



Technical Note


GIRLS' EDUCATION, EMPOWERMENT, AND THE ELIMINATION OF FEMALE GENITAL MUTILATION



An adolescent girl is excited as she receives a new UNICEF school kit.



1



The Malala Fund estimates that approximately 20 million more secondary school-age girls may remain out of school even after the crisis has passed. This would add to the 129 million girls who were out of school prior to the pandemic.

1. Introduction

The coronavirus disease 2019 (COVID-19) pandemic has created a global and gendered crisis that is compounding existing inequalities and disproportionately affecting girls and women. Emerging evidence from the COVID-19 crisis in 2020 shows school closures, disruptions in essential services and rising poverty contributed to girls' increased risk of female genital mutilation (FGM). School closures limited the monitoring and reporting of cases of FGM.¹ Rising household monetary poverty may have contributed to families adopting negative coping mechanisms, including having girls undergo FGM as a precursor to marriage to reduce household costs.² A report from the United Nations Population Fund (UNFPA) estimates 2 million additional cases of FGM by 2030 due to the pandemic.³

The COVID-19 pandemic also caused an unprecedented disruption in girls' education. School closures resulted in an increase in unpaid care work for girls, limiting their availability for learning.⁴ The gender digital divide affected girls' ability to access remote learning.⁵ The Malala Fund estimates that approximately 20 million more secondary school-age girls may remain out of school even after the crisis has passed.⁶ In Kenya, as schools reopened in January 2021, re-enrolment overall was quite high; however, older adolescent girls (15–19 years) were the least likely to return, with 16 per cent of girls in this age group not returning to school, compared to 8 per cent of their male counterparts.⁷ This would add to the 129 million girls who were out of school prior to the pandemic.⁸

Although the links between education and FGM are under-researched, girls' education appears to be a protective factor in reducing FGM prevalence. As a result, girls' risk of dropping out of school may contribute to an increase in risk of FGM for current and future generations of girls.

2. Background and Purpose

This technical note is intended for governments, practitioners, donors, academics, United Nations Girls' Education Initiative (UNGEI) partners and UNICEF staff implementing policies and programmes related to girls' education and child protection, including the elimination of FGM. As girls continue to be at an increased risk of undergoing FGM, and are disproportionately affected by the education crisis, this technical note seeks to understand and deepen linkages between girls' education and FGM, as well as related strategies to eliminate FGM and advance girls' education. To build back better following the COVID-19 crisis, there is an opportunity to build back equal by strengthening the link between ensuring girls' access to inclusive and equitable quality education – from early childhood through to secondary – and the elimination of FGM by 2030.

The purpose of this technical note is to:

1. Exchange knowledge and emerging practices on girls' education and the elimination of FGM.
2. Provide practical guidance on the application of key concepts and effective programming approaches for girls' education and the elimination of FGM.
3. Outline key actions for global, regional and national stakeholders to collectively advance girls' education and the elimination of FGM and meet the Sustainable Development Goals (SDGs) targets by 2030.

Although this technical note focuses on the nexus between girls' education and FGM, this in no way suggests that a single sectoral intervention is an effective strategy for reducing FGM prevalence. Empowering girls through education and the elimination of FGM requires transforming the structures, institutions and dynamics which reinforce and perpetuate the practice, through strategies that bring together key sectors around a common set of outcomes across all levels of the social ecology.

3. Brief Overview of FGM as a Harmful Practice

FGM involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. The practice can lead to immediate and long-term health problems that affect obstetric, gynaecological, sexual and mental health.⁹ FGM violates a range of human rights, including the right to health and bodily integrity, and the right to a life free of violence and discrimination. At least 200 million girls and women worldwide have experienced FGM, and approximately 4 million girls are at risk each year. While FGM is primarily concentrated in 31 countries in Africa, the Middle East and Asia, the practice is increasingly a global issue due to migration. In approximately half of the countries where FGM is practised, girls undergo FGM before the age of five, although there are local variations on age of cutting.

FGM is both a symptom and a result of inequitable gender norms that reflect and perpetuate inequitable power relations that, depending on the context, link the practice to increasing marriageability, which is perceived as providing girls and women economic security and social inclusion.¹⁰ There are different reasons for practising FGM that encompass sociological, cultural, religious and socioeconomic factors, as well as perceptions related to hygiene and aesthetics.¹¹ Above all, however, FGM is a way to control girls' and women's bodies and sexuality.¹²

With FGM, there are intersecting power axes surrounding the practice, including risk factors at the level of the individual (e.g., age, ethnicity), household (e.g., socioeconomic status, decision-making power, residence) and community (e.g., social norms, shocks and fragility), as well as structural factors such as poverty, legislation and political marginalization that shape gendered power relations.¹³ Discriminatory gender norms affect girls and women at all levels, limiting participation within their families and communities and access to education and livelihood opportunities, as well as altering their aspirations.¹⁴

Rokia (8), Mariam (13), attending class in Man, in the west of Côte d'Ivoire.





"We have the right to work and to education, the right to be protected from violence, the right to vote, and the right to be protected from early marriage," says Ahd (18).

4. Concepts and Approaches

Provided below is a description of key concepts and approaches used in this technical note.



EMPOWERMENT

A personal journey during which an adolescent (age 10–19), through increased assets and critical awareness, develops a clear and evolving understanding of themselves, their rights and opportunities in the world around them, and through increased agency, voice and participation, have the power to make personal and public choices for the improvement of their lives and their world.¹⁵



ASSETS

The term assets can be categorized as human, social, productive and developmental, and includes resources, knowledge and skills that girls can draw upon to shape their lives and contend with shocks on their own and others' behalf.¹⁶



GENDER-TRANSFORMATIVE EDUCATION

While schools are generally recognized as places where children are socialized in their communities' gender ideologies, they are also places where 'personal transformative processes associated with education' can provide students with the space to challenge inequitable gender norms and practices such as FGM.¹⁷ Gender-transformative education refers to the system of designing, delivering and monitoring education in a way that empowers individuals and communities to shift prevailing gender norms, roles and power relations.¹⁸



BODILY INTEGRITY

Bodily integrity encompasses physical and mental health, positive self-relationships and agency. Bodily integrity is not a passive or negative concept based on being protected against various harms, but an active and positive one that necessarily implies that girls are active agents of their own lives, that they need their bodies to function and that they need to have control over them. Girls' bodily integrity requires a balance between protection and personal agency. The need for special protection for girls does not mean to render their agency invisible. On the contrary, the aim of this protection is to guarantee their agency through their bodily integrity.¹⁹



FRAGILE CONTEXTS

Fragile contexts are characterized by a combination of exposure to risk and insufficient coping capacity of the state, system and/or communities to manage, absorb and mitigate those risks. The risks are defined by attributes and trends within economic, environmental, political, security and societal dimensions. Fragility poses a major global threat to the achievement of the SDGs and for sustaining peace, especially now that the COVID-19 pandemic threatens to leave the furthest behind even further behind.²⁰

5. A Synthesis of Evidence Linking Girls' Education and FGM

For this technical note, a desk review of academic and grey literature was completed, looking at the relationship between girls' education and FGM. The literature review builds on a white paper published by the International Center for Research on Women (ICRW) in 2016, 'Leveraging Education to End Female Genital Mutilation/Cutting Worldwide', which synthesized evidence linking FGM and education, and highlighted promising approaches.

The following linkages were identified between girls' education and FGM:

I. Maternal Education is a Protective Factor for FGM

Higher levels of maternal education are associated with lower FGM prevalence rates.²¹ In Egypt, reductions in girls' risk of undergoing FGM were linked not just to the educational attainment of their mothers, but more broadly to that of women throughout the community.²² The findings suggest that educational reforms and investments in girls' education a generation ago had an 'echo effect' on girls' FGM risk a generation later.²³ Women with higher levels of education are less likely to have undergone FGM and also more likely to oppose the practice.²⁴ In Egypt, 87 per cent of girls and women ages 15 to 49 years have undergone FGM whereas 14 per cent of girls under the age of 15 years have experienced the practice.²⁵ Among girls and women ages 15 to 49 years who experienced FGM, 98 per cent have no education and 71 per cent have higher than secondary education.²⁶ Support for FGM is significantly lower among girls and women ages 15 to 49 years with higher levels of education: 74 per cent of girls and women with no education support the continuation of FGM compared to 32 per cent with higher than secondary education.²⁷

While maternal education is a strong predictor of FGM, it cannot be interpreted as a direct causal factor as household wealth and mother's labour force participation are also predictors of FGM and both are linked to maternal education.²⁸ As a result, more research is needed to better understand the role of maternal education in eliminating FGM.²⁹

There are outliers, such as Mali and Somalia, where higher levels of maternal education and household wealth are not associated with lower FGM prevalence rates among girls aged 0 to 14 years.³⁰ Mali (FGM prevalence rate of 89 per cent) and Somalia (FGM prevalence rate of 98 per cent) have the highest FGM rates in the world.³¹ While FGM risk factors are complex, part of the issue is that girls are out of school in both countries. In Mali, 50 per cent of girls of primary school age and

80 per cent of girls of upper secondary school age are out of school.³² In Somalia, one study found FGM to be one of the main reasons for disparity in girls' education; FGM is performed as a precursor to early marriage, resulting in the withdrawal of girls from primary school.³³

II. Education Empowers Girls to Say 'No' to FGM

Education can play a critical role in challenging discriminatory gender norms that drive FGM.³⁴ In contexts where FGM is performed on adolescent girls, education – as a key driver of adolescent girls' ability to make and implement decisions and choices – can empower girls to say 'no' to the practice. There is also a body of evidence that shows mainstreaming FGM in school curricula can be effective in shifting attitudes towards the practice.³⁵

III. Life Skills Programmes Empower Girls to End FGM

Life skills programmes offered in schools or through school clubs aim to build knowledge and skills, and to promote empowerment and resilience. There is evidence that life skills programmes can shift discriminatory gender norms and practices, build stronger peer networks and increase civic engagement, which can lead to girls challenging FGM individually or collectively.³⁶ While life skills programmes can support girls' empowerment, FGM elimination also requires the broader enabling environment to support and realize empowerment, which means working with the wider community to change their attitudes towards the practice as well.³⁷

IV. Schools Play an Essential Role in Protecting Girls From FGM

During the COVID-19 crisis, school closures, in addition to disruptions in essential services, limited the monitoring and reporting of cases of FGM which, according to assessments conducted in 2020, increased the risk of FGM.³⁸ Schools can play an essential role in protecting girls from the practice by training teachers and school administrators in monitoring and reporting cases of FGM as well as creating opportunities for self-reflection on their own biases and beliefs, and to feel comfortable discussing FGM with students, parents and community members.³⁹

V. Understanding the Effects of FGM on Girls' Education Requires More Research

There is limited qualitative analysis that shows the effects of FGM as a barrier to girls' education, including grade transition, retention, academic performance and completion.⁴⁰ Further research, including impact evaluations, are needed to determine to what extent FGM is a barrier to girls' education.

6. Key Considerations for Girls' Education and the Elimination of FGM



The classroom remains the most radical space of possibility in the academy... Urging all of us to open our minds and hearts so that we can know beyond the boundaries of what is acceptable, so that we can think and rethink, so that we can create new visions...

-bell hooks (1994), *Teaching to Transgress: Education as the Practice of Freedom*

Listed below are key considerations for girls' education programmes targeting girls at risk of FGM. Additional resources are provided in Annex 1.

Girls most left behind are at higher risk of FGM. More than two thirds of FGM-affected countries are least developed countries and fragile contexts.⁴¹ Girls at risk of FGM are more likely to live in monetary-poor households and communities; experience deprivation in areas such as education, health care and child protection; reside in rural areas with poor infrastructure; have limited exposure to mass media and digital platforms; and live in fragile contexts.⁴² As countries transition from high to low prevalence rates, there are growing socioeconomic inequalities for families and communities that practise FGM.⁴³

The COVID-19 pandemic has created additional barriers to girls' access to education. There is an opportunity to build back gender-transformative and resilient education systems, and to use targeted measures to ensure girls – including those most left behind before the pandemic – are returning to and staying in school and learning.

Household monetary poverty is a barrier to education, including girls at risk of FGM. Effective policies and programmes for improving school enrolment and enhancing girls' educational attainment include gender- and age-responsive social protection, Village Savings and Loans Associations (VSLA) and school feeding programmes.⁴⁴ Social protection programmes such as cash transfers have proved successful in addressing poverty and poor educational outcomes. Gender-responsive social protection can be an effective strategy for preventing families from resorting to negative coping mechanisms to alleviate household poverty, such as having girls undergo FGM as a precursor to child marriage, which is linked to economic security and social inclusion.

Schools provide a protective environment for girls at risk of FGM. For girls at risk of FGM, schools can be a protective environment.⁴⁵ Interventions that support the role of schools in FGM prevention include integrating in-service and pre-service training for teachers and school administrators on detecting and reporting cases of FGM, as well as providing referrals to appropriate services.

Girls at risk of or affected by FGM may need mental health support. The immediate and long-term complications that follow FGM have implications on girls' mental health.⁴⁶ Mental health awareness and referrals through schools, and mental health and psychosocial support (MPHSS) in the education sector should consider the mental health needs of girls who have undergone the practice as well as girls who may face social stigma because they remain uncut.

Girls at risk of FGM face barriers to education caused by fragility. Most FGM-affected countries are fragile contexts.⁴⁷ As a result, girls at risk of FGM, along with their families and communities, may be facing multiple emergencies.⁴⁸ Girls in emergencies are more likely to be out of school than girls in non-crisis settings, and be at an increased risk of undergoing FGM.⁴⁹ Girls living in crisis-affected contexts make up more than 25 per cent of children and young people out of school globally (equivalent to 67 million girls).⁵⁰ As the global community increasingly faces complex, protracted crises related to climate change, conflict and violence, populations on the move, and public health emergencies, girls' education in emergencies is a critical intervention for addressing FGM.

Education is a pathway to economic empowerment.

Girls with limited access to education and livelihood opportunities are more likely to rely on FGM in contexts where the practice is performed to improve marriageability and ensure financial security.⁵¹ A girl-intentional approach supports girls' skills development and has the potential to support the elimination of FGM as girls are empowered economically:

- Providing access to technical/vocational training that leads to participation in the labour market;
- Creating the space for girls and young women to develop digital skills and knowledge and consider careers in the growing digital economy;
- Increasing girls' participation in science, technology, engineering and math (STEM) learning;
- Creating initiatives to support girls' school-to-work transition, such as career guidance, apprenticeships and work experience programmes; and/or
- Providing access to training, financing and enterprise development for female entrepreneurs.⁵²

In addition to supporting girls' economic empowerment through a girl-intentional approach, empowering families through social protection may also mitigate girls' risk of FGM.



CASE STUDY 1

Gender Equity Movement in Schools

Although not related to FGM, the Gender Equity Movement in Schools (GEMS) is an example of a programme that actively promotes more equitable gender norms in education. GEMS was first piloted in 45 schools in Mumbai with 12- to 14-year-olds over two years. It has subsequently been implemented and evaluated in Viet Nam, and in Bihar, Maharashtra and Jharkhand states in India. In Mumbai, one group of participants was exposed to an awareness-raising campaign only, while another group also received 24 classes focused on gender equality and preventing gender-based violence. When the project was scaled up in Jharkhand, the classes were combined with a community awareness campaign for all participants. Students also received interactive workbooks to take home and follow up learning from the classes.

In Mumbai, the evaluation found that the proportion of students believing girls should be at least 18 (the legal age) at the time of marriage increased, reaching nearly 100 per cent at end line (though baseline figures were not reported). For those who received a combined intervention (group lessons and a school campaign), the proportion of girls believing they should delay marriage until the age of 21 increased from 15 to 22 per cent. Students who were involved in both group-based education and an awareness-raising campaign were 2.4 times more likely to oppose violence than those in the control group; those who took part in the awareness-raising campaign only were 1.5 times more likely to do so than the control group.

In Jharkhand, the GEMS curriculum was used in 20 schools targeting around 3,000 students. Participation had a clear positive impact on students' attitudes towards gender equality, with a significant increase in the proportion of participants considered to have moved from the 'low' gender equality attitudes category to the 'medium' and 'high' categories. In Danang, Viet Nam, GEMS was piloted in 10 schools with 11- to 12-year-olds and has been similarly successful in helping students move from medium to high commitment to gender equality. In both cases, students' attitudes in comparison schools changed significantly less.

Source: Achyut et al. (2011); Achyut et al. (2016).

Gender-transformative education challenges discriminatory gender norms that perpetuate FGM. Gender-transformative education aspires to tackle the root causes of gender inequality and engages girls and boys in challenging discriminatory gender norms that perpetuate FGM. Gender-transformative education is informed by gender analysis that identifies context-specific gender issues such as FGM, and supports gender-responsive pedagogy that educates girls and boys about the consequences of the practice and supports girls at risk of or affected by FGM.

Life skills programmes and school-based girls' clubs build girls' assets and agency. Life skills for adolescent girls equip girls with information, skills and support networks so that they can be change agents in their own lives.⁵³ School-based girls' clubs, as an extracurricular activity, offer life skills programmes, vocational training and savings, or promote sports activities. Girls' clubs are effective at creating safe spaces that build girls' self-confidence, aspirations and self-efficacy, and social and productive assets; they develop girls' leadership skills and provide opportunities for civic engagement.⁵⁴ Life skills programmes and girls' clubs that include health education and focus on gender norms and power relations can be effective in shifting attitudes that support FGM.⁵⁵ As previously stated, life skills programmes and girls' clubs should part of a pro-



GIRL-ONLY LIFE SKILLS GROUPS

While mixed-gender groups make sense in some contexts and at select times during a programme, girl-only life skills groups allow girls to feel free to open up, express themselves, ask questions and take on leadership roles – behaviours that they might be uncomfortable with or afraid of doing otherwise, or that they may feel are inappropriate.

programme that promotes wider community engagement and an enabling environment for social norms change.

