepared to meet these challenges. What is evident is that collective abandonment is a gradual process and a great deal of work is needed to establish a common code of ethics to which all community members will abide.

4.2 Changes in Local Rewards and Punishments

The process of change within a group begins with a smaller critical mass of families, who together find themselves better off not cutting their daughters. Families must first begin to believe that the state of being uncut no longer carries a sense of shame, but honour and that to not cut their daughters is in their own best interest.

In Sudan, FGM/C is associated with family honour, morality, modesty and women's socially approved roles. Local values and systems of rewards and punishment for adhering to these values are more complex when communities are conservative, have close-knit kinship systems, and share communal resources, such as land. In the past and until recently, being uncut was linked to misbehaviour and a number of adverbs were used to describe the stigma. Words such as "Qulfa" or uncircumcised was a curse to both females and males. Nowadays, with national media, advocacy and social mobilization efforts, such as the *saleema* campaign, this is vanishing rapidly, especially in urban centres and among the educated.

In Gedaref State, the Ministry of Welfare and ROCSS rewarded families who chose to not cut their daughters. Certificates of recognition were given to families who were placed on an honour list that was publicly announced in a communal celebration. The list highlighted these families as positive examples that others should follow. Another reward system was initiated through pre-school education. Uncut girls and their families were provided with badges of honour and medals when graduating from kindergarten without being cut. The word *saleema* was written on the badges so the girls can feel proud of their status.

Although such rewards were limited to only certain groups targeted by the project, the national *saleema* campaign played a major role in elevating the value of uncut girls across the country. Scaling up the *saleema* campaign, which is expected to reach around 7,000,000 people in 2009, by using new communication messages in organized planned phases will reinforce its positive impact.

4.3 Social Dynamics

Within families

A number of elements influence a family to change their behaviour. In some cases, it is not external factors that influence families but family tradition. The al-Mahdis and al-Badris, two highly influential families in Sudan, and leaders of a political party, publicly abandoned FGM/C as early as the 1930s. Both families were pioneers in promoting the education of females and the participation of women in politics. Today, the families, which have grown to include thousands of members, encourage girls' education and civic engagement and include FGM/C abandonment in their political programmes.

Other families changed their position as a result of exposure to external factors, such as radio,

lectures, projects that focus on FGM/C, national debates and campaigns organised around ending FGM/C. In fact, there is evidence that value-based education was much more effective when it was reinforced by exposure to similar information through TV, radio and theatre. The deaths of young girls that were highly publicized through media and social movements also influenced families to abandon the practice. Among the educated and those who managed FGM/C abandonment projects, it became evident that their commitment to announce change was highly influenced by exposure to the additional knowledge and training they received in their leadership role.

Age also appeared to play a role in decision-making. Generational differences regarding attitudes about the practice were reflected by previous KAP studies and the experiences of the project reflect these differences. Older people, who tended to be against complete abandonment, took much more time to come to terms with those advocating for collective abandonment. Younger people tended to be less rigid, although in some instances, they showed resistance to full change on the grounds that it might contradict with religious duties.

For the most part, decisions about FGM/C continued to be in the hands of grandmothers and mothers. One exception was the Hadendawa ethnic group in Eastern Sudan. Here it was the men who ensured that the girls are cut to prepare them for marriage, and at a very early age. After focused and comprehensive interventions, however, the Hadendawa men agreed to the project, and became fully involved in its planning and implementation. Some of the men changed their opinions after religious scholars or sheikhs addressed the issue of FGM/C in the mosques and specifically delinked the practice from religion. These men today continue to refer to these statements by the sheikhs to remind themselves and convince others that there is no religious ground for the continuation of the practice.

Some men from Hadendawa even expressed more sexual satisfaction with uncut women. The sexual relations they spoke of, however, were extramarital. Since these men identified marital sex as a duty and means to reproduce legally, they attributed their satisfaction to the fact that their relations were extramarital, and not because the women were not cut. (ACORD, 2004)

Within communities

Community members were more likely to change their perspective on FGM/C when they saw that change came with benefits. It was important to introduce community development projects that would ensure a comprehensive package of services, but it was crucial that these benefits would not be perceived as only benefitting those involved directly in project activities. To avoid this perception, community needs were determined through a democratic process that enabled the community to elect management committees to run the projects and ensure that everyone benefitted. The process of change within communities accelerated once communities became convinced they were benefitting from the various interventions. External factors also helped to accelerate change, especially learning about the global concern of the problem and the need to modify the status of human rights in the country.

