Theme 1: Building the picture: where, when and why is FGM/C practiced, and are these changing?

Desk-based Studies

1(a) Multivariate Analysis of existing DHS/MICS data sets explain why the practice sustains, is changing, or abandonment has not started

For many years insufficient data did not allow the tracking of changes in FGM/C’s prevalence and distribution. Fran Hosken’s The Hosken Report (beginning in 1979 through 1994), was a pioneer in generating national estimates of FGM/C prevalence. In the absence of large scale, nationally representative data, however, Hosken was forced to rely on anecdotal accounts, but since then important sources of reliable data have been generated. Macro International (now ICF Macro) in 1989 first introduced a module on FGM/C in the population-based Demographic and Health Survey (DHS) in North Sudan, and subsequently varied forms of the FGM/C module have been implemented in many countries. UNICEF has also generated nationally representative data in its Multiple Indicator Cluster Surveys (MICS).

There are now more than 70 nationally representative surveys from over a 20-year period. UNICEF recently published a statistical exploration of these data, providing an overview of trends in prevalence, and associations with social, economic, demographic and other characteristics (UNICEF 2013). An innovative aspect of UNICEF’s analysis is interpretation from a social norms perspective. Also in 2013 [First name] Yoder completed another major analysis of existing DHS data. The findings in both reports are intended to inform the development of policies and programs for accelerating FGM/C’s abandonment. The analyses in these reports are limited to descriptive statistics and bivariate associations, however, and great deal can be learned from more refined multivariate analyses. We propose in-depth analyses of data from our six focus countries, beginning with Kenya, Nigeria and Senegal.

Purpose of Study:

Building Multivariate Models to Test Predictions from Theory Using the DHS Data

If FGM/C is a social norm, families are influenced by others in their communities when deciding whether to cut their own daughters. The identification of FGM/C as a social norm implies that the practice is interdependent, when individuals’ or families’ behaviors are conditioned upon their expectations of what others will think and do. Social norms theory predicts that parents will conform to the FGM/C norm if a) they expect a sufficiently large segment of their reference group will cut their daughters, and b) if they believe a sufficiently large portion of their social group believes girls should be cut and may sanction girls who are uncut.

Several analyses will assess the social dynamics and roles of social norms in FGM/C decision making: 1) individual preferences for the continuation of FGM/C, 2) beliefs on whether others are conforming to the practice (empirical expectations), and 3) whether there is an understood social obligation to have daughters cut (normative expectations). DHS data can be used to make inferences on social norms in several ways:

1. Are women in a community cut? This provides information on what a respondent may believe about the behavior of others, i.e. her empirical expectations.

2. What is the stated community support for continuation of FGM/C? This may be used as a proxy for normative expectations.
3. Ethnicity can also be inferred as a measure of FGM/C norms, given FGM/C’s noted importance as a marker of ethnic identity; there are, however well-known secular changes along ethnic lines, and associated factors will be explored.

Modernization and feminist theories also predict community correlation with FGM/C decision making, but specify particular causal pathways. A family’s decision to cut a daughter is predicted to be influenced by women’s educational and economic opportunities. Thus, a woman’s own education and socio-economic status, along with the education and labor force participation of women in her community and her age cohort, are expected to influence the likelihood that a woman’s daughter will be cut. Exposure to information on FGM/C, a woman’s autonomy in decision making, and her empowerment are also predicted as important influences on daughters’ risks of being cut.

To test predictions from theory, we will test the effects of key variables posited as influential in causal pathways, by levels: community, household, and individual factors.

Principal Investigator: Prof. Bettina Shell-Duncan

1(b) Analyses of DHS/MICS data: Overview of Statistical Trends, Outcomes and Debates on Medicalization of FGM/C.

In 2001 Bettina Shell-Duncan published a critical review, “The medicalization of female ‘circumcision’: Harm reduction or promotion of a dangerous practice?” In this review she argued that debates over FGM/C’s medicalization had been often cast in two models, the first a moral model, rooted in concerns of bioethics, with the key question, “Should we protect the health of women at the expense of legitimating a destructive practice?” The second model is a scientific model, posing an important empirical question, “Does medicalization counteract efforts to eliminate FGM/C and reduce rates of abandonment?” As this second question is empirical, examining the scientific evidence base on consequences of medicalization is possible. For systematic analysis, this question is broken into several components:

1. What are the major trends in medicalization?
2. What is the association between medicalization and prevalence of FGM/C?
3. Does the availability of presumably safer cutting options result in continued support for the practice of FGM/C?

The Role of Health Care Workers in Advocacy and Legal Regulation

Are health care professionals influential in advising those making FGM/C decisions? Should they be involved in advocacy against FGM/C? This new body of literature will be reviewed, in addition to exploring the debates over mandatory FGM/C reporting.

This statistical overview will address the claim that medicalization impedes progress in FGM/C abandonment.

Data Sources

To examine the evidence, this study will analyze nationally representative FGM/C data from 23 countries in Africa and the Middle East. In the past 20 years, reliable data have been generated in several major household surveys: DHS, Multiple Indicator Cluster Surveys (MICS) and Sudan Household Health Surveys (SHHS). A module on FGM/C was first developed for the 1989-90 DHS survey in northern Sudan. The FGM/C module has since been refined and standardized for both DHS and MICS surveys, now been administered in 29 countries in Africa and the Middle East. Nearly all surveys ask women of reproductive age (15-49 years old) about their own FGM/C statuses, as well as type of cutting, and by whom. Women with at least one living daughter are also often asked the same questions about at least one daughter, usually the most recently cut daughter or, in the most recent surveys, all daughters. The survey also asks women their opinions of whether the practice of FGM/C should continue. Data from 23 countries, with complete data on types of FGM/C and/or who performed it, will be analyzed.

Principal Investigator: Prof. Bettina Shell-Duncan
Multi-Country studies

2(a) The End of Female Genital Cutting in Senegal: Tracing Social Transformation through Social Networks, Investigating the Role of Gender and Intergenerational Influence

Study Objectives
1. To investigate the decision-making process regarding continuation, change, or abandonment of the practice of FGM/C.
2. To identify interdependent social norms, including gender norms that uphold or challenge FGM/C, and how these norms are enforced or contested.
3. To assess the nature, influence and importance of interactions among social network members in deciding to uphold, alter or abandon FGM/C, and identify when and how men are involved.
4. To identify the elder women and men who potentially occupy positions as influential leaders, and trace their networks of influence.
5. To understand whether and how a gendered and intergenerational approach to FGM/C intervention strategies may optimize effectiveness.

Methodology
The study team will:
1. Develop an ethnographic network quantitative survey protocol with instruments for collection of complete network data and pre-test the instrument.
2. Conduct focus group discussions (FGDs) in study communities, divided by age and gender, allowing us identification of social norms related to FGM/C and analyse how they are similar or different, between men and women, and across generations.
3. Conduct ethnographic network interviews on individuals interact for decisions about child well-being, including FGM/C.
4. Conduct capacity building activities to enhance skills on social network analysis. Specifically, a training seminar in Dakar will introduce social network methods, as well as a workshop on collection and analysis of social network data.
5. Document qualitative SNA methods so they can be replicated in study communities in Egypt and Sudan.

Expected Outcomes
Short-term outcomes: The field team training and study instrument pre-tests succeeded in reaching the necessary level of understanding of the study’s core objective, the SNA method, as well as the steps to follow and standards to observe when conducting in-depth interviews (IDIs), social mapping exercises and FGDs.
Long term outcome: Gender roles in FGM/C shifts and decision making identified and recommendations for future projects on gender-based FGM/C abandonment projects.

Principal Investigator: Amadou Moreau

2(b) Female Genital Mutilation /Cutting (FGM/C) Decision Making Process and the Role of Gender Power Relations in Sudan

Study Objectives
1. To trace the processes through which families reach a decision on FGM/C.
2. To determine the key decision makers in practicing FGM/C.
3. To examine the influential members of the community in decision making for FGM/C.
4. To explore the impact of gendered decision making (i.e. abandoning or shifting type of FGM/C) within families.
5. To determine the impact of empowering young girls on age shifts in FGM/C.
6. To understand how changes in context can lead or affect decision making about shifts in practice.

Methodology
The study seeks to explore and understand how different individuals, parents and families reach decisions on FGM/C, and factors that influence them. The study will be conducted within the social network
theoretical framework, and will trace the decision making processes of different families, outline the individuals involved in FGMC decisions, and their interactions.

The study is a community-based cross sectional study in Khartoum and Al-Gedaref states. The study includes a limited household survey using a pre-tested questionnaire with both closed and open-ended questions, followed by a qualitative part informed by the survey’s results for in-depth knowledge of the complex issues covered by the study using a combination of qualitative methods that include FGDs with small groups of men and women (4-6) separately, semi-structured IDIs with key informants within different communities and a selection of individuals for either case study or life history.

Expected Outcomes
The findings generated from this research will help address major challenges facing Sudan campaigns for FGM/C abandonment including:

1. Understand the processes and issues deliberated within families and identify key moments/events in the process, to design messages and prioritize intervention and their timing.
2. Identify the most influential actors who decide whether to practice FGM/C based on the type/severity of cutting, to improve intervention targeting.
3. Understand how different contexts affect FGMC decision making.
4. Understand how gender relations affect FGM/C attitudes and empowerment mechanisms for women’s and men’s abandonment.
5. Identify areas requiring further in-depth research.
6. Understand intermediary changes that can be supported to encourage full abandonment.

Principal Investigator: Dr. Ahmed Gamal Eldin

3(a) Medicalization of FGM/C in Nigeria: Families and Health Workers Perspectives

In building a bigger picture of where, when and why FGM/C is practiced, and what changes are occurring, Population Council Nigeria is conducting a project to inform the design and implementation of abandonment interventions through improved understanding of the factors contributing to continuation of FGM/C through medicalized procedures.

Study Objective
1. To better understand the context and rationale for families’ decision to seek a medicalized form of FGM/C rather than abandon the practice
2. To better understand the context and rationale for health workers’ decision to perform FGM/C—or not
3. To identify interventions/approaches that may prevent shifts to medicalization and sustained FGM/C practice.

Methodology
To achieve the study objectives, the study team is implementing a range of research activities;

1. Literature review providing the various studies and interventions on FGM/C medicalization in Nigeria.
2. Additional primary research: A community based, qualitative cross-sectional study in Delta, Ekiti, Imo, and Kaduna states, selected because of their relatively high FGM/C prevalence and medicalization, according to Nigeria DHS 2013 data (National Population Commission 2013). Qualitative analysis of IDIs with primary decision-makers of whether a girl/woman undergoes FGM/C in families that 1) sought medicalized FGM/C for their daughter(s)/ward(s) and 2) sought traditional FGM/C for their daughter(s)/ward(s) will be conducted. In-depth interviews will also be conducted among health workers who perform FGM/C.

Expected Outcomes
A robust body of knowledge and evidence that is widely available to key stakeholders.
1. A summary of the literature on FGM/C studies and interventions in Nigeria.
2. A synthesis of findings, aiming to generate information on the drivers of the shift to medicalization and the implications for interventions designed to halt the shift enabling Nigerian advocates, policymakers, and program implementers to effectively design FGM/C abandonment interventions.
3(b) Medicalization of FGM/C in Sudan: Health Care Provider and Families’ Perspectives

Study Objectives
1. To identifying the level of shift in the type and age of cutting among different contexts and social groups.
2. To facilitating the understanding of the drivers and factors behind the shift of FGM/C type, medicalization including re-infibulation and age of cutting among family members and health care providers.
3. To explore interventions and alternative approaches that may prevent medicalization and sustenance of FGM/C practice, including re-infibulation.