Comprehensive sexuality education (CSE) can also be a key strategy for strengthening girls' agency and voice, and providing alternative choices to FGM; however, further integration of FGM in CSE curricula is required. CSE can play a critical role in engaging boys as allies in advancing gender equality and the elimination of FGM. Out of 19 countries with available data, the majority (more than 50 per cent) of men and boys in 14 countries opposed the continuation of FGM.⁵⁶ However, even when boys are against FGM, they do not feel comfortable speaking out about the practice.⁵⁷

Girls attending class in a school in the city of Bassiknou, in the South-east of Mauritania.





CASE STUDY 2

Berhane Hewan in Ethiopia

UNFPA, in partnership with the Ethiopian Ministry of Youth and Sport, implemented Berhane Hewan ('Light for Eve' in Amharic), a programme funded by the Nike Foundation. Berhane Hewan created safe social spaces for the most vulnerable and isolated girls to meet with peers and interact with caring adults, reduced the prevalence of FGM and child marriage, and increased the use of sexual and reproductive health and rights (SRHR) services. Through Berhane Hewan, female mentors created adolescent girls' groups which included a life skills programme, economic incentives for girls to remain in school and community dialogues about harmful practices. Life skills sessions were facilitated by mentors who were recognized leaders in their community. After receiving training, mentors went door to door to identify young women aged 10 to 19 years and encouraged them to join the programme. An evaluation found improvements in all programme outcomes, including friendship networks, school attendance, age at marriage, SRHR knowledge and communication, and contraceptive use. Community dialogues led to community members committing to end FGM.

Source: Erulkar and Muthengi (2009); Mekbib and Molla (2010)



CASE STUDY 3

Somali Girls' Education Promotion Project (SOMGEP-T)

SOMGEP-T aims to improve learning outcomes and increase transition rates for 27,146 girls and 30,053 boys in 148 primary and 51 secondary schools in rural and remote areas of Northern-Central Somalia affected by drought and conflict. The programme also supports accelerated learning classes for 3,712 girls. SOMGEP-T uses evidence from longitudinal research to inform an integrated approach to identifying and addressing barriers to adolescent girls' education. Our research indicates that girls' learning outcomes are affected by multiple, interconnected factors – with traditional gender norms driving exclusion and normalising violence playing a fundamental role. Therefore, our activities address gaps in content delivery and teaching methodology, but also seek to transform social norms contributing to exclusion from education. Through activities such as Girls' and Boys' Empowerment Forums, coaching of Community Education Committees and teacher training, SOMGEP-T brings communities and schools together to shift gender norms and promote long-term social change.

Source: Renault and Gure (2020)

Girl-led participatory action research promotes social change. Undertaking participatory action research that is led by girls can be used to learn about the lives and priorities of girls as part of community resource and needs assessments, or to guide the design, monitoring, adaptation and evaluation of targeted services, including girls' education programmes targeting girls at risk of FGM. Girl-led participatory action research also promotes social change, supports meaningful participation and empowers adolescent girls to influence education policies and programmes that affect their lives.⁵⁸

Social mobilization is key for girls' access to education and ending FGM. Addressing the root causes of gender inequalities by transforming gender roles, norms and power relations is key to ensuring girls' access to education and ending FGM. Community mobilization interventions can raise awareness, create space for self-reflection and encourage critical questioning of prevailing gender norms. Community-led dialogues and education sessions that are human rights-based, inclusive and participatory, that build trust, clarify perceptions and foster change towards investing in girls, are central to creating safe and enabling environments and ensuring girls' equitable access to education and the elimination of FGM.



CASE STUDY 4

Girls' Holistic Development Programme in Senegal

Since 2008, UNICEF's partner, the Grandmothers Project, has been implementing the Girls' Holistic Development (GHD) Programme in the Vélingara Department in Senegal. GHD promotes change in social norms related to girls' education and FGM by empowering girls and creating an enabling environment where family and community support change for girls. GMP uses the 'ChangeThrough Culture' approach, which involves adolescents, parents, elders, traditional community and religious leaders, local health workers and teachers in various dialogue-based activities that strengthen relationships and communication both between generations and between men and women. It increases social cohesion between community leaders and members – a prerequisite for collective action for girls. It restores the role of elders in communities and empowers grandmothers to be active allies of young girls. An evaluation of GHD found an increased belief in the value of education for girls. Parents described their own transition from dismissing school as unimportant and not necessary for girls, to seeing the value of girls' education as a road for them to have access to better jobs and income. As a result, though girls were traditionally expected to be heavily involved in unpaid care work, mothers decreased domestic tasks assigned to their daughters to allow them to have more time for studying. Though GHD works to shift community norms on FGM, the study was unable to observe this change, given that girls are cut as infants. However, parents and grandmothers perceived a decline in FGM.

Source: Institute of Reproductive Health (2020)



Nooridha Dwi Prastyani, a teacher in Madrasah Ibtidaiyah Keji, an Islamic boarding school in Ungaran, Indonesia.

Social movements advance gender equality. Few of the normative advances on gender equality would have been possible without the advocacy of feminist organizations and movements to raise public awareness, pressure governments for change, and hold governments accountable for implementation of policies and legislation.⁵⁹ Social movements have played a critical role in shifting gender norms and public policy on key gender issues, including girls' access to education, and policies and legislation that protect girls from FGM. Linking girls' education, child protection and anti-FGM activists and advocates has the potential to strengthen social movements to hold governments accountable to the 2030 Agenda and the SDGs.

Research on FGM and girls' education ensures programme effectiveness. Numerous studies have documented a strong positive association between maternal education and ending FGM, but the reasons for the association require further research. As previously stated, there are no impact evaluations that look at the effects of FGM on girls' education. Research on the intersection of FGM and girls' education is critical for building an evidence base that captures and scales up effective approaches to eliminating FGM.

7. Call to Action

Gender equality and girls' and women's empowerment are intrinsically linked to the right to quality education for all. COVID-19 has created an unprecedented crisis that has set back progress towards meeting the SDGs by 2030, including target 4.1 – ensuring girls' access to

inclusive and equitable quality education, from early childhood through to secondary – and target 5.3 – the elimination of FGM. The following bold and urgent actions are required from all stakeholders supporting girls' education and the elimination of FGM:

- 1. Sector planning:** Establish the elimination of FGM as an explicitly named goal in education sector policies and plans, with appropriate strategies and accountability frameworks to end FGM through education. Gender analyses of education sector plans should include an understanding of the prevalence of FGM and the factors which perpetuate the practice. Gender-responsive sector planning should also include strategies for the elimination of FGM, such as CSE or SRHR curriculum, pedagogical approaches, clear referrals to monitor and report FGM, and life skills programmes including extracurricular activities that empower girls. This includes prioritizing gender transformative approaches that challenge and change social and gender norms which underpin the practice.
- 2. Build partnerships:** Partnerships offer key stakeholders in girls' education and FGM an opportunity to combine their efforts and maximize their impact. Governments, international organizations, non-governmental organizations and civil society, grassroots and women and youth-led groups, academia and the private sector can help accelerate action by building and sustaining political will to eliminate FGM through girls' education, and invest in research to understand the intersection between girls' education and FGM. Partnerships also mean developing advocacy strategies to increase visibility and investments in girls' education and FGM, and to collaborate with other international, regional and national FGM and girls' education coalition platforms on shared messaging.
- 3. Data and evidence:** Invest in rigorous evaluations to understand the complexities of the practice, including the multifaceted factors that drive FGM. Ensure adequate funding or emphasis on formative and participatory research and rigorous evaluations for measuring the sustainability and effectiveness of policies and programmes. Conduct rigorous evaluations that study the link between girls' education and the elimination of FGM.
- 4. Financing:** FGM in emergencies is underfunded and neglected, as prevention and response interventions are not considered life-saving or essential to girls' resilience. Multi-year funding is required for girls' education and FGM, especially in emergency settings.
- 5. Integrate FGM in CSE programmes:** CSE can play an important role in eliminating FGM as a violation of girls' and women's human rights and bodily integrity. Curricula should include information about the physical, mental and sexual health risks associated with the practice.

ANNEX 1: Resources

Girls' Education in Emergencies

Reimagining Girls' Education: Solutions to Keep Girls Learning in Emergencies (UNICEF): This solutions book highlights promising evidence-based actions in education for designing and implementing interventions that support girls' education in low- and middle-income country humanitarian settings and settings where education has been interrupted. It documents practical examples of approaches that have been or are being tested, and from which lessons can be drawn.