There was evidence that after a certain number of people changed their position, or after "authoritative figures" and leaders changed their position, a higher number of people also

became willing to change their position. This was true for all communities targeted by the project, especially when community leadership was involved and part of project management. Many families started to boast about being pioneers in stopping the practice within their extended families. In villages where community and religious leaders were actively engaged, communities became open to change at a faster rate than in those where projects targeted women and young people only.

Some individuals who had modified or abandoned their FGM/C practices early were willing to talk about their new behaviour. Women and men started to speak of stopping the practice openly during the training, community dialogue, and when documenting stories of abandonment. Some members of ethnic groups who did not traditionally practice FGM/C, but after moving to urban areas had begun the practice, said the programme had prepared them to revert back more quickly to their original customs. They were proud to speak out and to become role models for others (e.g., among Nuba groups in South Kordofan and some Hausa ethnic groups in eastern Sudan).

Across communities

Sudan is vast and the influence of communities upon one other depends on the type of kinship or mutual interests that link them. Communities in rural settings are geographically defined and can also be ethnically and tribally identified, while in urban areas, communities are usually made up of groups based on profession, age, gender, and other mutual interests and/or characteristics. Examples of these types of communities include the legislators and law enforcement community, the medical community, educators' community, social workers community, youth groups, volunteers and others.

A number of neighbouring communities participated in joint mobilization events. These events involved people from villages who had not participated in educational sessions before, exposing them to the FGM/C abandonment messages for the first time. In the period 2006-2008, 10 communities organised joint mobilization activities, recreation competitions and theatre work against FGM/C. Local tools such as written pledges and signatures on Taga cloth were collected, first in urban areas and later in rural settings to encourage collective action across communities.

Youth groups in universities, women groups and non-formal education graduates came together to call for collective abandonment. In fact, even universities not targeted by the project became interested in opening up discussion among their students about FGM/C. Finally, the extensive use of radio and TV in a coordinated manner and the use of community radio programmes broadcast in local languages ensured that all communities, even those not targeted by the programme, were exposed to the same FGM/C messages.

Evidence suggests that when communities interacted with one another, the "positive competition" that was generated supported the process of change, although there was no evidence that it sped up that process. Acceleration of change did however become evident when younger people were involved and when traditional leaders led the campaigns.

4.4 An Environment that Supports Change

The changes experienced by the Mahdis and Badris families mentioned earlier extended to larger groups connected to them, through politics and religious sects. The Ansar, for example, is a major religious political group to which both families are affiliated. To reach its followers, NGOs and civic groups invited the leader of Ansar to speak at the community leaders training programmes and organised public pledges to stop FGM/C. He also spoke during prayers to his followers, asking them to advocate against harmful practices, including FGM/C. In 2007, he even spoke about the importance of teaching young people about sexuality before they get married in an attempt to make the issue part of the political programme of Ansar's political party.

Gaining support among religious leaders, especially Sufist, was an important strategy. These groups cut across ethnicity and politics and their imams are highly respected and have the ability to influence decisions within families and communities. At first, some of the Sufist groups targeted by the project were reluctant to ask their followers to abandon the practice. They felt that if official religious groups had not raised the issue before as a problem, how could they justify doing so now. A great deal of work was done to train religious leaders at all levels so they felt comfortable and prepared to answer questions raised by local people.

As a result, many Sufist leaders have denounced the practice and higher level sheikhs/imams have signed statements to end it. In fact, one reputable Sufist religious leader (Sheikh Albura'i) publicly de-linked FGM/C from religion and composed a familiar religious song against the practice. His public declaration was videotaped and is still used after his death to help break the link between FGM/C and religion. Other well known community imams (e.g., Alsi AlSaraj and Abdel Nazir al Karouri) have written books to justify de-linking the practice from religion.

