

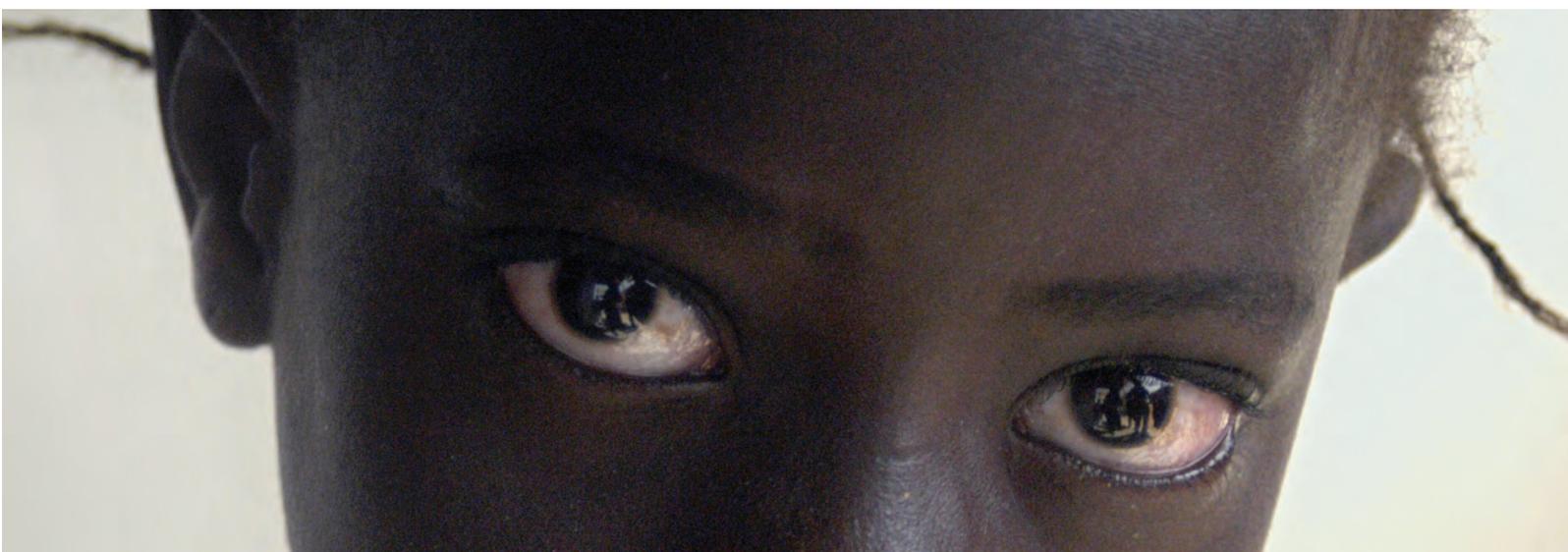
Module 2 Unit 3

This is a **REQUIRED READING**.

UNICEF (n.d.). Coordinated strategy to abandon female genital mutilation/cutting in one generation: A human rights-based approach to programming [technical note]. Retrieved from http://www.polisci.ucsd.edu/~gmackie/documents/unicef_coordinated_strategy_to_abandon.pdf. [pp. 1-3, 13-18, and 22-25]. [12 p.]

Technical Note

COORDINATED STRATEGY TO ABANDON FEMALE GENITAL MUTILATION/CUTTING IN ONE GENERATION



For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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INTRODUCTION

“Every year, three million girls [...] are subjected to genital mutilation/cutting, a dangerous and potentially life-threatening procedure that causes unspeakable pain and suffering.¹ This practice violates girls’ and women’s basic human rights, denying them of their physical and mental integrity, their right to freedom from violence and discrimination, and in the most extreme case, of their life.”²

The coordinated strategy presented in this technical note describes a human rights-based approach to female genital mutilation/cutting (FGM/C) programming. The note aims to provide guidance to programmers who are supporting large-scale abandonment of FGM/C in Egypt, Sudan and countries in sub-Saharan Africa.