Website: <https://www.unicef.org/reports/reimagining-girls-education>

The EiE-GenKit: A core resource package on gender in education in emergencies (UNGEI, Education Cannot Wait [ECW] and Inter-agency Network for Education in Emergencies [INEE]): Grounded in internationally recognized minimum standards and guidelines, the EiE-GenKit is the first resource of its kind to provide a comprehensive suite of programming tools for education practitioners to promote gender-responsive EiE programming. Built on research evidence and good practice, the EiE-GenKit seeks to foster new approaches that will stimulate step change in the gender and education outcomes of learners living in crises.

Website: <https://www.ungei.org/publication/eie-genkit>

Gender in Education in Emergencies Resource Centre (UNGEI and ECW): This online resource centre provides curated resources and learning content for everyone working to deliver gender-responsive education in crisis-affected contexts.

Website: <https://www.ungei.org/knowledge-hub/gender-education-emergencies>

Building Back Equal: Girls' Back to School Guide (Malala Fund, Plan International, UNICEF, UNGEI and United Nations Educational, Scientific and Cultural Organization [UNESCO]): This guide was developed to help governments and school communities to 'build back better' after COVID-19, calling for action to 'build back equal' – promoting the development of gender-responsive education systems and targeted actions to ensure girls' continuity of learning and return to school.

Website: <https://unesdoc.unesco.org/ark:/48223/pf0000374094/PDF/374094eng.pdf.multi>

Gender-Responsive Pedagogy

Gender Responsive Pedagogy: A Toolkit for Teachers and Schools (Forum for African Women Educationalists [FAWE]): Gender Responsive Pedagogy: A Toolkit for Teachers and Schools (Forum for African Women Educationalists [FAWE]): This toolkit synthesizes good practices in gender-responsive pedagogy, as well as research on gender equality and gender-responsive education in the African context. The toolkit includes SRHR, and covers FGM as a harmful practice.

Website: <https://www.unicef.org/esa/media/6726/file/GRP-A-Toolkit-for-Teachers-and-Schools-2020.pdf>

Portal for Gender Equality in Schools (PEGE) (Promundo): PEGE has teaching resources for lessons on gender equality. Teachers have accessible manuals for Programmes H and M (flagship community-based informal education programmes on gender-sensitive masculinities).

Website: <https://promundoglobal.org/programs/portal-for-gender-equality-in-schools/>

Creating Supportive Learning Environments for Girls and Boys: A Guide for Educators (International Research and Exchanges Board [IREX]): This guide describes how to ensure gender-friendly classrooms and teaching materials, using a workbook format to help teachers create their own action plan and monitor change.

Website: <https://www.irex.org/resource/creating-supportive-learning-environments-girls-and-boys-guide-educators>

Literature that explores the impact of education on gender norms include the following: World Bank's 2013 [On Norms and Agency](#), which draws on primary research in 20 countries to highlight education as a key driver of shifting gender norms; and [Naila Kabeer's 2011 analysis](#) of evidence on the forces underpinning women's economic empowerment also emphasizes education.

BIBLIOGRAPHY

- Achyut, P., et al., *Building Support for Gender Equality Among Young Adolescents in School: Findings from Mumbai, India*, International Center for Research on Women, New Delhi, 2011.
- Achyut, P., et al., *Towards Gender Equality: The GEMS journey thus far*, International Center for Research on Women, New Delhi, 2016.
- Affi, Mustafa, 'Women's Empowerment and the Intention to Continue the Practice of Female Genital Cutting in Egypt', *Archives of Iranian Medicine*, vol. 12, no. 2, March 2009, pp. 154–160.
- Ahaonu, E.L., and O. Victor, 'Mothers' Perception of Female Genital Mutilation', *Health Education Research*, vol. 29, no. 4, 10 January 2014, pp. 683–689.
- Ahinkorah, Bright Opoku, et al., 'Socio-economic and Demographic Determinants of Female Genital Mutilation in sub-Saharan Africa: Analysis of data from demographic and health surveys', *Reproductive Health*, vol. 17, no. 1, 22 October 2020, p. 162.
- Alemu, Addisu Alehegn, 'Trends and Determinants of Female Genital Mutilation in Ethiopia: Multilevel analysis of 2000, 2005 and 2016 Ethiopian Demographic and Health Surveys', *International Journal of Women's Health*, vol. 13, 6 January 2021, pp. 19–29.
- Alexander-Scott, Michaeljon, Emma Bell, and Jenny Holden, *DFID Guidance Note: Shifting social norms to tackle violence against women and girls (VAWG)*, VAWG Helpdesk, London, 2016.
- Alheiwidi, Sarah, et al., *Gender and Adolescence Research Panorama*, Gender & Adolescence Global Evidence (GAGE), London, 2020.
- Al-Khulaidi, Ghadah Abdulmajid, et al., 'Decline of Supportive Attitudes Among Husbands Toward Female Genital Mutilation and its Association to Those Practices in Yemen', *PLOS ONE*, vol. 8, no. 12, 18 December 2013.
- Almroth, Lars, et al., 'Urogenital Complications Among Girls with Genital Mutilation: A hospital-based study in Khartoum', *African Journal of Reproductive Health*, Vol. 9, No. 2, August 2005, pp. 118–124.
- Alo, Olunmi Akinsanya, and Babatunde Gbadebo, 'Intergenerational Attitude Changes Regarding Female Genital Cutting in Nigeria', *Journal of Womens Health*, vol. 20, no. 11, 2011, pp. 1655–1661.
- Amaro, Diogo, et al., 'COVID-19 and Education: The digital gender divide among adolescents in sub-Saharan Africa', UNICEF Evidence for Action, 4 August 2020.
- Amin, Sajeda, et al., *Delaying Child Marriage through Community-Based Skills-Development Programs for Girls: Results from a randomized controlled study in rural Bangladesh*, Population Council, New York and Dhaka, 2016.
- Amref Health Africa, *Evidence on the effects of COVID-19 Pandemic on Female Genital Mutilation/Cutting (FGM/C) and Child, Early and Forced Marriages (CEFM) In Kenya*, Amref Health Africa in Kenya, Nairobi, 2020.
- Andro, Armelie, Emmanuele Cambois, and Marie Lesclingand, 'Long-Term Consequences of Female Genital Mutilation in a European Context: Self-perceived health of FGM women compared to non-FGM women', *Social Science & Medicine*, No. 106, 6 February 2014, pp. 177–184.
- Andro, Armelle, and Marie Lesclingand, 'Female Genital Mutilation. Overview and Current Knowledge', *Population*, vol. 71, no. 2, 2016, pp. 217–296.
- Ahanonu, E.L., and O. Victor, 'Mothers' Perception of Female Genital Mutilation', *Health Education Research*, vol. 29, no. 4, pp. 683–689.
- Anumaka, Ijeoma, and Beatrice Sironka, *Female Genital Mutilation and Girls' Participation in School Activities in Isinya District, Kajiado County, Kenya*, College of Higher Degrees & Research, Kampala, 2014.
- Ashimi, Adewale O., Taiwo G. Amole, and Zubairu Iliyasu, 'Prevalence and Predictors of Female Genital Mutilation Among Infants in a Semi Urban Community in Northern Nigeria', *Sexual & Reproductive HealthCare*, vol. 6, no. 4, 2015, pp. 243–248.
- Azeze, Gedion Asnake, et al., 'Changing Prevalence and Factors Associated with Female Genital Mutilation in Ethiopia: Data from the 2000, 2005 and 2016 National Demographic Health Surveys', *PLOS ONE*, vol. 15, no. 9, 3 September 2020, e0238495.
- Azkona, Eider Muniategi, Antonio Sianes, and Isabel López Cobo, 'Facing FGM/C Through Intercultural Education: A methodology for secondary school communities', *Procedia – Social and Behavioral Sciences*, vol. 132, 15 May 2014, pp. 557–563.
- Baric, Stephanie, et al., *The Power to Lead: A leadership model for adolescent girls*, CARE, Atlanta, 2009.
- Batyra, Ewa, et al., 'The Socioeconomic Dynamics of Trends in Female Genital Mutilation/Cutting Across Africa', *BMJ Global Health*, vol. 5, no. 10, October 2020, e003088.
- Behrendt, Alice, and Steffen Moritz, 'Post-Traumatic Stress Disorder and Memory Problems After Female Genital Mutilation', *American Journal of Psychiatry*, Vol. 162, No. 5, May 2005, pp. 1000–1002.
- Bendiksen, Bothild, et al., 'The Association Between Physical Complications Following Female Genital Cutting and the Mental Health of 12-Year-Old Gambian Girls: A community-based cross-sectional study', *PLOS ONE*, Vol. 16, No. 1, 2 January 2021, e0245723.
- Berg, Rigmor, and Eva Denison, *Interventions to Reduce the Prevalence of Female Genital Mutilation/Cutting in African Countries*, Norwegian Knowledge Centre for the Health Services, Oslo, 2012.
- Berg, Rigmor C., Eva Denison, and Atle Fretheim, 'Psychological, Social and Sexual Consequences of Female Genital Mutilation/Cutting (FGM/C): A systematic review of quantitative studies', Oslo: Norwegian Knowledge Centre for the Health Services (NOKC), 2010.
- Besera, Ghenet, and Amira Roess, 'The Relationship Between Female Genital Cutting and Women's Autonomy in Eritrea', *International Journal of Gynaecology and Obstetrics*, vol. 126, no. 3, September 2014, pp. 235–239.
- Bogale, Daniel, Desalegn Markos, and Muhammedawe Kaso, 'Prevalence of Female Genital Mutilation and its Effect on Women's Health in Bale Zone, Ethiopia: A cross-sectional study', *BMC Public Health*, Vol. 14, 16 October 2014, p. 1076.
- Brady, Martha, et al., *Providing New Opportunities to Adolescent Girls in Socially Conservative Settings: The Ishraq Program in rural upper Egypt*, Population Council, New York, 2007.
- Cabezas, Mar, and Gottfried Schweiger, 'Girlhood and Ethics: The role of bodily integrity', *Girlhood Studies*, Vol. 9, No. 3, 1 December 2016, pp. 37–53.
- Cappa, Claudia, Claire Thomson, and Colleen Murray, 'Understanding the Association Between Parental Attitudes and the Practice of Female Genital Mutilation Among Daughters', *PLOS ONE*, vol. 15, no. 5, 21 May 2020, e0233344.
- CARE, 'Tipping Point: Phase 2 program summary', CARE, Atlanta, <www.care.org/wp-content/uploads/2020/11/TP-Phase-2-Program-Summary.pdf>, accessed 8 August 2021.