High-level political commitment to end the practice also helped to transform the social convention. The First Lady played an important leadership role to promote the abandonment of FGM/C. She spoke publicly about the need to end the practice at international meetings and in March 2008, "blessed" the *saleema* campaign, while pledging to join hands with civil society to end FGM/C signing on the 'Taga'.

NGOs and civil society were also extremely active at both the national and community level. Youth organizations, academic institutions and a wide range of civic groups joined in the campaign to end FGM/C. Even midwives were requested to make an oath when they graduated from school not to practice FGM/C and to be trained on a code of conduct. These groups educated others about FGM/C, lobbied and conducted social mobilization activities to support a national social movement to end FGM/C. Although the government's decision to drop Article (13) from the Child's Act was considered a set back, civil society moved swiftly to make this an issue of debate in the media and in public gatherings.

5. CONCLUSION

Sudan has half a century of experience addressing FGM/C and 30 years of experience in which awareness-raising campaigns have been organized on its harmful affects and advocacy has been conducted for its abandonment. As a result, a great deal of progress has been made in bringing the issue out into the open. Public discussion of FGM/C, once taboo, is now the norm in many areas of the country.

The Government has demonstrated increasing commitment to promoting the abandonment of all forms of FGM/C. Calls for abandonment of the practice are regularly made by a broad range of influential public figures, civic groups and activists. The national *saleema* campaign, launched by the First Lady, is mobilizing people across the country to join the effort to promote abandonment. Positive messaging has transformed the way FGM/C is discussed so that being uncut is now considered a possible alternative that no longer brings shame, but a sense of pride.

After significant progress in opening up public discussions, actors in Sudan are now working to accelerate the dynamics of change within targeted communities and within families using a strategy of values-based education, community dialogue and provision of community services. The strategy aims for collective abandonment through guided participatory processes that involve learning and consensus building. It promotes social change through a new understanding and respect for communities' traditions and values. It requires the engagement of a wide range of actors – from influential community and religious leaders to those whose voice is seldom heard, such as young people. It affirms that communities themselves must identify their priorities and actively participate in seeking out solutions.

Today, private discussions that would once never have occurred are being held within families, between husbands and wives and between elders and young people. On some radio programmes, adults and young people are even sharing their private stories of sexuality and marital problems. They are asking questions about FGM/C, including about psychological problems related to the practice and how its abandonment will affect their marriage prospects.

The process of changing social norms and traditional practices is complex and involves the interplay of many different forces. The Sudan experience demonstrates, however, that major shifts can occur at the community level and that widespread abandonment of FGM/C is possible.

References

Abdel Magied, Ahmed (1998), 'Some FGM Terminology between the Negative and Positive Impacts', Ahfad Journal, Vol. 15, No. 2.

Abdel Magied, Ahmed and Muna Omran (1999), 'The Uncircumcised Female is an Ideal State of Circumcision', Ahfad Journal, Vol. 16, No. 2.

Abdel Magied, Ahmed, Sulima Al Balla and Kawther Dawood (2000), 'Re-circumcision: the Hidden Devil of Female Genital Mutilation', Ahfad Journal, Vol. 17, No. 1.

Abdel Magied, Ahmed et al. (2001), 'Marital and Sexual Relationship between Spouses Before and After Birth of the First Child – Case Study: Abuja Displaced Camp, Jebel Aulia' (unpublished).

Abdel Magied, Ahmed, Maryam Mamoun and Sahar Ibrahim (2001), 'Sexual Experiences of Uncircumcised Sudanese'(unpublished).

Abdel Magied, Ahmed, S. Shulgami, S. Abugarga and R. Barakat (2000), 'Preliminary Assessment of the Contributions of Two Sudanese NGOs in the field of Abolition of FGM/FC in Sudan – Case Study, BBSAWS and SNCTP' (unpublished).

Abdel, Magied, Ahmed and Musa, Suad (2002), Sexual Experiences and Psychosexual Effect of Female Genital Mutilation (FGM) or Female Circumcision (FC) on Sudanese Women' Ahfad Journal, Vol. 19. No 1 Reprinted by Atlantis (2003), A Womens Studies Journal, FKN special issue 1.

Abdalla, Raqiya Haje Dualeh (1982), Sisters in Affliction: Circumcision and Infibulation of Women in Africa, Zed Books Ltd., London and New Jersey.

