ENGAGING BOYS AND MEN TO END FEMALE GENITAL MUTILATION
A HUMAN RIGHTS VIOLATION

Female genital mutilation is a violation of human rights. Every girl and woman has the right to be protected from this harmful practice, a manifestation of entrenched gender inequality with devastating consequences. Female genital mutilation is now firmly on the global development agenda, most prominently in Sustainable Development Goal target 5.3, which aims to eliminate the practice by 2030.

CHANGING ATTITUDES TO CHALLENGE NORMS

Where female genital mutilation is practised, it is a longstanding tradition that is upheld by pressure to conform to societal expectations. Efforts to eliminate the practice have focused on challenging the norms that underlie this custom, through education, encouraging dialogue and facilitating community commitments for collective abandonment. In recent years, shifts in attitudes have become evident, with growing opposition in practising communities, especially among youth.

INSPIRING BOYS AND MEN TO SPEAK OUT

The social dynamics driving female genital mutilation are intrinsically gender-based, and the practice is driven by – and reinforces – norms that devalue girls. Yet, despite its patriarchal origins, the practice is not sustained by men alone. In many countries, men are just as likely as women to oppose the practice.

Still, the potential influence of men in eliminating female genital mutilation is far from being realized. Men can play a pivotal role – whether as community members shaping societal expectations, as future husbands identifying qualities they prize in a partner, or as fathers welcoming daughters into the world and making the crucial decision of whether to continue the practice into the next generation. Boys and men can, and should, exert their influence in ending female genital mutilation.
A training session in Upper Egypt in which community members learn to be effective advocates against female genital mutilation.
A man in Ethiopia who formerly performed female genital mutilation now advocates for the abandonment of the practice, citing the suffering he witnessed girls endure due to infections.
FEMALE GENITAL MUTILATION IS UPHELD BY SOCIAL PRESSURE. **CHANGING ATTITUDES IS AN IMPORTANT STEP TOWARDS ABANDONMENT.**

A significant portion of women who have undergone female genital mutilation are expressing willingness to abandon the practice.

**FIG. 1** Percentage of girls and women aged 15 to 49 years who have undergone female genital mutilation and think the practice should stop.

Source: UNICEF global databases, 2023, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national sources, 2004–2021.

Note: Countries are grouped here according to their prevalence of female genital mutilation, defined as the percentage of girls and women aged 15 to 49 years who have undergone the procedure.

Those personally opposed to female genital mutilation may still continue the practice to **conform to societal expectations** – including the expectations of men. One of the most commonly cited reasons for continuing female genital mutilation is, in fact, social acceptance.\(^3\)
THOUGH FEMALE GENITAL MUTILATION IS OFTEN UNDERSTOOD AS A PATRIARCHAL NORM OPPRESSIVE TO GIRLS, IT IS NOT UPHELD BY MEN ALONE.

In most countries with data, boys and men from practising communities are at least as likely as girls and women to oppose female genital mutilation

**FIG. 2** Percentage of girls and women aged 15 to 49 years who have undergone female genital mutilation and think the practice should stop; percentage of boys and men aged 15 to 49 years who live in a household with at least one person who has undergone female genital mutilation and who think the practice should stop

In total, of the 300 million boys and men living in practising countries in Africa and the Middle East, 200 million think female genital mutilation should stop.


Notes: Countries are grouped here according to their prevalence of female genital mutilation, defined as the percentage of girls and women aged 15 to 49 years who have undergone the practice. Countries presented in this chart include the subset that have collected data on boys’ and men’s attitudes towards female genital mutilation and for which the available data allowed for cross-referencing men’s attitudes with the female genital mutilation status of their household members. Due to data availability, data on boys and men are from an older source than the data for girls and women for the following countries, and thus should not be considered directly comparable: Benin, Chad, Côte d’Ivoire, Nigeria, Sierra Leone, Togo and the United Republic of Tanzania.
TO HALT THE TRANSMISSION OF THE PRACTICE INTO THE NEXT GENERATION, THE ATTITUDES OF YOUNG GIRLS’ PARENTS ARE ESPECIALLY IMPORTANT.