- Chesnokova, Tatyana, and Rhema Vaithianathan, 'The Economics of Female Genital Cutting', *B.E. Journal of Economic Analysis & Policy*, vol. 10, issue 1, 2010.
- Child Protection Cluster, 'Burkina Faso Protection Crisis Advocacy Brief', Child Protection, March 2020.
- Cislaghi, Beniamino, and Lori Heise, 'Theory and Practice of Social Norms Interventions: Eight common pitfalls', *Globalization Health*, vol. 14, no. 1, 17 August 2018, p. 83.
- Cislaghi, Beniamino, and Lori Heise, 'Gender Norms and Social Norms: Differences, similarities and why they matter in prevention science', *Sociology of Health & Illness*, vol. 42, no. 2, 2020, pp. 407–422.
- Cislaghi, Beniamino, Karima Manji, and Lori Heise, *Social Norms and Gender-Related Harmful Practices, Learning Report 2: Theory in support of better practice*, Learning Group on Social Norms and Gender-related Harmful Practices, London School of Hygiene & Tropical Medicine, London, 2018.
- Dalal, Koustuv, et al., 'Adolescent Girls' Attitudes Toward Female Genital Mutilation: A study in seven African countries', *F1000Research*, no. 7, 2008, p. 343.
- Dalal, Koustuv, Stephen Lawoko, and Bjarne Jansson, 'Women's Attitude Toward Discontinuation of Female Genital Mutilation in Egypt', *Journal of Injury & Violence Research*, vol. 2, no. 1, 2010, pp. 41–45.
- Dehghankhalili, Maryam, et al., 'Epidemiology, Regional Characteristics, Knowledge, and Attitude Toward Female Genital Mutilation/Cutting in Southern Iran', *Journal of Sexual Medicine*, vol. 12, no. 7, 2015, pp. 1577–1583.
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (GIZ), *Female Genital Mutilation and Education*, GIZ, Bonn, 2011.
- Ekenze, Sebastian, Hyginus Ezegwui, and Charles Adiri, 'Genital Lesions Complicating Female Genital Cutting in Infancy: A hospital-based study in south-east Nigeria', *Annals of Tropical Paediatrics International Child Health*, vol. 27, no. 4, 2007, pp. 285–290.
- Elnashar, Aboubakr, and R. Abdelhady, 'The Impact of Female Genital Cutting on Health of Newly Married Women', *International Journal of Gynecology & Obstetrics*, vol. 97, no. 3, June 2007, pp. 238–244.
- Feldman-Jacobs, Charlotte, ed., *Ending Female Genital Mutilation/Cutting: Lessons from a decade of progress*, Population Reference Bureau, Washington, D.C., 2013.
- GAGE Consortium, *Gender and Adolescence: why understanding adolescent capabilities, change strategies and contexts matters. GAGE conceptual framework*, Gender & Adolescence Global Evidence (GAGE), London, 2017.
- Gajaa, Mulugeta, et al., 'Prevalence and Associated Factors of Circumcision among Daughters of Reproductive Aged Women in the Hababo Guduru District, Western Ethiopia: A cross-sectional study', *BMC Women's Health*, vol. 16, no. 42, 2016.
- Gebrekirstos, Kahsu, Mesfin Abebe, and Atsedo Fantahun, 'A Cross Sectional Study on Factors Associated with Harmful Traditional Practices among Children Less than 5 Years in Axum Town, north Ethiopia', *Reproductive Health*, vol. 11, no. 46, 2014.
- George, Asha, et al., 'Structural Determinants of Gender Inequality: Why they matter for adolescent girls' sexual and reproductive health', vol. 368, 2020, 169852020.
- Glover, Jennifer, et al., 'The Psychological and Social Impact of Female Genital Mutilation: A holistic conceptual framework', *Journal of International Studies*, vol. 10, no. 2, 2017, pp. 219–238.
- Haberland, Nicole A., 'The Case for Addressing Gender and Power in Sexuality and HIV Education: A comprehensive review of evaluation studies', *International Perspectives on Sexual and Reproductive Health*, vol. 41, no. 1, 2015, pp. 31–42.
- Harper, Caroline, et al., eds, *Empowering Adolescent Girls in Developing Countries: Gender justice and norm change*, 1st ed., Routledge, London, 2018.
- Hayford Sarah R., and Jenny Trinitapoli, 'Religious Differences in Female Genital Cutting: A case study from Burkina Faso', *Journal for the Scientific Study of Religion*, vol. 50, no. 2, 2011, pp. 252–271.
- Heise, Lori, et al., 'Gender Inequality and Restrictive Gender Norms: Framing the challenges to health', *Lancet*, vol. 393, no. 10189, 2019, pp. 2440–2454.
- Hooks, bell, *Teaching to Transgress: Education as the practice of freedom*, Routledge, New York City, 1994.
- Institute of Reproductive Health, Georgetown University for the American Agency for International Development (USAID), 'Grandmothers Project - Change through Culture: Program for Girls' Holistic Development: Qualitative Research Report', Washington, D.C., 2019.
- International Center for Research on Women (ICRW), *Leveraging Education to End Female Genital Mutilation/Cutting Worldwide*, ICRW, Washington, D.C., 2016.
- Inter-agency Network for Education in Emergencies (INEE), *20 Years of INEE: Achievements and challenges in education in emergencies*, INEE, New York, 2020.
- Inter-agency Network for Education in Emergencies (INEE), 'Technical Note: Education during the COVID-19 pandemic', as cited in United Nations Children's Fund, *Reimagining Girls' Education: Solutions to keep girls learning in emergencies*, UNICEF, New York, 2021.
- Inter-agency Network for Education in Emergencies (INEE) and the Alliance for Child Protection in Humanitarian Action, *No Education, No Protection: What school closures under COVID-19 mean for children and young people in crisis-affected contexts*, INEE, New York, 2021.
- International Labour Organization and United Nations Children's Fund, 'GirlForce: Skills, education and training for girls now', Working Paper, ILO, Geneva, 2018.
- Jama, Amina, and Guled Sala Barre, *Understanding the Barriers to Girls' and Women's Access to Higher Education in Puntland*, Somalia, Align Platform, London; 2019.
- Kandala, Ngianga Bakwin, et al., 'Spatial Distribution of Female Genital Mutilation in Nigeria', *American Journal of Tropical Medicine and Hygiene*, vol. 81, no. 5, November 2009, pp. 784–792.
- Kandala, Ngianga Bakwin, et al., 'A Spatial Analysis of the Prevalence of Female Genital Mutilation/Cutting Among 0–14-Year-Old Girls in Kenya', *International Journal of Environmental Research and Public Health*, vol. 16, no. 21, 2019, p. 54155.
- Karmaker, Bue, et al., 'Factors Associated with Female Genital Mutilation in Burkina Faso and its Policy Implications', *International Journal for Equity in Health*, vol. 10, no. 20, 18 May 2011.
- Karumbi, Jamlick, and David Gathara, *Associations Between Female Genital Mutilation/Cutting and Early/Child Marriage: A multi-country DHS/MICS analysis*, Evidence to End FGM/C: Research to Help Women Thrive, Population Council, New York, 2020.
- Kellum, Jane M. *Inclusive, Quality Education: An annotated bibliography*, Plan International, Woking, 2018.
- Klouman, Elise, Rachel Manongi, and Knut-Inge Klepp, 'Self-Reported and Observed Female Genital Cutting in Rural Tanzania: Associated demographic factors, HIV and sexually transmitted infections', *Tropical Medicine & International Health*, vol. 10, no. 1, 2005, pp. 105–115.
- LeJeune, John, and Gerry Mackie, 'Social Dynamics of Abandonment of Harmful Practices: A new look at the theory', UNICEF Innocenti Working Paper, UNICEF Innocenti Research Centre, Florence, 2006.
- Lugiai, Michaela, et al., 'Female Genital Mutilation in Sudan: Is a new era starting?', *Sexuality & Culture*, vol. 25, 2021, pp. 1540–1545.
- Magangi, Magdeline Gesare, 'Effects of Female Genital Cutting on School Attendance and Retention of Primary School Girls in Kuria West District, Kenya', *African Journal of Education and Human Development*, vol. 1, no. 1, 2015.