Methodology
A community-based, cross sectional, comparative, in -depth study in Khartoum and Al-Gedarif. The study population will comprise the mother, father, older sibling (if over 18 years), and girl herself (if older than 18 years), and grandmother (if available), selected from the following informants:
1. Families from the same community who practiced medicalized FGM/C on their daughters.
2. Families of the same communities who have not practiced medicalized FGM/C on their daughters.
3. Health care providers offering medicalized FGM/C (including traditional birth attendants) services.

Data collection will include a small scale survey, in-depth interviews, focus group discussions and case studies, all in Arabic, with the findings later being translated to English.

The small scale (mapping) survey uses non-probability sampling, to identify 480 families that meet the selection criteria, with a stratified two-stage sampling design. In-depth interviews and FGDs with families identified through the mapping survey or purposive snowball sampling, in case criteria are not reached, will be assisted by key informants from partners (universities, NGOs, women groups formed by GRACE and CBOs working on FGM/C). Analysis will commence during the interviews with complex analysis after the completion of data collection and interview transcription. Nonverbal cues, audio recordings, and transcription will be listened to and read thoroughly several times, with major themes identified.

Expected Outcomes
This study is expected to generate results that will inform interventions and policy to accelerate FGM/C abandonment by:
1. Identifying changes in FGM/C (through levels of shift in type, age and performer) and attributing factors;
2. Highlighting the attitudes and readiness of different health providers for not cutting and motivating factors;
3. Recommending future interventions and approaches to influence families and health providers’ choices and practice of FGM/C medicalization.

Principal Investigator: Dr. Nafisa Bedri

3(c) Medicalization of FGM/C in Kenya: Families and Medical Professionals Perspectives

In building a bigger picture of where, when and why is FGM/C practiced, and what changes are occurring, Population Council Nairobi is conducting research to establish how and why shifts in FGM/C including medicalization occur and are sustained among families, along with the role of health care providers offering the services in Kenya.

Study Objectives
1. To identify the factors associated with families who seek medicalized FGM/C, to help understand shifts in the practice;
2. To determine the factors in the shift to medicalized FGM/C among families in selected communities;
3. To determine the factors for offering medicalized FGM/C by health care providers;
4. To establish the magnitude of medicalized re-infibulation among Kenyan Somalis;
5. To establish the magnitude of shifts in in the severity of cutting (from infibulation to sunnah) among Kenyan Somalis; and cutting at a younger age among selected Kenyan communities.

Methodology
To ensure the study objectives are achieved, the team is implementing the following research activities;

1- **Literature review** providing the various studies on FGM/C medicalization in Kenya.
2- **Primary research**: A qualitative study conducted in Nairobi, Kisii, Kuria and Garissa counties in Kenya focusing on families (men and women) with medically-cut girls ages 0-15 years and women of reproductive age (15-49 years), to elucidate the experiences and factors associated with medicalization. Health care providers will be targeted while community leaders and various community members will be given opportunity to explain their views regarding this shift in FGM/C. Focus group discussions, IDIs and open-ended questionnaires will be used for data collection from the various categories of respondents/participants.

Expected Outcomes
Generate a robust body of knowledge on the shifts in FGM/C practice that can be applied to inform policies, investments and programmes, including:

1. A synthesis of the literature on FGM/C related problems and medicalization in Kenya.
2. Case studies that shed light on the factors driving continuation of the practice through a medicalized procedure including examples that document the experiences of families that sought a medical procedure and the health workers who decided to start offering this service. Medicalized
3. A synthesis of findings from health workers and the Kenyan Somali communities on the shifts in cutting and re-infibulation, the reasoning and perception of less severe cutting, its social acceptability, and the role played by the concept of Sunnah. Additionally, aim to identify alternative approaches that could counteract FGM/C practice shifts by redirecting norm-changing interventions away from the health aspect of the practice.
4. Research paper that captures the shifts in the FGM/C practice, medicalization and how this information can be utilized for meaningful policy and programme changes.

**Principal Investigator: Dr. Samuel Kimani**

3(d) **Medicalization of FGM/C in Egypt: Health Care Providers' and Mothers’ Perspectives**

In building a bigger picture of where, when, and why is FGM/C practiced, and what changes are occurring, Population Council-Egypt is conducting research to explain the reasons motivating communities to change the nature of the practice rather than abandon it.

**Study Objectives**

1. To identify the factors responsible for continuation of FGM/C by physicians
2. To identify the gender norms that support continuation or question the practice of FGM/C by health practitioners, and mothers
3. To explore the role and influence of egocentric networks (reference groups) in decisions to either practice or abandon FGM/C
4. To identify gaps in FGM/C, sexuality, and gender education of medical practitioners

**Methodology**
The study team is implementing a range of research activities to ensure the study objectives are achieved; and the findings taken up effectively. -

1- **Literature review** providing the various studies on FGM/C medicalization globally and in Egypt.
2- **Primary research**: Conduct a qualitative study whose methodology involves collecting qualitative data through FGDs: with male and female physicians and nurses; with mothers who had their daughters cut either by a doctor or a traditional birth attendant; and IDIs with physicians and nurses to discuss more sensitive aspects of the topic, including mystery clients visiting practitioners in their private clinics or public health facilities. The study will be carried out in three governorates: Cairo, Upper Egypt and Lower Egypt.
Expected Outcomes
The study will generate a robust body of information that is widely available to key stakeholders. The study findings will be used to develop policies on FGM/C that can be used by all stakeholders in their programmes.

1. A summary of the literature on FGM/C medicalization in Egypt.
2. A synthesis of findings, aiming to generate information on the medicalization of FGM/C and how this information can be utilized for meaningful policy and programme changes. This will be a 20-30-page Project Report in English.
3. Research dissemination and communication through national advocacy that will yield research uptake and utilization.
4. Other research products include a 10-15-page working paper as well as a 6-8-page policy brief (in English and in Arabic)

Principal Investigator: Dr. Omaima El Gebaly

3(e) Female genital mutilation/cutting in Somalia: A qualitative study exploring potential shifts in the practice and their societal drivers

In building a bigger picture of where, when and why is FGM/C practiced, and what changes are occurring, Population Council-Kenya is conducting a research project to (i) explore and understand, through a social norms lens, the drivers of the shift to medicalization, the severity in cutting, continuation and abandonment of FGM/C and, (ii) document and explain how the role of health systems can be strengthened for the prevention and management of FGM/C.

Study Objectives
1. To explore views and experiences of married and unmarried men and women on FGM/C and potential changes in its practice (i.e., in terms of age, cut severity and medicalization)
2. To explore views, experiences and motivations of healthcare workers on FGM/C who offer FGM/C services (including counselling)
3. To explore the individual, familial and societal factors that may contribute to a decline or continuation in the practice of FGM/C
4. To explore how interventions intended to engage healthcare workers as change agents and/or as treatment providers, rather than merely providers of FGM/C services
5. Determine how the capacity of healthcare systems can be strengthened to respond to the management of women and girls who have undergone cutting and preventing the practice

Methodology
The study team is implementing a range of research activities to ensure the study objectives are achieved:

1. Literature review of the various studies, outcomes and interventions on FGM/C medicalization in Somaliland, Puntland and Somalia.
2. Additional primary research: undertaking a cross-sectional qualitative study design, employing multiple research methods: (i) conducting FGDs with married mothers and fathers and unmarried men and women and IDIs with health workers and health system managers; (ii) reviewing health service FGM/C monitoring and evaluation documentation, service statistics and systems (including health personnel capacities), and (iii) conducting consultative meetings with key stakeholders and FGDs with community members to examine the effect of existing FGM/C interventions.
3. The study will be conducted in two regions in Somaliland, namely Awdal and Maroodi Jeex (Wajooyi Galbeed). The study will target Borama and Hargeisa districts in Awdal and Maroodi Jeex regions, respectively.