Most parents of young girls share similar opinions about whether female genital mutilation should continue, but about 3 in 10 disagree.

**FIG. 3** Percentage distribution of couples with at least one living daughter aged 0 to 14 years, by whether they have concordant or discordant opinions about the continuation of female genital mutilation.

Among couples with differing opinions, there are similar proportions of husbands and wives who want female genital mutilation to continue.


Notes: Results are a population-weighted average of 15 countries with available data on men’s and women’s attitudes towards female genital mutilation collected through the DHS programme. Results for individual countries can be found in the article cited above. The data are consolidated here for simplicity of presentation.
Fathers can play an important role as agents of change. But it is not enough that they simply believe female genital mutilation should stop; they must actively advocate for its elimination.

The girls at lowest risk of undergoing female genital mutilation are those with both parents who oppose the practice.

**FIG. 4** Percentage of daughters aged 0 to 14 years who have undergone female genital mutilation, by parental opinions about the continuation of the practice.

In cases of disagreement, the mother’s wishes are more often followed.


Notes: Results are a population-weighted average of 10 countries, the subset of those shown in Figure 3 that have a moderate to high prevalence of female genital mutilation. Results for individual countries can be found in the article cited above. The data are consolidated here for simplicity of presentation.
It is important for fathers to support the abandonment of female genital mutilation, particularly if the mother also opposes the practice, since this gives girls the best chance of escaping the procedure.

However, the data illustrate that women currently have more decision-making power around female genital mutilation than men. When couples disagree on the issue, it is the mother’s opinion that is more predictive of whether a girl will be subjected to the practice.

This means that girls are being cut despite having fathers who oppose female genital mutilation. This could be because the fathers did not make their opinions known, or did not see a role for themselves in the decision around a ‘woman’s issue.’

Men who oppose female genital mutilation have the potential to act as agents of change and must be emboldened to make their voices heard and advocate for the abandonment of the practice.
Boys and men can play an active role in ending female genital mutilation by publicly voicing their opposition to the practice and advocating for its elimination. UNICEF-supported programmes take a multi-pronged approach to transforming gender relations and systems that sustain this age-old practice by engaging boys and men at many levels:

- **INDIVIDUAL.** It can be difficult for boys and men (as well as girls and women) to change beliefs related to female genital mutilation that have been internalized from childhood. Through community dialogues and education sessions as well as life skills programmes, UNICEF provides opportunities for boys and men to learn about human rights and the harms of the procedure, and to critically reflect on its impact on the well-being of girls and women. It also provides space for them to consider the expectations they may have in terms of gender relations and the discriminatory norms that perpetuate female genital mutilation.

- **INTERPERSONAL.** UNICEF works with parents to address their own gender biases and build the skills to challenge deeply ingrained stereotypes and discrimination. Parents are also coached on inclusive decision-making among couples to reduce girls’ risk of female genital mutilation, allowing fathers to express their opposition to the practice.

- **COMMUNITY.** UNICEF helps build and maintain alliances between coalitions and networks of boys and men that encourage them to speak out and take action to end female genital mutilation. While boys and men may personally oppose the practice, they may also have misperceptions about other men’s acceptance of it or view it as a ‘woman’s issue’. For this reason, social and behaviour change communication and advocacy campaigns that are designed by boys and men to target their peers, along with religious and traditional leaders, continue to be a priority intervention.

- **INSTITUTIONAL.** UNICEF recognizes that men who are service providers can play a critical role in advocating for and ensuring access to comprehensive prevention, protection and care services related to female genital mutilation, as well as in challenging harmful social norms. UNICEF promotes work with service providers across sectors, including health-care providers, social workers, law enforcement and those in the justice sector to capitalize on their roles as respected members of the community who can also help promote positive masculinity.

- **STRUCTURAL.** UNICEF also works more systemically with national stakeholders to provide a supportive environment for protecting the rights of girls and women, including the right to live free from discrimination and female genital mutilation. It does so by working with governments and civil society to hold political leaders accountable by developing costed, gender-responsive action plans and strategies to achieve Sustainable Development Goal target 5.3.
Residents in a Ugandan village attend a consensus-building session in preparation for a community declaration abandoning female genital mutilation.

Endnotes:


