Challenges in measuring individual support and community level social norms around harmful practices: the case of female genital mutilation

Expert Group meeting on Population Data for the 21st Century: Advances in data colection methodologies

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Ensuring rights and choices for all

SDG Goal 05: Achieve gender equality and empower all women and girls

Target 5.3: Eliminate all harmful practices such as child, early and forced marriage and FGM

Indicator: % of girls & women 15-49 who have undergone female genital mutilation

BUT

How do we measure whether we are moving in the right direction?

How has progress towards ending female genital mutilation been measured so far?

- **DHS/MICS SURVEYS :**
- Prevalence rates (0-14, 15-19, 15 49)
- Support for the continuation of female genital mutilation

- **COUNTRY EXPERIENCES**
- Sudan
- Eritrea
- Nigeria
- Senegal
- Mauritania

Programme indicators to measure outcomes and output change, contributing to SDG 5.3

DHS/MICS surveys: Almost 30 years of data collection, and more than 100 surveys

Benin	DHS 2001, DHS 2006, DHS 2011-12, MICS 2014
Burkina Faso	DHS 1998-99, DHS 2003, MICS 2006, MICS/DHS 2010
Cameroon	DHS 2004 (FGM not collected in MICS 2014)
Central African Republic	DHS 1994-95, MICS 2000, MICS 2006, MICS 2010
Chad	MICS 2000, DHS 2004, MICS 2010, DHS 2014-15
Cote d'Ivoire	DHS 1994, DHS 1998-99, AIS 2005, MICS 2006, DHS 2011/2012, MICS 2016
Djibouti	MICS 2006
Egypt	DHS 1995, DHS 2000, DHS 2003, DHS 2005, DHS 2008, DHS 2014, Health Issues Survey (DHS) 2015
Eritrea	DHS 1995, DHS 2002, PHS 2010
Ethiopia	DHS 2000, DHS 2005, DHS 2016
Gambia	MICS 2005-06, MICS 2010, DHS 2013
Ghana	DHS 2003, MICS 2006, MICS 2011, MICS 2018
Guinea	DHS 1999, DHS 2005, MICS/DHS 2012, DHS 2016
Guinea-Bissau	MICS 2006, MICS 2010, MICS 2014
Indonesia	Riskedas 2013
Iraq	MICS 2011, MICS 2018
Kenya	DHS 1998, DHS 2003, DHS 2008-09, DHS 2014
Liberia	DHS 2007, DHS 2013
Maldives	DHS 2016/2017
Mali	DHS 1995-96, DHS 2001, DHS 2006, MICS 2010, MICS 2015, DHS 2018
Mauritania	DHS 2000-01, MICS 2007, MICS 2011, MICS 2015
Niger	DHS 1998, DHS/MICS 2006, MICS/DHS 2012
Nigeria	DHS 1999, DHS 2003, MICS 2007, DHS 2008, MICS 2011, DHS 2013, MICS 2017, DHS 2018
Senegal	DHS 2005, DHS 2010-11, DHS 2014, DHS 2015, 2016, 2017
Sierra Leone	MICS 2005, DHS 2008, MICS 2010, DHS 2013, MICS 2018
Somalia	MICS 2006
Sudan (Northern)	DHS 1989-90, MICS 2000, SHHS 2006, SHHS 2010, SHHS 2014
Tanzania	DHS 1996, DHS 2004-05, DHS 2010, DHS 2015-16
Togo	MICS 2006, MICS 2010, DHS 2013/2014
Uganda	DHS 2006, DHS 2011, DHS 2016
Yemen	DHS 1997, DHS 2013

Standard questionnaire on female genital mutilation

Three main sets of questions:

1) Questions for girls and women aged 15-49 :
- Knowledge of the practice
- FGM status
- Type of procedure
- Age at FGM
- Performer

2) Questions on daughters (below the age of 15) of girls and women aged 15-49:

- FGM status
- Type of procedure
- Age at FGM
- Performer

3) Attitudes regarding the continuation of the practice (also asked to men)

Examples of additional questions

- Reasons for supporting the continuation of the practice

- Knowledge of the law

- Decision-making process leading to FGM of daughters

- Intentions to practice FGM

- Knowledge of risks associated with the practice

- Places where FGM took place and tools used

Understanding global estimates

Some numbers: current prevalence

- More than 200 **million girls and women** alive today have been cut in the 30 countries where the practice is concentrated (UNICEF 2016)

- This is the first estimate based on representative data covering all the affected countries

- (Prevalence 0-14 X population 0-14) + (Prevalence 15-49 X population 15-49) + (Prevalence 45-49 X population aged 50 and above)