Expected Outcomes
1. A synthesis of the literature on FGM/C, looking at studies and interventions in Somalia.
2. A synthesis of findings, providing rich empirical insights into the social determinants underpinning the shift in the type of FGM/C practiced, both from a familial and healthcare worker perspective, and its contribution to the continuation of the practice, and; suggesting
potentially successful programmatic interventions aimed at ending FGM/C *per se*. The findings will also identify knowledge, skills levels and capacities among the health care professionals and shed light on health facility capacity to care and prevent FGM/C.

3. Communication products generated that will contribute to the management of girls and women exposed to FGM/C as well as prevention of the practice within the healthcare system and in the community setting. These findings will be actively promoted in a systematic manner via a rigorous dissemination and information uptake plan that will include key stakeholder engagement initiatives aimed at consolidating the policy and operational framework conducive to the ending of the practice.

*Principal Investigator: Richard Powell*

**Theme 2: Abandonment interventions - What is working, where, and why?**

**Desk-based Study**

4(a) **Mapping the Evidence: A Compendium of FGM/C Interventions and Assessment of the Quality of Studies**

The number and variety of targeted FGM/C interventions have grown substantially, especially since the creation of the UNFPA-UNICEF Joint Programme on FGM/C: Accelerating Change. Although some documents map the broad approaches used and summarize what is known, the field lacks a comprehensive compendium of ongoing, recently completed and planned interventions, structured to describe the interventions in sufficient detail and provide evidence of feasibility and effect.

**Study Objective**

ACCAF and Population Council have jointly undertaken a mapping exercise to:

1. Map what is being tried—what we know about FGM/C interventions and broader research globally from the year 2000 to date?
2. Generate summary descriptions of each intervention and based upon the findings, share findings on the range and types of FGM/C interventions located, to a wide audience through an online platform
3. Assess the evidence for ‘what works, what are promising investments’

**Methodology**

The study team is implementing a range of research activities to ensure the study objectives are achieved; and the findings taken up effectively.

1. **Mapping exercise**: Compile a compendium of FGM/C Interventions and Research studies documented from 2000 to 2016.
2. **Conduct a rapid evidence assessment**: Assess the quality of studies (what works), both in terms of looking at evidence around particular interventions and also broader research that might look across interventions; and produce evidence for effective FGM/C intervention programs on “what works, including the key trends and gaps in knowledge/evidence that needs to be filled.

**Expected Outcomes**

1. A summary describing the details of the methods used, the technical details of the review databases and the range and types of interventions globally from the year 2000 to 2016
2. The synthesis of findings will provide information on what works (and what doesn’t) with an assessment of the strength of the evidence. This will produce a 20-30-page report in English.
3. Access to database, share summary descriptions of each intervention interactively to a wide audience through an online platform. These will be downloaded or accessed through the programme network website.
4. At least one research product explaining the main messages from the assessment process.

*Principal Investigator: Dr. Tammary Esho*
Multi-Country studies

5(a) Understanding the Key Elements for Designing and Implementing Social Marketing Campaigns to develop Creative Approaches for FGM/C Abandonment in Sudan

The goal of this study is to understand the elements, development processes and implementation of Social Marketing Campaigns (SMCs), as an innovative approach to accelerate social norm change pertinent to FGM/C abandonment in Sudan.