Ahfad University for Women (2000), Rural Extension Trips - Personal Communication and Interviews with Field Trip Supervisors.

Almroth, L. et al. (2001), 'A community based study on the change of practice of female genital mutilation in a Sudanese village'. International Journal of Gynaecology and Obstetrics, 74.

Aziz, F. A. (1980), 'Gynaecologic and Obstetric Complications of Female Circumcision', International Journal of Gynaecology and Obstetrics, 17, pp. 560-563.

Ba'asher, Taha (1979) 'Psychological Aspects of Female Circumcision'. WHO/EMRO, technical publication, No. 2, 71 – 105.

BBSAWS (1984), Action Report of the Workshop 'African Women Speak on Female Circumcision' Briefing Document Number 1, Khartoum, October 21-25, 1984.

Bedri, Amira and Sara El Rasheed (2000), A Profile on the Undertaken for the Eradication of Female Genital Mutilation in Sudan. A Documentary Study Produced for UNICEF, Khartoum.

Boddy, J. (1982), 'Womb As Oasis: the Symbolic Context of Pharaonic Circumcision in Rural Northern Sudan', American Ethnologist 9, no. 4.

Bredie, E. D., A. E. Lorenzen, A. Guickshank, J. S. Hovel, D. K. McDonald, Ali Bedri, Abdel Halim Mohamed, Abad Allah Abu Shamma and Al Mahi Al Tigani, (1945), Female Circumcision in the Anglo-Egyptian Sudan, McCorcodale Printing Press Sudan Government, 1185. Civil Service 5000, 6/51.

Daniel, W. F. (1847), 'The Circumcision of Females in West Africa', Medical Gazette of London.

Daw, R. C. (1970), 'Female Circumcision and Infibulation Complicating Delivery', The Practitioner.

DayfAllah, Mohamed Al-Nur (1971), Kitab al-Tabaqat, Edited by Yusuf Fadl Hasan, Khartoum University Press.

Department of Statistics, Ministry of Economic and National Planning, Sudan Demographic and Health Survey (1991), SDHS, Institute for Resource Development / Macro International, Inc, The Netherlands.

Diri, M. A. and G. L. Mark (1992), 'The Risk of Medical Complications of Female Circumcision', East African Medical Journal. Vol. 69.

El Dareer, Asma (1983), Woman Why Do You Weep? Circumcision and its Consequences, Zed Press, London.

El Dareer, A. A. (1983), 'Attitudes of Sudanese people to the practice of female circumcision', International journal of epidemiology.

El Fadil, Saad (2000), Gynaecological Complications of Female Genital Mutilation (FGM), Proceedings of the World Congress of Obstetrics and Gynaecology, Washington D. C. September 2000.

Gilbert, S. G. (1989), Human Embryology, University of Washington Press, Seattle, NA.

Gruenbaum Ellen, (1982), 'The Movement against Clitoridectomy and Infibulation in Sudan: Public Health Policy and the Women's Movement', Medical Anthropology Newsletter, Vol.13, No.2.

Gruenbaum, Ellen (2004), FGM in Sudan: Knowledge, Attitudes and Practices. Qualitative Research on Female Genital Mutilation/Cutting (FGM/FGC) in West Kardofan and Kassala States, Oficina de UNICEF Sudán, Kartum.

Guyton, Arthur C. (1991), 'Reproductive Physiology of the Female', Guyton Text Book of Medical Physiology, Saunders Company, Division of Harcourt Brace and Company, New York, London.

Hosken, Fran (1979), Genital and Sexual Mutilation of Females, WIN-News, Lexington.

International Statistical Institute (1979), World Fertility Survey, Netherlands.

Ishag, Sittana, Elsadik Amna Bedri, Ahmed Ali El Haj (1979), Present Situation of Female Circumcision in Sudan, in the proceedings of Seminar on Traditional Practices Affecting the Health of Women and Children, WHO, UNICEF, UNFPA.

Lightfoot-Klein, Hanny (1989), Prisoner of Ritual and Odyssey into Female Circumcision in Africa, Harrington Park Press, New York, London.