To provide a more comprehensive understanding of FGM/C as a social convention, this coordinated strategy includes an in-depth examination of the research documented by the UNICEF Innocenti Research Centre in ‘Changing a Harmful Social Convention: Female genital mutilation/cutting’, *Innocenti Digest* (UNICEF, Florence, 2005). Its focus is limited to the social dynamics of the practice at the community level, and it applies game theory, the science of interdependent decision-making, to the social dynamics of FGM/C.

This strategy does not cover everything that occurs at the community level, but rather, looks at the practice from the perspective of a particular type of social convention described by Thomas C. Schelling in *The Strategy of Conflict*. It introduces an innovative approach to FGM/C programming that is intended to bring about lasting social change.

It provides a:

- Review of the current status of FGM/C.
- Detailed account of the social dynamics of FGM/C, using theoretical models based on game theory analysis.
- Graphic illustration of the organized diffusion strategy model, which traces the spread of information beginning with a small number of people and expanding to influence larger groupings of people.
- Vision and guiding principles.
- Goal by 2015.
- Communication approach to initiate and support social convention shifts.
- Strategic direction by subregions.
- Summary of UNICEF’s concept of a protective environment for children.
- Monitoring and evaluation strategy, based on commonly agreed indicators.
- Modular approach to costing.

Innocenti Digest conclusions

The *Digest* provides a much-needed analysis of FGM/C. Central to the *Digest* is an understanding that this complex practice is a social convention linked to marriage – concurring with the premise that families carry out FGM/C to ensure the marriageability and status of their daughters within the intramarrying community. The *Digest* presents a careful analysis of the types, prevalence rates and locations of this practice. It also details current efforts to encourage FGM/C abandonment through interventions at international, national and local levels. The conclusion of the *Digest* provides a summary of the underlying factors perpetuating FGM/C and the steps necessary to bring about its abandonment:

“Female genital mutilation/cutting has been perpetuated over generations by social dynamics that make it very difficult for individual families as well as individual girls and women to abandon the practice. Even when families are aware of the harm it can bring, they continue to have their daughters cut because it is deemed necessary by their communities for bringing up a girl correctly, protecting her honour and maintaining the status of the entire family. Not conforming to the tradition brings shame and stigmatization upon the entire family and prevents girls from becoming full and recognized members of their community.

“This *Digest* demonstrates that change is possible. Societal attitudes do shift and communities are making the choice to abandon this harmful practice. The elements needed to transform communities have become increasingly clear.

“The most successful approaches guide communities to define the problems and solutions themselves to ensure that they do not feel coerced or judged. They also encourage communities who have made the decision to abandon the practice to publicly declare their choice and spread their message to their neighbours. Approaches that are based on the principles of human rights have demonstrated the greatest potential for promoting the abandonment of FGM/C. Rather than addressing FGM/C in isolation, they focus on building the capacity of people, especially of girls and women, to promote and safeguard their own human rights. Finally, communities need support if they are to abandon FGM/C on a large scale. They need the engagement of traditional and religious leaders, legislative and policy measures, fora for public debate, and accurate and culturally sensitive media messages.

“The time is right to catalyse a global movement for positive and lasting change. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child represent important international standards to shape States’ policies and programmes to address and promote the abandonment of FGM/C and other harmful traditional practices. Regional initiatives are building on a growing momentum to end the practice. In Africa, ratification of the Maputo Protocol to the African Charter on Human and Peoples’ Rights [entered into force 25 November 2005] reaffirms States’ commitment to promoting and protecting the human rights of women and children.

“Ending FGM/C is an ever-growing reality. The basic knowledge of how best to support communities to end FGM/C exists today. It can be applied widely, within and across countries. With global support, it is conceivable that FGM/C can be abandoned in practising communities within a single generation.”

Foot-binding and FGM/C

Important and instructive parallels between FGM/C and the well-documented practice of foot-binding in China help explain how such harmful social conventions first developed. In ‘Ending Footbinding and Infibulation’,³ Gerry Mackie describes the similarities between the two practices. Among the correspondences between foot-binding and FGM/C, they both:

- Are nearly universal customs within groups where they are practised; they are persistent and are practised even by people who oppose them.
- Control sexual access to females and promote female chastity and fidelity, at least in their origins.
- Are considered to be necessary for proper marriage and are believed to be sanctioned by tradition.
- Seem to have a past of contagious diffusion and are supported and transmitted by women.