- Population coverage 100% for the 30 countries

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Challenges in estimating the extent of the practice outsides the 31 countries

- Evidence of the practices in several countries including places (including Colombia, Jordan, Oman, Saudi Arabia, parts of Indonesia and Malaysia and in pockets of Europe and North America)

- No reliable and representative estimates

- Estimates for countries of migration remain rare and based on a few assumptions = same level of prevalence than in countries of origin

- **Hard to derive temporal trend with one, two or three data points only**

Innovations in data collection on female genital mutilation

- For women (15-49): Time lag between experience of FGM and recording the event in a MICS/DHS;

- Most surveys conducted before 2010 and some of the 2010 surveys asked women about the status of only one daughter, either the first born, or the most recently cut;

- Change in the questionnaire for daughters: new questionnaire allows for calculating prevalence for age group 0-14;

- Changes introduced in MICS 4 and DHS (2010-2011).

Rationale and methodological considerations

- Prevalence rates can provide an enhanced understanding of FGM among the youngest age groups where recent intervention efforts would, in many settings, show the most impact

- However, girls 0-14 may still be exposed to the risk of undergo FGM depending on the age at which FGM is generally performed (censored observations)

- Importance of taking age at FGM into account

- As age at cutting varies in different settings, the amount of censoring will vary

- Caution is needed when comparing across **contexts,** age cohorts and across surveys

Possible sources of reporting bias

Bias affecting prevalence

- Women may be unwilling to disclose having undergone the procedure because of the sensitivity of the topic or the illegal status of the practice

- In countries where FGM has been the target of aggressive campaigns or severe legal measures against practitioners, mothers may be reluctant to disclose the actual status of their daughters for fear of repercussions
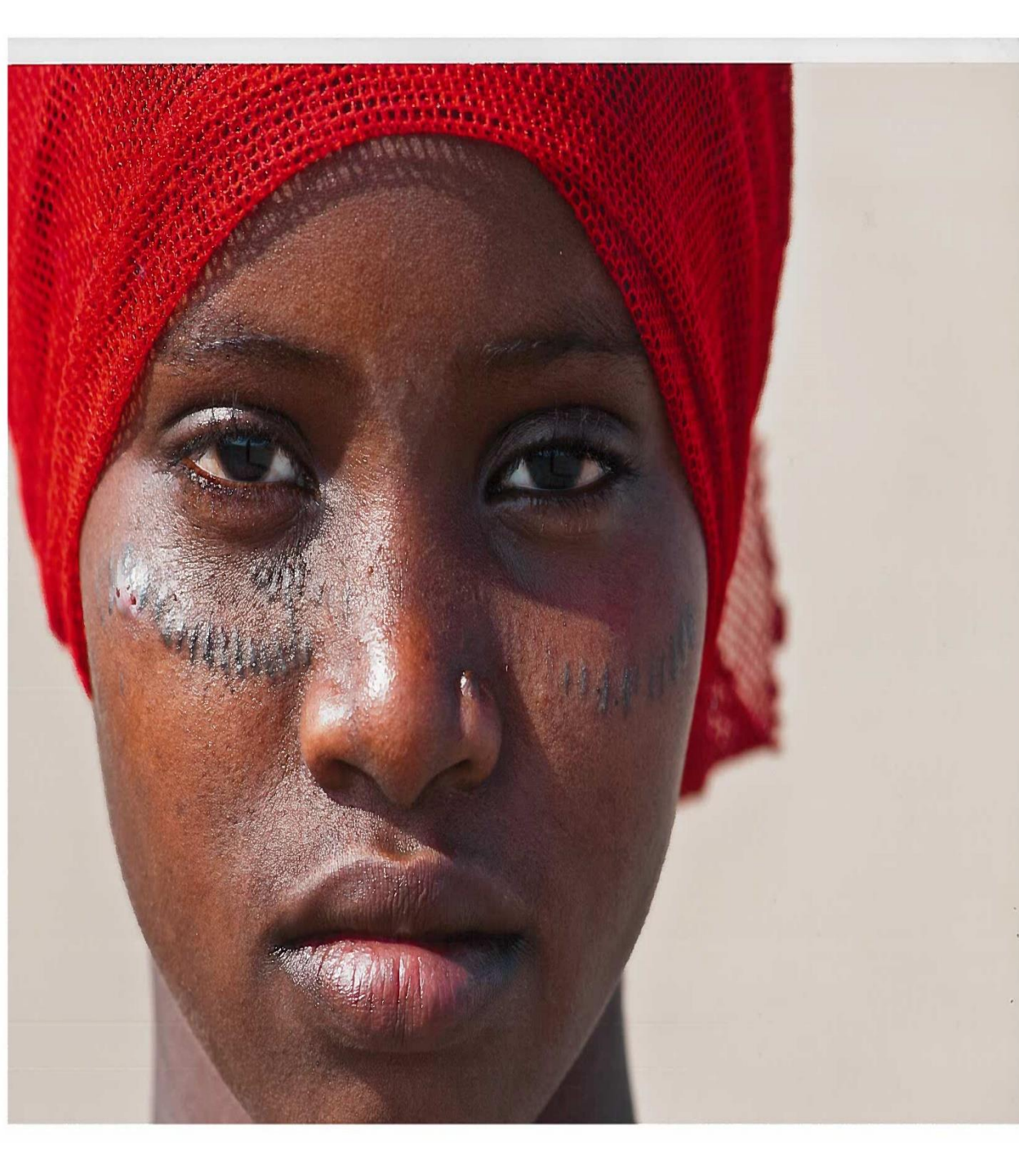
Possible bias affecting data on circumstances surrounding the practice