Lightfoot-Klein, Hanny (1983), 'Pharaonic Circumcision of Females in the Sudan', Medicine and Law 2, 18-19.

Lowry, T. P. (1967), 'Some Issues in the Histology of the Clitoris', The Clitoris, Green Inc., St. Lewis.

N. M. Mawad, O. M. Hassanein, (1994), 'Female Circumcision: Three Years Experience of Common Complications in Patients Treated in Khartoum Teaching Hospitals', Journal of Obstetrics and Gynaecology, Volume 14, Issue 1 .

Mudawi, Suliman (1974), The Impact of Social and Economic Changes in Female Circumcision, in Proceedings of World Congress of Obstetrics and gynaecology, Khartoum, Sudan.

Musa, Suad, A. Abdel Magied, Sulafa Mirgani and Shaza Al-Awad (2001), The Psycho-Sexual Effect of FGM/FC on Sudanese Women (unpublished).

Organization of African Unity (OAU) (1999), African Charter on the rights and welfare of the child.

Pitamber, Sunita and Omer El Haj Bilal (2000), 'A Study on the Situation of Female Genital Mutilation (FGM) in Khartoum, Sudan,' in Collaboration with Department of Gender and Development, UNICEF, Khartoum, Sudan, 2000.

Rushwan, Hamid et al. (1983), Female Circumcision in the Sudan, Prevalence, Complications, Attitudes and Changes, University of Khartoum.

Rushwan, Hamid (1994), 'The Health Consequences of Female Genital Mutilation from a Health Provider's Perspective' Presented at the Briefing Session on Female Genital Mutilation at the 47th World Health Assembly (Geneva, 9–11 May 1994).

Shandal, A. and Abul Futuh, Ahmed, 'Circumcision and Infibulation of Females,' Sudan Medical Journal, Vol. 69, 1967.

Siddiq, Mohamed, (2001), The Status of FGM/FC in Sudan Criminal Law, Workshop on: Formulation of a Legal Strategy and Plan of Action for the Abolition of FGM /FC in Sudan, Institute of Training and Law Reform in collaboration with UNICEF, 14-15th April 2001, Khartoum, Sudan.

Stillwell, D. L. (1967), 'Anatomy of the Human Clitoris', in Lowry, T. P., The Clitoris, Green Inc., St. Louis.

Sudan Attorney General Records: Sudan Penal Codes 1925, 1946, 1974, 1983 and 1991.

Sudan Federal Ministry of Health and the Arab League of Nations (1995), Sudan Demographic Survey on Mother and Child Health, National Centre for Health Information, Sudan (in Arabic).

Symposia (1989, 1991, 1996): Internet source.

Thomas-Koso, Olayinka (1987), The Circumcision of Women: A strategy for Eradication, Zed Books, London, New Jersey.

Toubia, Nahid and A. Izzat, Female Genital Mutilation: An Overview, WHO, Geneva, 1998.

UNICEF (2005), 'Changing a Harmful Social Convention: Female Genital Mutilation/Cutting', Innocenti Digest No.12, UNICEF Innocenti Research Centre, Florence.

UNICEF (2007), Coordinated Strategy to Abandon Female Genital Multiation/Cutting in One Generation: A Human Rights-Based Approach to Programming, UNICEF, New York.

UNICEF, UNFPA, WHO (1998), Consultation on the Elimination of Female Genital Mutilation. 14 – 16 December 1998, UNICEF, New York.

United Nations (1989), Convention on the Rights of the Child, 20 November 1989, United nations General Assembly, New York

Verzein, J. A. (1975), 'Sequel of Female Circumcision', Tropical Medicine, Vol. 5, 163-169.

Walt, Vivienne (1998), 'Village-by-Village, Circumcising a Ritual,' The Washington Post.

Walt, Vivienne (1988), 'Female Circumcision: A Village Issue,' Herald International Tribune.

WHO (2008), Eliminating Female Genital Mutilation: an Interagency Statement, WHO, Geneva.

WHO/UNICEF/UNFPA (1996), Statement, Female Genital Mutilation, WHO, Geneva.

Worsely, A. (1983), 'Infibulation and Female Circumcision. A study of a Life Known Custom,' Journal of Obstetrics and Gynaecology of the British Empire, Vol. 45.