Study Objective
1. To examine the design and implementation processes of SMCs as an approach used to influence change towards FGM/C abandonment in Sudan
2. To seek out people’s opinions - community at large and some specific groups selectively targeted by SMCs- on the appropriateness of the SMC components within their local contexts for the abandonment of FGM/C in Sudan
3. To identify the challenges influencing the effectiveness of the application of SMCs towards FGM/C abandonment in Sudan
4. To identify and highlight the best practices and lessons learned during the development and implementation of SMCs for the abandonment of FGM/C in Sudan

Methodology
The study will be conducted in two states: (1) Khartoum which is the central state, where the capital city is located, representing a widely diverse spectrum of population, institutions and modes of living and (2) Al Gadaref State which is in the eastern part of the country where many stakeholders have been actively involved in interventions to abandon FGM/C and is one of the few states where a legal step has been taken, passing a law to prevent and criminalize the practice of FGM/C.

The study follows a mixed method approach where the triangulation of data sources, data collection tools and data analysis techniques are utilized. The population of the study includes 1) institutions which design and/or implement SMCs for FGM/C abandonment; 2) the community at large who are targeted by the different interventions and SMC messages, excluding some specific target groups to whom some customized activities were delivered. The unit of analysis for the larger community includes the households in the localities of both states. The sample elements will consist of a minimum of 3-4 adults (parents/guardians, sons and daughters) purposively selected from each household. Data collection tools include observations, questionnaires, interviews and FGDs.

Expected Outcomes
1. Targeted communities and stakeholders concerned about FGM/C have the opportunity to improve their understanding of relevant and innovative SMCs for FGM/C abandonment.
2. Findings on what worked well and opportunities to sustain or replicate SMCs for FGM/C abandonments in different contexts, which implies improved capacity for more effective interventions available to actors (designers and implementers) of SMCs for FGM/C abandonment.
3. The research uptake enlightens leaders and representatives of targeted communities of new knowledge and expectations for contextually relevant/appropriate SMCs for FGM/C.
4. Revised or new policies for FGM/C abandonment guided by the study implications on existing policies and policy brief.
5. Improved skills and competence of researchers (specifically) at GRACE and data collectors as seed for RH/FGM/C researchers’ hub.

Principal Investigator: Dr. Widad Ali A. Rahman
5(b) Understanding the Key Elements for Designing and Implementing SMCs against FGM/C in Egypt

In building a bigger picture of where, when and why FGM/C is practiced, and what changes are occurring, Population Council-Egypt is conducting a research project to provide key insights into the design and implementation of Social Marketing Campaigns (SMCs) to change social perceptions of uncut girls and promotion of the abandonment of FGM/C.

Study Objective
1. To map and identify the social marketing activities held against FGM/C in Egypt over the last 10 years;
2. To understand the types of elements and abandonment approaches that were recognized by target audiences on FGM/C;
3. To understand target audiences’ responses to social marketing campaigns; and
4. Draw lessons learnt in the SMCs for the abandonment of FGM/C and generate recommendations for more effective SMCs.

Methodology
In order to achieve these objectives, the study team is implementing a range of research activities;
1- Literature review: A desk review of background materials and grey literature will be undertaken on social marketing approaches and FGM/C abandonment in Egypt.
2- Secondary analysis of DHS, HIS and SYPE: A secondary analysis of the 2015 DHS data set as well as that of the 2015 Health Issues Survey (HIS) will determine what is related to the sources of information on FGM/C received by men and women. We also intend to conduct secondary analysis of the 2014 Survey of Young People in Egypt (SYPE) on the usage of social media and internet amongst youth.
3- Additional primary research: A qualitative study, where data collection will be through: (1) FGDS with community members and parents (age 25-45) of girls (age 10-14) from Cairo, Upper and Lower Egypt governorates; (2) FGDS with male and female youth (ages 18 to 24); (3) IDIs with key informants and managers of previous campaigns.