- Women may be unaware of the type of FGM, when it was done and who did it, especially if FGM was performed at an early age
  - Study in Egypt
  - Study in Nigeria

- Information on the FGM status of daughters is generally regarded as more reliable than women's self-reports; however, is influenced by censoring and age at FGM

CHALLENGES

Social norms change to end female genital mutilation is reflected in girls not being cut. At scale, this is reflected in reduced prevalence rates (DHS/MICS) and ultimately in total abandonment.

LIMITATIONS OF PREVIOUS METHODOLOGIES:

- DHS/MICS: periodicity, time it takes to capture changes, geographical coverage, **time lag between the event and data collection**

- Different approaches tested to measure shifts in attitudes and expectations in some countries, but need to find a commonly agreed and tested methodology that can be scaled up

- Public declarations: not the ultimate reflection of a changed social norm. Social expectations may begin to change before collective declarations or before a   in prevalence rates .

- Cost

Apply a demography methodology:
**Survival Analysis**

Survival Analysis

- Leverages demographic methods to quantify risk of a particular event by age, here FGM;

- Tracks girls who have not experienced FGM at the time of survey, recognizing that they are still at risk;

- Derive age-specific incidence rates, important for both programmatic interventions (decision making structures) and global estimates.

Restructure micro-datasets

Observed data
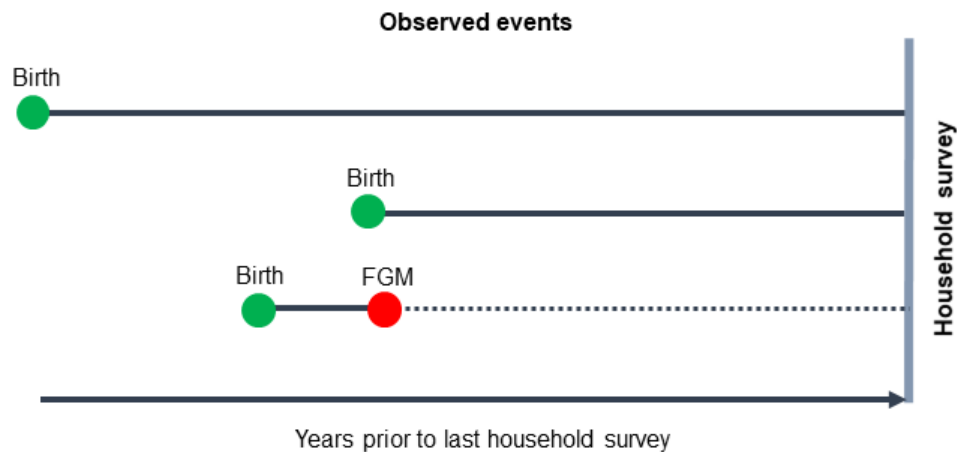
Restructured data
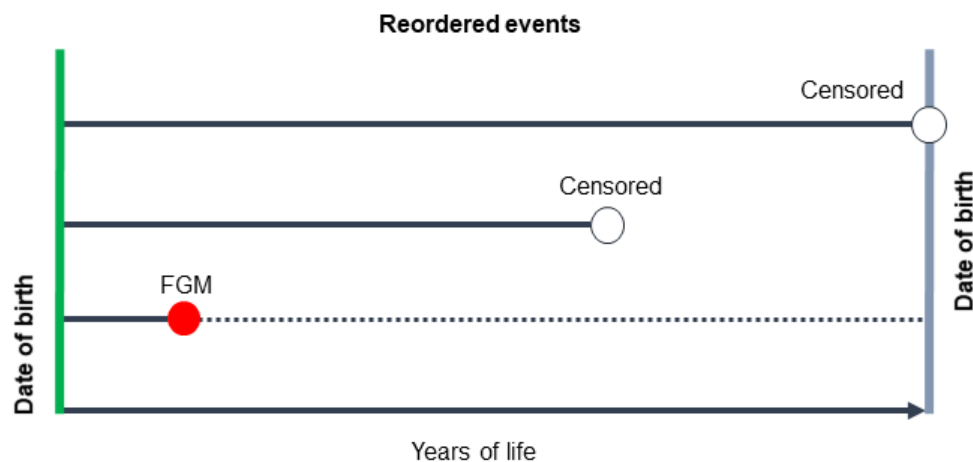
Global incidence estimate