- Mahgoub, Esra, et al., 'Effects of School-Based Health Education on Attitudes of Female Students Towards Female Genital Mutilation in Sudan', *Eastern Mediterranean Health Journal*, vol. 25, no. 6, 2019, pp. 406–412.
- Malala Fund, 'Girls' Education and COVID-19', Malala Fund, Washington, D.C., 2020.
- Malhotra, Anju, Avni Amin, and Priya Nanda, 'Catalyzing Gender Norm Change for Adolescent Sexual and Reproductive Health: Investing in interventions for structural change', *Journal of Adolescent Health*, vol. 64, no. 4S, 2019, pp. S13–S15.
- Malhotra, Anju, et al., *Solutions to End Child Marriage: What the evidence shows*, International Center for Research on Women, Washington, D.C., 2011.
- Marcus, Rachel, *Education and Gender Norm Change*, Advancing Learning and Innovation on Gender Norms (ALIGN), London, 2018.
- Marcus, Rachel, and Caroline Harper, *Gender Justice and Social Norms: Processes of change for adolescent girls. Towards a conceptual framework 2*, Overseas Development Institute, London, 2014.
- Marcus, Rachel, and Ella Page, *An Evidence Review of School Environments, Pedagogy, Girls' Learning and Future Wellbeing Outcomes*, United Nations Girls' Education Initiative, New York, 2016.
- Marcus, Rachel et al., 'Girls' clubs and life skills programmes: Positive potential, unanswered questions', Policy Brief, GAGE, 2017.
- Mediterranean Institute of Gender Studies (MIGS), *Repositioning FGM as a Gender and Development Issue*, MIGS, Nicosia, July 2015.
- Michau, Lori, et al., 'Prevention of Violence Against Women and Girls: Lessons from practice', *Lancet*, vol. 385, no. 9978, 25 April 2015, pp. 1672–1684.
- Modrek, Sepideh, and Jenny X. Liu, 'Exploration of Pathways Related to the Decline in Female Circumcision in Egypt', *BMC Public Health*, vol. 13, no. 1, 2013, pp. 921–930.
- Mohammed, Ghadah F, Magdy M. Hassan, and Moustafa M. Eyada, 'Female Genital Mutilation/Cutting: Will it continue?', *Journal of Sexual Medicine*, vol. 11, no. 11, 2014, pp. 2756–2763.
- Moreau, Amadou, and Bettina Shell-Duncan, *Tracing Change in Female Genital Mutilation/Cutting Through Social Networks: An intersectional analysis of the influence of gender, generation, status, and structural inequality*, Evidence to End FGM/C: Research to Help Girls and Women Thrive, Population Council, New York, 2020.
- Mpinga, Emmanuel Kabengele, et al., 'Female Genital Mutilation: A systematic review of research on its economic and social impacts across four decades', *Global Health Action*, vol. 9, no. 1, 4 October 2016, p. 31489.
- Msuya, Sie E, et al., 'Female Genital Cutting in Kilimanjaro, Tanzania: Changing attitudes?', *Tropical Medicine & International Health*, vol. 7, no. 2, 2002, pp. 159–165.
- Muhula, Samuel, et al., 'The Impact of Community Led Alternative Rite of Passage on Eradication of Female Genital Mutilation/Cutting in Kajiado County, Kenya: A quasi-experimental study', *PLOS ONE*, vol. 16, no. 4, 2021, e0249662.
- Mwendwa, Purity, et al., '"Promote Locally Led Initiatives to Fight Female Genital Mutilation/Cutting (FGM/C)" Lessons From Anti-FGM/C Advocates in Rural Kenya', *Reproductive Health*, vol. 17, no. 1, 28 February 2020, p. 30.
- Nesbitt-Ahmed, Zahrah, and Ramya Subrahmanian, 'Caring in the Time of COVID-19: Gender, unpaid care work and social protection', UNICEF Evidence for Action, 23 April 2020.
- Nyabero, Charles, Ezekiel Omwenga, and Florence Okari, 'Alternative Rites of Passage Potency in Enhancing Girl Child Self-Esteem and Participation in Education in Primary Schools in Kisii County, Kenya', *African Journal of Education and Human Development*, vol. 2, no. 1, 2016, pp. 1–9.
- Nyagah, S.N., and Stephen Luketero Wanyonyi, 'Transition Rates of Girls from Lower Primary to Upper Primary, Kajiado County', *European Scientific Journal*, vol. 12, no. 7, 2016, pp. 418–433.
- Oloo Habil, Monica Wanjiru, and Katy Newell-Jones K, *Female Genital Mutilation Practices in Kenya: The role of alternative rites of passage. A case study of Kisii and Kuria districts*, Feed the Minds, London, 2011.
- O'Neil, Tam and Georgia Plank, *Support to Women and Girls' Leadership: A rapid review of the evidence*, Overseas Development Institute, London, 2015.
- Organisation for Economic Co-operation and Development, *States of Fragility 2020*, OECD, Paris, 2020.
- Orlassino, Chiara, Caitlin Flynn and Gabrielle Szabo, 'Save the Children Calls for an End to Child Marriage in Burkina Faso and to Accelerate Progress for Gender Equality', Save the Children Spotlight Series, Save the Children, London, 2021.
- Oxfam IBIS, 'Education and Gender Equality', Concept Paper, Oxfam IBIS, Copenhagen, 2017.
- Ozer, Emily J., and Amber Akemi Piatt, *Adolescent Participation in Research: Innovation, rationale and next steps*, UNICEF Innocenti Research Centre, Florence, 2017.
- Pinchoff, Jessie, et al., 'The Impact of COVID-19 School Closures and Stress on Adolescent Mental Health in Kenya', GEM Report, World Education Blog, 1 June 2021.
- Plan International, 'COVID-19 Leading to Rise in Group FGM Gatherings', Plan International, Woking, 6 February 2021.
- Rawat, Ramu, 'The Association Between Economic Development, Education and FGM in Six Selected African Countries', *African Journal of Midwifery and Women's Health*, vol. 11, no. 3, 21 July 2017, pp. 137–146.
- ReliefWeb, 'Burkina Faso Protection Crisis Advocacy Brief – Child Protection', news release, United Nations Office for the Coordination of Humanitarian Affairs, New York, March 2020.
- ReliefWeb, 'Humanitarian Needs Overview Ethiopia', United Nations Office for the Coordination of Humanitarian Affairs, New York, 2021.
- Renault, Lotte and Gure, Abdifarhan Farah, 'Programmatic approaches to the gender-related impacts of COVID-19 on education: Lessons from 2020' Case study: Somalia Girls' Education Promotion Programme – Transition (SOMGEP-T), Care International, 2020.
- Republic of Kenya and United Nations Kenya, *COVID-19 Gender Assessment: Gender perspective*, United Nations, New York, 2020.
- Ross, Heidi A., Payal P. Shah, and Lei Wang, 'Situating Empowerment for Millennial Schoolgirls in Gujarat, India and Shaanxi, China', *Feminist Formations*, vol. 23, no. 3, pp. 23–47.
- Saleem, Rozhgar A., et al., 'Female Genital Mutilation in Iraqi Kurdistan: Description and associated factors', *Women & Health*, vol. 53, no. 6, 2013, pp. 537–551.
- Setegn, Tesfaye, Yihunie Lakew, and Kebede Deribe, 'Geographic Variation and Factors Associated with Female Genital Mutilation among Reproductive Age Women in Ethiopia: A national population based survey', *PLOS ONE*, vol. 11, no. 1, 7 January 2016, e0145329.
- Shaw, Bryan, Anjalee Kohli, and Susan Igras, *Grandmother Project – Change Through Culture: Girls' holistic development program qualitative research report*. Institute of Reproductive Health, Washington, D.C., 2020.
- Shell-Duncan, Bettina, Reshma Naik, and Charlotte Feldman-Jacobs, *A State-of-the-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know Now?*, Evidence to End FGM/C: Research to Help Women Thrive, Population Council, New York.
- Sipsma, Heather L., et al., 'Female Genital Cutting: Current practices and beliefs in western Africa', *Bulletin of the World Health Organization*, vol. 90, no. 2, 1 February 2012, pp. 120–127F.
- Strid, Sofia, and Tobias K Axelsson, 'Involving Men: The multiple meanings of female genital mutilation in a minority migrant context', *NORA – Nordic Journal of Feminist and Gender Research*, vol. 28, no. 4, 2020, pp. 287–301.
- Stromquist, Nelly P., 'Gender, Education and the Possibility of Transformative Knowledge', *Compare: A Journal of Comparative and International Education*, vol. 36, no. 2, 2006, pp. 145–161.