Expected Outcomes
1- A summary of the literature review providing documentation of the various social marketing approaches used for FGM/C abandonment in Egypt since the Free FGM-Village Model in 2003. The review will also include the best social marketing practices on FGM/C abandonment at regional and global level.
2- A descriptive report that includes the characteristics of men and women who were exposed to the various methods of FGM/C information in 2008 and 2014. The analysis will also identify the trends in knowledge and attitudes about FGM/C and levels of social media usage.
3- A synthesis of findings, aiming to generate knowledge of the design and implementation of SMCs and how this information can be utilized for meaningful policy and programme changes. This will be a 20-30-page report in English.
4- Other research products include a 10-15-page final paper as well as a 6-8-page policy brief (in English and in Arabic).
5- National advocacy and dissemination meeting(s).

Principal Investigator: Salma Abou Hussein

5(c) Understanding how interventions designed to change social norms through public declarations work in Somalia

Conceptualizing the study
Drawing on evidence from Senegal and The Gambia (Shell-Duncan et al 2011), which commends that interventions for accelerating FGM/C abandonment should target social networks, and particularly those that are intergenerational and which include both men and women. Given the strong potential of such approaches, this study aims to understand interventions that have sought to change social norms. How best to engage with and influence existing social networks is a key challenge for FGM/C programming. The exact nature of community values deliberations (CVD) activities that effectively lead to changes, and how and why they work, and their relationship with organised coordination of abandonment through public
declarations (PD) are rarely reported in sufficient detail to be useful to programme managers wishing to replicate the strategy.

**Study Aim**
Undertake a study in two or three settings, documenting the design, implementation process as well as generating further evidence to validate the CVD-PD theory of change for FGM/C

**Methodology**
1. We will adapt an analytical method for research on interventions that have used, or will use CVDs with PDs in two or three settings. Our analyses will follow the “grounded theory” methodology developed by Cislaghi, Gillespie and Mackie during their Tostan model evaluation.
2. We propose to use multiple qualitative methods, with non-participant and participant observation, focus group discussions, and in-depth interviews for a rich mix of evidence from various perspectives
3. We will also use social network analysis to explore and understand how the PD intervention operates in community social networks. Research using social networks methods can lead to an improved understanding of how social interactions influence the formation and changing of norms related to FGM/C and whether knowledge of network characteristics can inform intervention design to accelerate diffusion of change.

**Expected Outcomes**
1. A synthesis of the literature review and documentation of the PD approach in Somalia;
2. A synthesis of findings, aiming to generate knowledge of the design and implementation of PD approach; providing important case studies, broadening the evidence base on the feasibility and effectiveness of the PD approach and enhance understanding of its theory of change.
3. Other research products and summaries for use during dissemination meeting(s)

**Theme 3: What are the wider impacts of FGM/C?**

**Desk-based Study**

**6(a) Synthesis of Evidence on the associations between FGM/C and HIV, Infertility, Fistula and Child/girl Marriages**

Infertility, HIV, fistula and child/girl marriage are frequently cited by policymakers and advocates as among the many adverse health outcomes thought to be associated with FGM/C because of their severity and associated stigmatization. However, relatively little, rigorous evidence is available for each.

**Study Objective**
Provide synthesis of the evidence and analyses of DHS/MICS data from multiple African countries to explore the associations and relevant correlates of FGM/C.

**Methodology**
1. Review and summarise the literature, providing a state of the art synthesis on the most recent evidence available on the associations between FGM/C and the various variables of interest.
2. Undertake further multivariate analyses of the DHS/MICS datasets from African countries that have the relevant data to explore the associations and relevant correlates of FGM/C.

**Expected Outcomes**
1. A summary of the literature review providing key findings in lay language
2. A report providing easily understandable findings that would be useful to health workers, programme managers, and advocates (including RH and HIV)
3. Findings from the analyses will be integrated into short summary briefing papers that will be shared widely with various audiences globally.