- Roughly 68 million women and girls are at risk of FGM between 2015 and 2030 (UNFPA 2018).

- Kaplan Meier estimates used to derive year-by-year risk structure for FGM, and combined with single-year population esitmates;

Comparison across birth cohorts to estimate temporal trend

Kaplan Meier estimates (Guinea/Kenya)
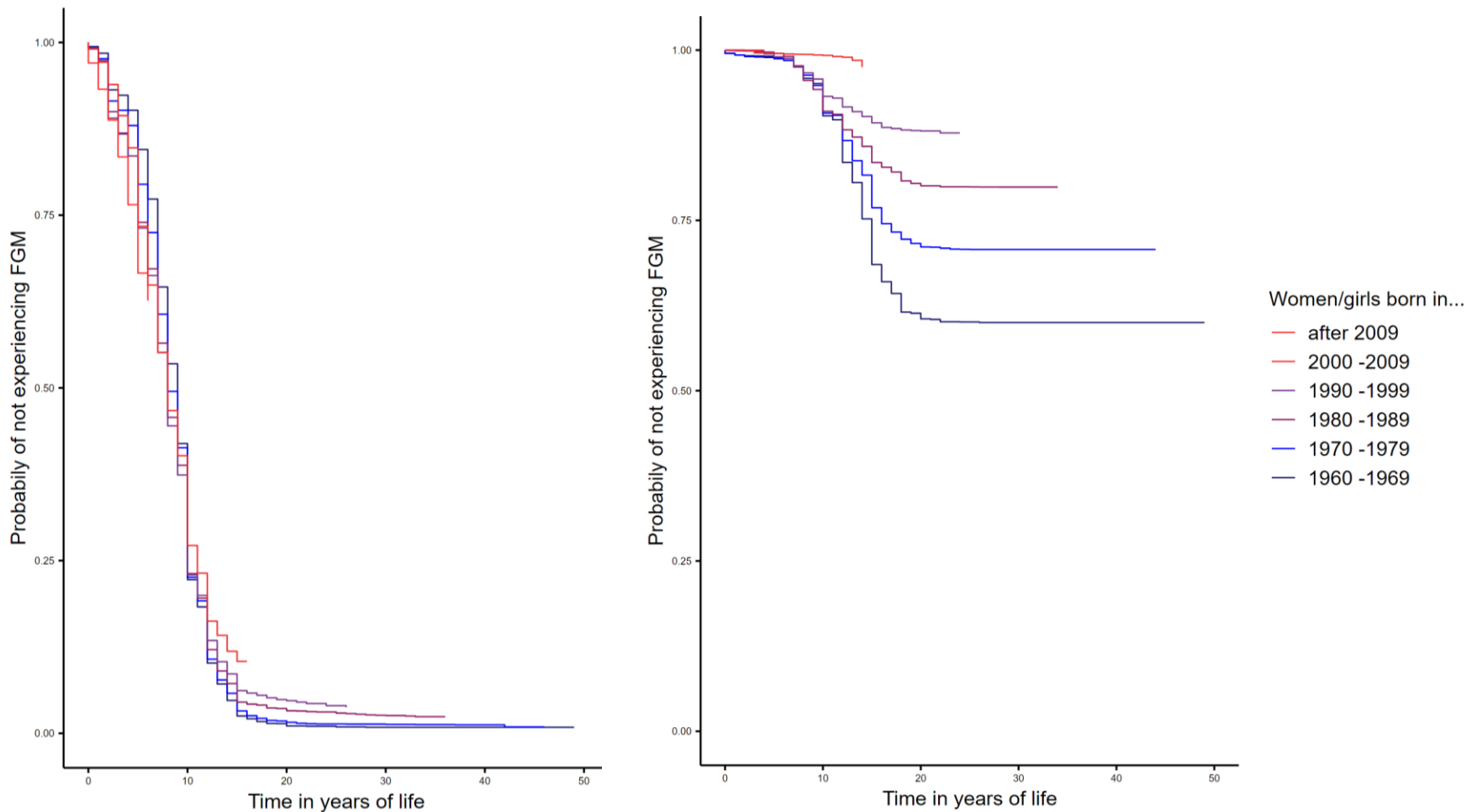
Other response of the FGM JP to measurement e challenges:
ACT: M&E Framework