The practice of FGM/C, like that of foot-binding, is thought to have evolved in the context of a highly stratified empire, in which the emperor and his elite used it to control the fidelity of their many female consorts. With time, these practices came to be adopted by families in lower strata of society to enable their daughters to marry into higher strata. Foot-binding and FGM/C eventually became essential signs of marriageability throughout the respective empires and in all but the poorest groups in society. In this way, the practices became social conventions that had to be observed if a girl was to find a husband – conventions that persisted after the original imperial conditions faded.

The strategy used by reformers to end the practice of foot-binding had three key elements: They educated the population that the rest of the world did not bind women’s feet and that China was ‘losing face’ by continuing the practice. They explained the advantages of natural feet and the disadvantages of bound feet. And they formed ‘natural foot societies’ whose members pledged not to allow their sons to marry women with bound feet, as well as not to bind their daughters’ feet.

The reformers’ strategy was very successful and supported the hypotheses that foot-binding was a self-enforcing convention and that to end the practice, a shift in social convention was required. This same strategy can be used in the abandonment of FGM/C, as described in this technical note. *Annex I* compares foot-binding and its abandonment in China with traits of FGM/C and its abandonment in Egypt, Senegal, Somalia and Sudan. The annex lists the main operating social mechanisms of both practices, along with the similarities and differences for more than 30 traits.

¹ It has been calculated that 3,050,000 girls were subjected to FGM/C on the African continent in 2000 (figure courtesy of Stanley Yoder, Measure DHS, ORC Macro). This figure is derived by taking the number of females born in 2000 in these countries, calculating a loss due to infant mortality, and multiplying the resulting figure by the prevalence of FGM/C among the 15- to 24-year-old cohort in each of the countries where FGM/C is practised. The resulting figure is approximate, in part because there are no figures for prevalence among girls younger than 15, and in part because there is uncertainty over FGM/C prevalence in a number of countries, including the Democratic Republic of the Congo, the Gambia, Liberia, Senegal, Sierra Leone and Sudan.

² United Nations Children’s Fund, ‘Changing a Harmful Social Convention: Female genital mutilation/cutting’, *Innocenti Digest*, UNICEF Innocenti Research Centre, Florence, 2005, p. vii.

³ Mackie, Gerry, ‘Ending Footbinding and Infibulation: A convention account’, *American Sociological Review*, vol. 61, no. 6, December 1996, pp. 999–1017.

CHAPTER 2: THE SOCIAL DYNAMICS OF FGM/C

2.1 Social convention theory: A brief account

This section expands on the third chapter of the *Digest*, which is devoted to the social dynamics of FGM/C and is a necessary introduction to better understanding of the material in this technical note.

The social processes of FGM/C resemble the social dynamics of the self-enforcing social convention theory identified by Schelling.¹ Families carry out FGM/C to ensure the marriageability and status of their daughters within the intramarrying group. For marriage and for status, what one family chooses to do depends on what other families in that community choose to do. No one family can abandon the practice on its own; to do so would ruin the marriageability and status of that family's daughters. To change the convention, it is necessary to coordinate abandonment by the intramarrying community as a whole.

To succeed at such mass abandonment, it is not necessary at the outset to gain the support of the entire community. Following the logic of Schelling's social convention theory, if an initial core of families within a larger intramarrying group decides to abandon FGM/C, it is immediately in the interest of this initial group to recruit other families in the community to abandon cutting. By recruiting other families, the core group that has agreed to abandon cutting increases marriage choices for those within the non-cutting subgroup. Similarly, it is immediately in their interest to persuade others of the disadvantages. In other words, the knowledge and actions of one family or community can spread to other families or communities through social networks, provided that this process is organized towards coordinated abandonment.

There are two thresholds in the type of convention shift identified by Schelling. First, the initial core group mentioned above must mobilize a sufficient number of people to become self-sustaining (a 'critical mass'). Second, the growing core group, at some point, must become a large enough proportion of the intramarrying group to create a 'tipping point'. Once past the tipping point, a shift to the new convention becomes irreversible for most of the population. After the convention shift, the practice is no longer linked to marriage, and thus there is no reason to return to FGM/C.