Talle, Aud, 'Female Circumcision in Africa and Beyond: The anthropology of a difficult issue' in *Transcultural Bodies: Female genital cutting in global context*, edited by Yvla K. Hernlund and Bettina K. Shell-Duncan, Rutgers University Press, New Brunswick, 2007, pp. 91–106.

Tamire, Mulugeta, and Mitike Molla, 'Prevalence and Belief in the Continuation of Female Genital Cutting Among High School Girls: A cross-sectional study in Hadiya zone, Southern Ethiopia', *BMC Public Health*, vol. 13, no. 1, 5 December 2013, pp. 1120–1125.

United Nations in Uganda, *Leaving No One Behind: From the COVID-19 response to recovery and resilience-building analyses of the socioeconomic impact of COVID-19 in Uganda*, UNDP, New York, 2020.

United Nations Educational, Scientific and Cultural Organization, 'New Methodology Shows 258 Million Children, Adolescents and Youth are Out of School', UIS Fact Sheet No. 56, UNESCO, New York, September 2019.

United Nations Population Fund, *Demographic Perspectives on Female Genital Mutilation*, UNFPA, New York, 2015.

United Nations Population Fund, *GBV/FGM Rapid Assessment Report in the Context of COVID-19 Pandemic in Somalia*, UNFPA, New York, 2020.

United Nations Population Fund, *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*, UNFPA, New York, 2020.

United Nations Children's Fund, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, UNICEF, New York, 2013.

United Nations Children's Fund, *Girls' Education: Evaluating UNICEF's progress*, UNICEF, New York, 2018, <<https://gdc.unicef.org/resource/girls-education-evaluating-unicefs-progress>>, accessed 27 July 2021.

United Nations Children's Fund, 'Education Overview: Data', UNICEF, New York, 2019, <<https://data.unicef.org/topic/education/overview/>>, accessed 8 August 2021.

United Nations Children's Fund, *A Decade of Action to Achieve Gender Equality: The UNICEF approach to the elimination of female genital mutilation*, UNICEF, New York, 2020.

United Nations Children's Fund, *The Dynamics of Social Change: Toward the abandonment of female genital mutilation/cutting in five African countries*, UNICEF Innocenti Research Center, Florence, 2020.

United Nations Children's Fund, *Female Genital Mutilation in Egypt: Recent trends and projections*, UNICEF, New York, 2020.

United Nations Children's Fund, 'Female Genital Mutilation: Data', UNICEF, New York, 2020, <<https://data.unicef.org/topic/child-protection/female-genital-mutilation/>>, accessed 8 August 2021.

United Nations Children's Fund, 'Adolescent Empowerment', Technical Note, UNICEF, New York, 2021.

United Nations Department of Economic and Social Affairs, 'LDCs at a Glance', UN DESA, New York, February 2021, <www.un.org/development/desa/dpad/least-developed-country-category/ldcs-at-a-glance.html>, accessed 8 August 2021.

United Nations Development Programme, *What Does it Mean to Leave No One Behind? A UNDP discussion paper and framework for implementation*, UNDP, New York, 2018.

United Nations Development Programme, *Building Back Better Starts Now: COVID-19 socioeconomic impact analysis for Guinea-Bissau*, United Nations, New York, 2020.

United States Agency for International Development, *USAID/Senegal/Sahel Regional Office COVID-Specific Gender Analysis for the Gambia: The Gambia governance reform activity*, USAID, Washington, D.C., 28 September 2020.

U-Report Uganda, 'Female Genital Mutilation (FGM) During COVID-19 Pandemic Poll', 9 September 2020.

Van Rossem, Ronan, Dominique Meekers, and Anastasia J. Gage, 'Trends in Attitudes Towards Female Genital Mutilation Among Ever-Married Egyptian Women, Evidence from the Demographic and Health Surveys, 1995–2014: Paths of change', *International Journal for Equity in Health*, vol. 15, 24 February 2016, p. 31.

Vaughan, Rosie Peppin, 'Global Campaigns for Girls' and Women's Education, 2000–2017: Insights from transnational social movement theory', *Comparative Education*, vol. 55, no. 4, 2019, pp. 494–516.

Waigwa, Susan, et al., 'Effectiveness of Health Education as an Intervention Designed to Prevent Female Genital Mutilation/Cutting (FGM/C): A systematic review', *Reproductive Health*, vol. 15, no. 1, 12 April 2018, p. 62.

Wodon, Quentin T, et al., *Economic Impacts of Child Marriage: Global synthesis report (English)*, World Bank Group, Washington, D.C., 2017.

World Health Organization, *Female Genital Mutilation: An Overview*, WHO, Geneva, 1998.

World Health Organization, *Female Genital Mutilation Programmes to Date: What works and what doesn't*, WHO, Geneva, 2011.

World Health Organization, *Care of Girls and Women Living with Female Genital Mutilation: A clinical handbook*, WHO, Geneva, 2018.

Yoder, P. Stanley, Nouredine Abderrahim, and Arlinda Zhuzhuni, 'Female Genital Cutting in the Demographic and Health Surveys: A critical and comparative analysis', DHS Comparative Reports No. 7, ORC Macro, Calverton, 2004.