A
- Assess what people know, feel and do
- Ascertain "normative" factors: descriptive and injunctive norms, sanctions, and outcome expectancies

C
- Consider context, especially gender and power
- Collect information on social networks

T
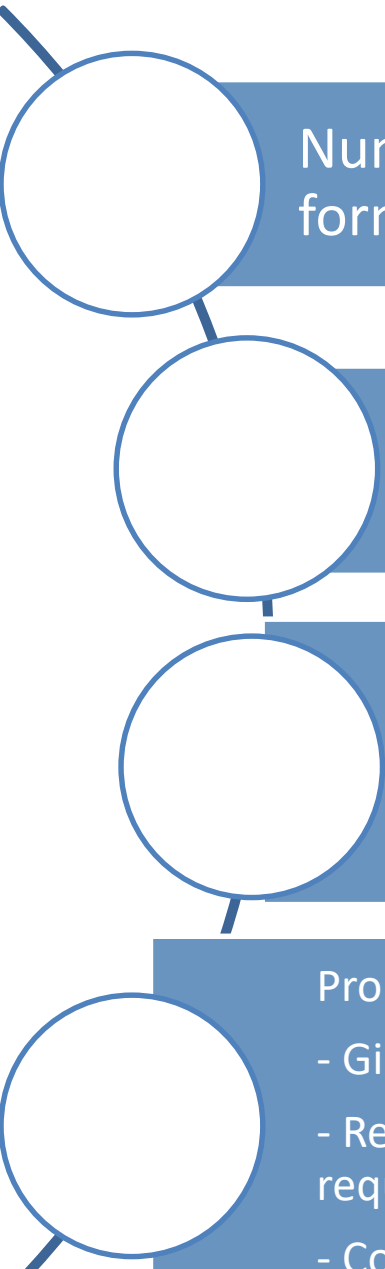- Track individual and social change
- Test and Retest

PHASE III OF THE FGM JP

OUTCOME 2 : Social and Gender Norms Transformation Measurement

Girls and women are empowered to exercise and express their rights by transforming social and gender norms in communities to eliminate FGM:

- ❖ Indicators to be measured annually
- ❖ Indicators to be measured at the beginning and end of Phase III

ANNUALLY

Number of **communities making a public declaration** or formal statement that they will abandon the practice of FGM

Number of **people making a public declaration** that they will abandon the practice of FGM

Proportion of communities that made a public declaration to abandon FGM that have established a **community-level surveillance system** to monitor compliance with commitments made during public declarations

Proportion of communities where **enablers of social norm change** are in place:

- Girls graduate after completing a capacity development package

- Religious leaders' public statements delinking FGM from religious requirements

- Community/traditional rulers publicly denounce FGM practices

Every 4 years (some of the indicators)

Percentage of girls and women demonstrating knowledge and capacity on FGM and gender issues to influence and protect the next generation from FGM

Percentage of women (15-49) who exercise agency in making decisions in the household jointly with male household members

Percentage of women (15-49) who exercise agency in influencing decisions regarding keeping their daughters intact

Percentage of women (15-49) who exercise agency in regularly attending or participating in women's group/mentorship or leadership programmes

Percentage of people who believe that others cut their daughters

Percentage of people who think others will judge them negatively if they do not cut their daughters

Percentage of people who do not support the continuation of FGM

Percentage of individuals from the target population who believe that people in their community approve of FGM abandonment

Percentage of individuals who can identify benefits (rewards) associated with FGM abandonment

Percentage of young men and boys who express readiness to marry uncut girls

Important issues to consider

Universal vs country specific

Independent vs interdependent practice

Gender and power

Measurement of change as a result of public declarations

Annual reporting vs in-depth surveys

Cost and efficient use of resources (monitoring/programming)

Contribution to measurement of SDG 5.3 and to other fields (CM,VAC, and GBV)

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SUSTAINABLE DEVELOPMENT GOALS

Ensuring rights and choices for all

Conformity

Or Not