Because of the conventional nature of the practice – what one family chooses to do depends on what other families choose to do – it is unlikely that the shift from a convention of cutting to a convention of not cutting would come about spontaneously. After the core group is mobilized, a sufficient proportion (past the tipping point) of families willing to abandon the practice must be enrolled – which would be unlikely in the absence of an organized abandonment effort. There must also be a moment of social recognition, e.g., a public declaration, where the ending of the practice is witnessed – a moment of coordinated abandonment when most people are assured that most other people are ending the practice. Only at this point is the marriageability and status of their uncut daughters assured.

Three assumptions are made below:

- FGM/C is linked to marriageability.

- The typical family or daughter prefers marriageability to non-marriageability.
- People will always move to the highest possible value among their available choices.

2.2 The game-theoretic model

The following section provides a more in-depth explanation of game theory as it relates to social convention theory. The reasoning is not intrinsically difficult, but the method may be unfamiliar to many people.

Static version

a. Interdependent decision-making: Game theory is the study of interdependent decision-making. The choice made by one player in the game depends on the choice made by the second player, whose choice, in turn, depends on the choice made by the first. In a larger group, the choice of each depends on the choice of all. In order to model a larger group's choice, simple Game Theory asks us to look at things from the standpoint of the typical chooser, here labelled *Self*, and from the standpoint of all others in the group as if they were one, here labelled *Other*.

The interdependent choices made by these players form different 'states of the world' (see below). Imagine, for example, in a community where FGM/C is widely practised, two families (*Self* and *Other*) each have a daughter planning on marriage. Four possible states of the world result from the families' interdependent choices on whether to cut their daughters:

- *Self* Uncut, *Other* Uncut: All Uncut
- *Self* Uncut, *Other* Cut
- *Self* Cut, *Other* Cut: All Cut
- *Self* Cut, *Other* Uncut

The agents – individuals or families – rank these states of the world from best to worst. For convenience, game theory assigns a higher number to indicate a higher ranking of a state of the world. A typical member of a practising group in the community would rank the four states as follows:

- ***Self* Uncut, *Other* Cut** ranks worst at 0: If *Self* is Uncut and *Other* is Cut, then *Self* suffers worse marriage choice and lower status. The cutting *Other* obtains better marriage choice and higher status.
- **All Cut** ranks third-best at 1: If both *Self* and *Other* are Cut, then each retains marriageability and status, although each suffers harm to health and human rights. For a typical family in a community where all are cut, FGM/C damages a daughter's health and violates her human rights, but the loss of marriageability and status from going Uncut would be perceived as an even greater harm.
- ***Self* Cut, *Other* Uncut** ranks second-best at 2: If *Self* is Cut while *Other* chooses to be Uncut, then *Self* gains marriage and status advantage even though suffering damage to health and human rights. FGM/C is connected to marriageability; if one family were the only one to cut its daughter, she would be able to make the best marriage choice in the community. This helps to explain the origination of FGM/C. The full model assumes, however, that the daughter would be even better off going Uncut if everyone else goes Uncut, as described below.
- **All Uncut** ranks highest at 3: If everyone chooses to be Uncut, then each retains marriageability and status, and each avoids harm to health and loss of human rights.