ENDNOTES

- 1 Child Protection Cluster, 'Burkina Faso Protection Crisis Advocacy Brief'; Alheiwididi et al., 'Gender and Adolescence Research Panorama'; OCHA, 'Humanitarian Needs Overview for Ethiopia'; USAID, 'COVID-Specific Gender Analysis for The Gambia'; UNDP, 'Building Back Better Starts Now: COVID-19 socio-economic impact analysis for Guinea-Bissau'; Amref, 'Evidence of the effects of COVID-19 pandemic on Female Genital Mutilation/Cutting (FGM/C)'; UNFPA, 'GBV/FGM Rapid Assessment Report in the Context of COVID-19 Pandemic in Somalia'; OCHA, 'Humanitarian Needs Overview Somalia'; Plan International, 'COVID-19 Leading to Rise in Group FGM Gatherings'; United Nations in Uganda, 'Leaving No One Behind: From the COVID-19 response to recovery and resilience-building analyses of the socio-economic impact of COVID-19 in Uganda'.
- 2 OCHA, 'Humanitarian Needs Overview Somalia'; United Nations in Uganda, 'Leaving No One Behind: From the COVID-19 response to recovery and resilience-building analyses of the socio-economic impact of COVID-19 in Uganda'.
- 3 UNFPA, 'GBV/FGM Rapid Assessment Report in the Context of COVID-19 Pandemic in Somalia'.
- 4 Nesbitt-Ahmed et al., 'Caring in the Time of COVID-19'.
- 5 Amaro et al., 'COVID-19 and Education: The digital gender divide'.
- 6 Malala Fund, 'Girls' Education and COVID-19'.
- 7 Pinchoff et al., 'The Impact of COVID-19 School Closures'.
- 8 UNESCO, 'New Methodology Shows 258 Million Children, Adolescents and Youth are Out of School'.
- 9 Berg et al., 'Psychological, Social and Sexual Consequences'; Andro et al., 'Long-Term Consequences of Female Genital Mutilation'; Lars et al., 'Urogenital Complications Among Girls'; Talle, 'Female Circumcision in Africa and Beyond'; Elnasher et al., 'The Impact of Female Genital Cutting on Health of Newly Married Women'; WHO, 'Care of Girls and Women Living with Female Genital Mutilation: A clinical handbook'; Yoder et al., 'Female Genital Cutting in the Demographic and Health Surveys'; Behrendt and Moritz, 'Post-Traumatic Stress Disorder and Memory Problems'; Bogale et al., 'Prevalence of Female Genital Mutilation and its Effect on Women's Health in Bale Zone, Ethiopia'; Ekenze et al., 'Genital Lesions'.
- 10 Moreau and Shell-Duncan, 'Tracing Change in Female Genital Mutilation/Cutting Through Social Networks'; Alexander-Scott et al., 'DFID Guidance Note: Shifting social norms to tackle violence against women and girls (VAWG)'.
- 11 UNFPA, 'GBV/FGM Rapid Assessment Report in the Context of COVID-19 Pandemic in Somalia'.
- 12 Ibid.
- 13 Moreau and Shell-Duncan, 'Tracing Change in Female Genital Mutilation/Cutting Through Social Networks'; George et al., 'Structural Determinants of Gender Inequality: Why they matter for adolescent girls' sexual and reproductive health'; UNDP, 'What Does it Mean to Leave No One Behind?'.
- 14 Heise, Lori, et al., 'Gender Inequality and Restrictive Gender Norms'.
- 15 UNICEF, 'Adolescent Empowerment Technical Note'.
- 16 Ibid.
- 17 SStromquist, 'Gender, Education and the Possibility of Transformative Knowledge'; Ross et al., 'Situating Empowerment for Millennial Schoolgirls'; Marcus and Page, 'An Evidence Review of School Environments, Pedagogy, Girls' Learning and Future Wellbeing Outcomes'.
- 18 Eie-GenKit, 'Education and Gender Equality'.
- 19 Cabezas and Schweiger, 'Girlhood and Ethics: The role of bodily integrity'.
- 20 OECD, 'States of Fragility 2020'.
- 21 Karmaker et al., 'Factors Associated with Female Genital Mutilation in Burkina Faso'; Mohammed et al., 'Female Genital Mutilation/Cutting: Will it continue?'; Tamire and Molla, 'Prevalence and Belief in the Continuation of Female Genital Cutting'; Ahanonu and Victor, 'Mothers' Perception of Female Genital Mutilation'; Modrek and Liu, 'Exploration of Pathways'; Al-Khulaidi et al., 'Decline of Supportive Attitudes Among Husbands'; Dehghankhalili et al., 'Epidemiology, Regional Characteristics, Knowledge, and Attitude'; Dalal et al., 'Adolescent Girls' Attitude Toward Female Genital Mutilation'; Sipsma et al., 'Female Genital Cutting'; Dalal et al., 'Women's Attitude Toward Discontinuation of Female Genital Mutilation in Egypt'; Alo and Gbadebo, 'Intergenerational Attitude Changes'; Msuya et al., 'Female Genital Cutting in Kilimanjaro, Tanzania'; Saleem et al., 'Female Genital Mutilation in Iraqi Kurdistan'; Gebrekirstos et al., 'A Cross Sectional Study on Factors Associated with Harmful Traditional Practices'; Gajaa et al., 'Prevalence and Associated Factors of Circumcision'; Shell-Duncan et al., 'A State-of-the-Art-Synthesis'; Alemu, 'Trends and Determinants of Female Genital Mutilation in Ethiopia'.
- 22 Shell-Duncan et al., 'A State-of-the-Art-Synthesis'.
- 23 Ibid.
- 24 UNICEF, 'Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change'; Van Rossem et al., 'Trends in Attitudes Towards Female Genital Mutilation Among Ever-Married Egyptian Women'; Rawat, 'The Association Between Economic Development, Education and FGM'.
- 25 UNICEF, 'Female Genital Mutilation in Egypt: Recent trends and projections'.
- 26 Ibid.
- 27 Ibid.
- 28 Andro and Lesclingand, 'Female Genital Mutilation. Overview and Current Knowledge'; Moreau and Shell-Duncan, 'Tracing Change in Female Genital Mutilation/Cutting Through Social Networks'; Al-Khulaidi et al., 'Decline of Supportive Attitudes Among Husbands'; Afifi, 'Women's Empowerment and the Intention to Continue the Practice of Female Genital Cutting in Egypt'; Setegn et al., 'Geographic Variation and Factors Associated with Female Genital Mutilation'; Modrek and Liu, 'Exploration of Pathways'; Wodon et al., 'Economic Impacts of Child Marriage'; Karmaker et al., 'Factors Associated with Female Genital Mutilation in Burkina Faso'; Ashimi et al., 'Prevalence and Predictors of Female Genital Mutilation Among Infants'; Besera and Roess, 'The Relationship Between Female Genital Cutting and Women's Autonomy in Eritrea'.
- 29 Shell-Duncan et al., 'A State-of-the-Art-Synthesis'.
- 30 UNICEF, 'Education Overview: Data'.
- 31 Ibid.
- 32 Ibid.
- 33 Jama et al., 'Understanding the Barriers to Girls' and Women's Access to Higher Education in Puntland'.
- 34 Marcus, 'Education and Gender Norm Change'; Malhotra et al., 'Catalyzing Gender Norm Change'.
- 35 Mahgoub et al., 'Effects of School-Based Health Education'; Waigwa et al., 'Effectiveness of Health Education as an Intervention'; UNFPA, 'GBV/FGM Rapid Assessment Report in the Context of COVID-19 Pandemic in Somalia'.
- 36 Marcus et al., 'Girls' clubs and life skills programmes: Positive potential, unanswered questions'.
- 37 Brady et al., 'Providing New Opportunities to Adolescent Girls in Socially Conservative Settings'; Marcus et al., 'Rigorous Review'.

- 38 INEE, 'No Education, No Protection'.
- 39 INEE, 'No Education, No Protection'; CARE, 'Tipping Point: Phase 2 program summary'.
- 40 WHO, 'Female genital mutilation: programmes to date: what works and what doesn't'.
- 41 UN DESA, 'LDCs at a Glance'; OECD, 'States of Fragility 2020'.
- 42 Ahinkorah et al., 'Socio-economic and Demographic Determinants of Female Genital Mutilation'.
- 43 Ibid.
- 44 Kellum, 'Inclusive, Quality Education: An Annotated Bibliography Prepared'.
- 45 INEE, '20 Years of INEE: Achievements and Challenges in Education in Emergencies'.
- 46 Bendiksen et al., 'The Association Between Physical Complications Following Female Genital Cutting and the Mental Health of 12-Year-Old Gambian Girls'.
- 47 OECD, 'States of Fragility 2020'.
- 48 Ibid.
- 49 INEE, 'Technical Note: Education during the COVID-19 pandemic'.
- 50 INEE, '20 Years of INEE: Achievements and Challenges in Education in Emergencies'.
- 51 *Female Genital Mutilation*; Chesnokova and Vaithianathan, 'The Economics of Female Genital Cutting'; Mpinga et al., 'Female Genital Mutilation: A systematic review'; LeJeune and Mackie, 'Social Dynamics of Abandonment of Harmful Practices'.
- 52 UNICEF, 'GirlForce: Skills, education and training for girls now'.
- 53 Malholtra et al., 'Solutions to End Child Marriage'.
- 54 Marcus et al., 'Rigorous Review'.
- 55 Amin et al., 'Delaying Child Marriage through Community-Based Skills-Development Programs'; Bandiera et al., 'Women's Empowerment in Action'; Haberland, 'The Case for Addressing Gender and Power in Sexuality and HIV Education'.
- 56 UNICEF, 'Female Genital Mutilation: Data'.
- 57 Strid and Axelsson, 'Involving Men: The Multiple Meanings of Female Genital Mutilation in a Minority Migrant Context'.
- 58 Ozer and Piatt, 'Adolescent Participation in Research'.
- 59 Marcus and Harper, 'Gender Justice and Social Norms'; O'Neil and Plank, 'Support to Women and Girls' Leadership: A Rapid Review of the Evidence'; Vaughan, 'Global Campaigns for Girls' and Women's Education'.

Acknowledgements

The United Nations Children's Fund (UNICEF) wishes to thank the people and governments that have contributed to this work. Specifically, we thank the European Union and the Governments of Austria, France, Iceland, Italy, Luxembourg, Norway, Spain (AECID), Sweden, the United Kingdom and the United States of America for their generous financial contributions and technical support to UNICEF towards the elimination of FGM.

This technical note was authored by Stephanie Baric from Child Frontiers under the technical leadership of Nankali Maksud and contributions from Harriet Akullu, Julie Dubois, Yasmine Sinkhada, Ingrid Sanchez-Tapia, Takudzwa Kanyangarara, Wongani Grace Taulo, Elsebeth Iverson, Indrani Sakar, Helene Cron, Ikuko Shimuzu and Jihane Latrous from UNICEF; Antara Ganguli and Gloria Diamond from United Nations Girl's Education Initiative (UNGEI); and Jose Roberto Luna from United Nations Population Fund (UNFPA).

Additionally, we are grateful for the invaluable insight and detailed comments from an informants' group which shaped this technical note, including: Simone Yankey (African Union), Jennifer O'Donoghue (Brookings Institute), Amanda Moll (CARE), Grace Uwizeye (Equality Now), Teresa Omondi Adeitan and Juliet Kimotho (Forum for African Women Educationalists), Myriam Narcisse (Haiti Adolescent Girls Network), Natalie Robi Tingo (Msichana Empowerment Kuria), Dennis Matanda (Population Council), Stephanie Perlson (Population Reference Bureau), Janna Metzler and Kathryn Paik (Women's Refugee Commission), Zayid Douglas and Christy Fellner (World Vision), and Siena Fleischer (United States Agency for International Development).

Cover photo: Children at the playground of their school in Niamey, the capital of Niger.
© UNICEF/UN0439618/Dejongh

For more information, please contact:

Child Protection, Programme Division, UNICEF HQ

Email: childprotection@unicef.org

Technical Note
GIRLS' EDUCATION,
EMPOWERMENT
AND THE ELIMINATION
OF FEMALE GENITAL
MUTILATION