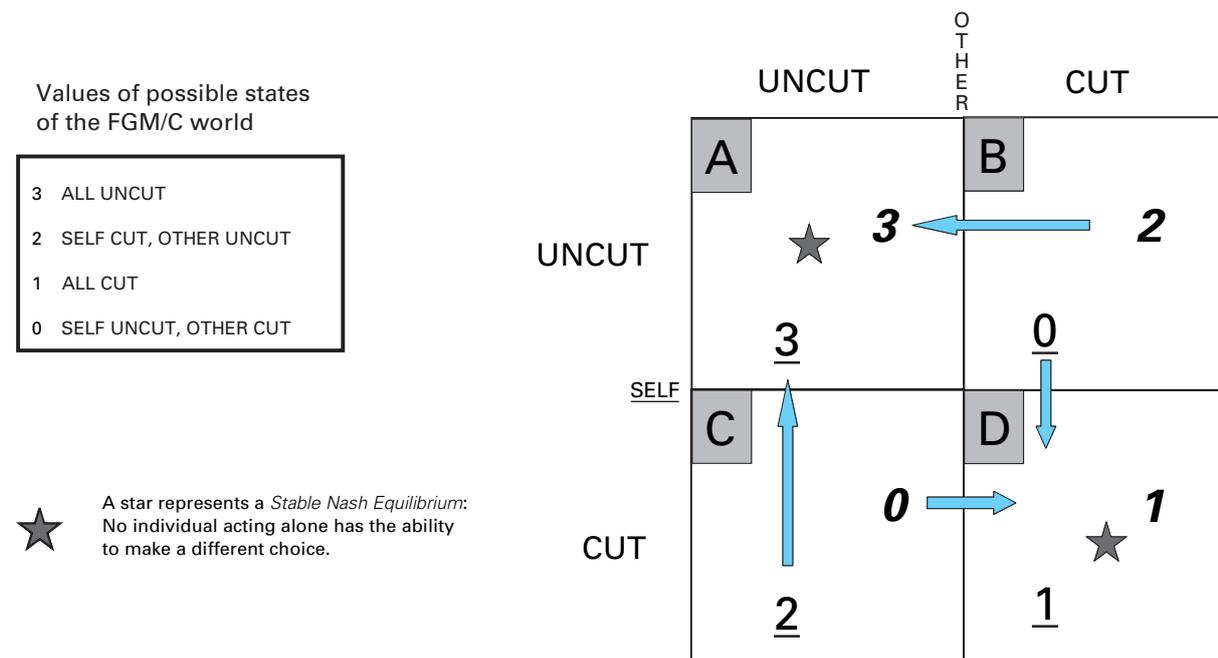
b. How *Self* and *Other* value each state of the world: Thus, the typical *Self* and typical *Other* would rank the four possible states of the world as follows:

	<i>Self</i>	<i>Other</i>
• All Uncut	3	3
• All Cut	1	1
• <i>Self</i> Uncut, <i>Other</i> Cut	0	2
• <i>Self</i> Cut, <i>Other</i> Uncut	2	0

Next, this same information will be laid out in a game theory matrix.

c. The game theory matrix: In the following diagram, the four boxes represent the four possible states of the FGM/C world. The underlined numbers represent the ranking value of each state to *Self*, and the italicized numbers represent the ranking value of each state to *Other*.

Figure 1: Game theory matrix: Values of FGM/C in four possible states of the world



To begin with, there are four interdependent states of the world within the chart. The box D on the lower right indicates the state of the world where *Self* chooses Cut and *Other* chooses Cut, in other words, All Cut. Each individual or family ranks this state of the world at a value of 1. The box A on the upper left indicates the state where *Self* chooses Uncut and *Other* chooses Uncut, in other words, All Uncut. Each ranks this state at a value of 3. The box B on the upper right shows how *Self* and *Other* value the state of the world when *Self* chooses Uncut and *Other* chooses Cut: *Self* values this state at 0, *Other* at 2. The box C on the lower left shows how each values the state where *Self* chooses Cut and *Other* chooses Uncut. *Self* values this at 2 and *Other* at 0.

Individuals necessarily choose a higher-ranked state over a lower-ranked state. The arrows in the diagram point from a lower-ranked to a higher-ranked state and indicate that the agent would choose the higher-ranked state. The two boxes B and D on the right side of the diagram, for example, show the states of the world where *Other* chooses Cut. If *Other* chooses Cut, *Self* has two options: to choose Cut (ranked at 1), or Uncut (ranked at 0).

The arrow illustrates that, faced with this choice, *Self* chooses Cut. The bottom two boxes C and D show the same dynamic from *Other's* point of view: If *Self* chooses Cut, then *Other* chooses Cut at 1 rather than Uncut at 0.

d. Equilibrium states – no one individual could choose otherwise: In two of the four states (A, upper-left and D, lower-right), each *Self* and *Other* has no higher-ranked choice available to them, each has no incentive to choose otherwise. For example, in the upper-left box A, in the state where *Other* chooses Uncut, *Self* chooses Uncut, ranked 3, rather than Cut, ranked 2. In the All Uncut state of the world, neither *Self* nor *Other* has an option valued higher than Uncut. The same can be said of the lower-right box D: In an All Cut state of the world, neither *Self* nor *Other* (acting alone) has an option valued higher than 1. A state of the world where no single agent has an incentive to act otherwise, and no higher-ranked choice is available, is termed a ‘Nash Equilibrium’. In the diagram above, a blue star indicates each of the two Nash Equilibria: All Cut and All Uncut.

e. Disequilibrium states of the world – not stable: The remaining two boxes in the diagram, the upper-right box B and the lower-left box C, represent disequilibrium states, unstable social choices. For example, the lower-left box C, where *Other* chooses Uncut and *Self* chooses Cut, is in disequilibrium: If *Other* were to choose Uncut, then *Self* would prefer to choose Uncut (following the arrow from lower-left box C to the upper-left box A), if *Self* were to choose Cut, then *Other* would choose Cut (following the arrow from the lower-left box C to the lower-right box D). Similar reasoning applies to the upper-right box B. In either disequilibrium state, *Self* and *Other*, each has an incentive to choose a more highly ranked state of the world, and each state does. Disequilibrium states are rarely observed.

f. Stuck in the tragic equilibrium: The members of a FGM/C-practising community find themselves in the tragic equilibrium portrayed in the lower-right box D: *Self* Cut and *Other* Cut – All Cut. Individually, each would be better off in the hopeful equilibrium portrayed in the upper-left box A: *Self* Uncut and *Other* Uncut – All Uncut. Each values the tragic equilibrium of All Cut at 1, each values the hopeful equilibrium of All Uncut at 3, but no individual acting alone can make the move from the worse equilibrium, All Cut, to the better equilibrium, All Uncut. To do so on her own would make her worse off.

g. Even if each wants to escape: The tragic equilibrium of All Cut traps everyone. Because of the interdependency of choice, even if every single individual in the community wanted to abandon the practice, no individual could do so on her own. Why? Abandonment of cutting would make an individual

worse off, unless she can be sure that everyone else would stop as well. The fact that *Other* may want to stop provides *Self* no assurance that *Other* actually has stopped, or will stop. And from *Other's* point of view, the fact that *Self* hopes to or might stop provides no assurance either.

h. Coordinated move to hopeful equilibrium: Thus, because of the interdependency of their choices, *Self* and *Other* must *coordinate* their abandonment, their move from the tragic equilibrium to the hopeful equilibrium – from All Cut to All Uncut. Collective abandonment of cutting makes each individual better off, but only if all members of the intramarrying group abandon at the same moment. In terms of the diagram, the collective must move together, simultaneously – the boxes are flipped, if you will – from the lower-right box D to the upper-left box A. Successful abandonment of FGM/C within an intramarrying group would typically be rapid and organized rather than spontaneous and gradual.

i. Summarizing the game theory matrix: To reiterate, individual abandonment would make a family's daughter worse off because it denies her marriageability and status. Collective abandonment makes each individual better off, as the daughter of the typical family preserves her marriageability and status but does not undergo the health and human rights harms of FGM/C. Abandonment is possible but typically only by coordinating a collective abandonment within the intramarrying group.

Dynamic version

For simplicity of presentation, *Other* is treated here as if it were a single person. As a result, the story so far is vague about how to flip from the tragic equilibrium of All Cut to the hopeful equilibrium of All Uncut. Another graphic device, the Schelling Diagram, disaggregates the single *Other* into multiple *Others*: How individuals value being Cut or Uncut as a function of the percentage of the remaining members of the group choosing to be Uncut is examined. The details of the Schelling Diagram and its interpretation are presented in *Annex I*. A brief summary follows here.

The Schelling Diagram suggests that the process of change within a group begins with a smaller critical mass of families, who together find themselves better off going Uncut. Their resolve, however, would not be stable in the long run. To succeed they must attain a sufficient number of others in order to irreversibly abandon the practice.

Since each additional family recruited to potential abandonment adds to the value of abandonment for each, members of the critical mass each have an incentive to recruit more families, as do their new recruits. There is a larger percentage of families, past the tipping point, which, if organized, would be sufficient to irreversibly abandon the practice. Once the larger percentage of families is organized, they need to coordinate on a moment of abandonment. Remaining families then have an incentive to abandon as well; the minority has no incentive to resist the convention shift. The diagram also shows how health and human rights education ease the organization of abandonment.

As described by Gerry Mackie: “To understand, imagine that there is a group that has a convention whereby audiences (at the cinema, at plays, at recitals) stand up, rather than sit down. Sitting has been forgotten. Standing is both universal and persistent. An outsider comes along and explains that elsewhere audiences sit. After the shock of surprise wears off, some people begin to think that sitting might be better, but it would be better only if enough other people sit at the same time. If only one person sits, she doesn't get to see anything on the stage. If only one family abandons FGC, its daughter doesn't get married.”²²

Mackie continues by explaining that if a critical mass of people in the audience – even if less than the majority – can be organized to sit and recognizes the advantages of sitting, or of abandoning FGM/C, they will have an incentive to declare their intention and to recruit the remaining audience members to adopt their new practice. In a similar way, if a critical mass of people in an intramarrying group decides to refrain from FGM/C, it immediately becomes in their interest to persuade others to join them – until it becomes everyone’s best interest to do the same. Understanding this underlying mechanism illuminates how abandonment of an entrenched practice is prompted by a group’s public declaration of intent.

¹ Thomas C. Schelling, *The Strategy of Conflict*, Harvard University Press, Cambridge, 1960.

² Mackie, Gerry, ‘Female Genital Cutting: The beginning of the end’, Chapter 13, in Bettina Shell-Duncan and Ylva Hernlund, eds., *Female ‘Circumcision’ in Africa: Culture, controversy, and change*, Lynne Rienner Publishers, Boulder, Colorado, USA, 2001, p. 253.

CHAPTER 4: PROGRAMMATIC IMPLICATIONS

The programmatic implications of using game theory analysis to understand FGM/C are significant and include the facts that:

- It is theoretically possible that 100 per cent of the practising population is against the practice but continues it anyway.
- It is not necessary to recruit 100 per cent of a population at the outset, because in the build-up to a declaration, it becomes a core interest of the converted to convert others.
- The introduction of human rights education can ease the abandonment process.
- There must be a moment of social recognition (public declaration/written statement/public subscription list) when the ending of the practice is rendered public and explicit.

Six elements for abandonment

Insights from academic theory in *Section 2.1* correspond with lessons learned from such field experiences as Tostan in Senegal and Deir el Barsha in Egypt, and from the historical experience of foot-binding in China. Together, these suggest that six key elements can contribute to transforming the social convention of cutting girls and encourage the rapid and mass abandonment of the practice.

1. A non-coercive and non-judgemental approach in which the focus is fulfilling human rights and empowering girls and women: Communities tend to raise the issue of FGM/C when they increase their awareness and understanding of human rights and make progress towards the realization of those areas they consider to be of immediate concern, such as health and education. Despite taboos regarding the discussion of FGM/C, the issue emerges because group members are aware that the practice causes harm. Community discussion and debate contribute to a new understanding that girls would be better off if everyone abandoned the practice.

2. Community awareness of the harm caused by the practice: Through non-judgemental public discussion and non-directive reflection, the costs of FGM/C tend to become more evident as women and men share their experiences and those of their daughters.

3. The collective choice of a group that intramarries or is closely connected in other ways: FGM/C is a community practice and, consequently, is most effectively given up by the community acting together rather than by individuals acting on their own. Successful transformation of the social convention ultimately rests with the ability of members of the group to organize and take collective action.

4. An explicit, public affirmation by communities of their collective commitment to abandon FGM/C: It is necessary, but not sufficient, that many members of a community favour abandonment. A successful shift requires that they manifest – as a community – the will to abandon FGM/C. This may take various forms, including a joint public declaration in a large public gathering or an authoritative written statement of the collective commitment to abandon.

5. A process of organized diffusion that ensures the decision spreads rapidly from one community to another and is sustained: Communities must engage neighbouring villages so that the decision to abandon FGM/C can be spread and sustained. It is particularly important to engage those communities that exercise a strong influence. When the decision to abandon becomes sufficiently diffused, the social dynamics that originally perpetuated the practice can serve to accelerate and sustain its abandonment. Where previously there was social pressure to perform FGM/C, there will be social pressure to abandon the practice. When the process of abandonment reaches this point, the social convention of not cutting becomes self-enforcing and abandonment continues swiftly and spontaneously.

6. An environment that enables and supports change: Success in promoting the abandonment of FGM/C also depends on the commitment of government, at all levels, to introduce appropriate social measures and legislation, complemented by effective advocacy and awareness efforts. Civil society forms an integral part of this enabling environment. In particular, the media have a key role in facilitating the diffusion process.

CHAPTER 5: COMMUNICATION TO INITIATE AND SUPPORT SOCIAL CONVENTION SHIFTS

Programmes for the abandonment of FGM/C that are guided by social convention theory and implemented through a strategy of organized diffusion must develop an approach to communication that is consistent with the overall strategy. Essential elements include:

- A non-directive approach that values dialogue and discussion, creating space for people to learn and change.
- A primary focus on facilitating interpersonal communication within and between social networks, so network members have an opportunity to discuss such private issues as FGM/C among themselves.
- A secondary focus on the development of mass-media programmes that support dialogue rather than transmit messages.
- Senior-level advocacy that is synchronized with the process of organized diffusion, so policies and legal frameworks encourage and support shifts in social convention.

Often, members of a social network (insiders) do not respond to directive, health-promoting messages from communication specialists (outsiders). The specialists are not part of the trusted group that influences decision-making in the network, so their messages are often ignored. Instead, health information should be integrated into interpersonal discussion, so that it can be considered by the network. This is particularly true in communication about such sensitive issues as FGM/C.

Because sexuality is such a private topic, and because sexual behaviour is largely determined by cultural beliefs, it is difficult for outsiders to discuss FGM/C with community members, let alone prescribe behaviours to stop it. A more effective approach that respects human rights is for outsiders to facilitate interpersonal communication in which all viewpoints are discussed, guided by the principles of self-determination, participation and inclusion. In this approach, the role of the outside communication specialist is to:

- Help community members create ‘safe spaces’ in which sensitive topics can be discussed.
- Facilitate discussion or develop the capacity of community members to facilitate discussion that enables all people to exchange opinions and listen to each other.
- Negotiate collective change by helping community members reach consensus on what should be done.

Change is then produced from a mix of insider and outsider knowledge that is agreed upon by all. This non-directive communication approach builds community ownership, a necessary precondition for sustained change. If outsiders direct the conversation towards FGM/C abandonment, rather than facilitate a process in which people come to this conclusion themselves, it is unlikely they will build the collective will to change.

By definition, non-directive communication addresses priorities that are set by community members themselves. FGM/C, therefore, is rarely the starting point for interpersonal discussion. Rather, discussion about this practice should be integrated into holistic communication about child health and community

development, focusing on community norms and standards as much as on individual behaviour. The challenge for governments and development agencies is to facilitate community discussion at scale, through an organized diffusion strategy, and to maintain commitment to large-scale, non-directive communication for an extended period of time.

Currently, the dominant communication paradigm is health education through the design and delivery of messages. The messages are usually delivered in time-bound campaigns and are designed to persuade people to comply with health-seeking behaviours. In the case of FGM/C, these campaigns often build knowledge in their target audiences but fail to convert that knowledge into widespread abandonment.

Even when individuals easily understand the campaign messages, they are unable to act on them because they will face stigma if they do so by themselves. No matter how much they would like to abandon FGM/C, most mothers continue to proceed with genital mutilation/cutting of their daughters because that is the only way the daughters can be properly married and able to maintain the family's place in society. Survey data from Eritrea, for example, indicate that many people are against FGM/C, but the practice continues unabated. Effective communication for FGM/C abandonment must therefore not only explain why the practice is harmful. It must also help communities discover how they can stop, by facilitating non-directive communication to help them make a collective decision to change the social practice.

To move ahead with effective communication for the abandonment of FGM/C, governments and development agencies must develop a human resource base of communication specialists who can facilitate large-scale, non-directive communication. They must shift from issue-specific vertical communication campaigns to integrated communication strategies that address health and community development holistically. And they must lengthen the time frame for development projects, so that community-based discussion can be converted into a collective decision to shift social conventions. These are significant changes from current communication practice and will require advocacy if they are to be funded and adopted.