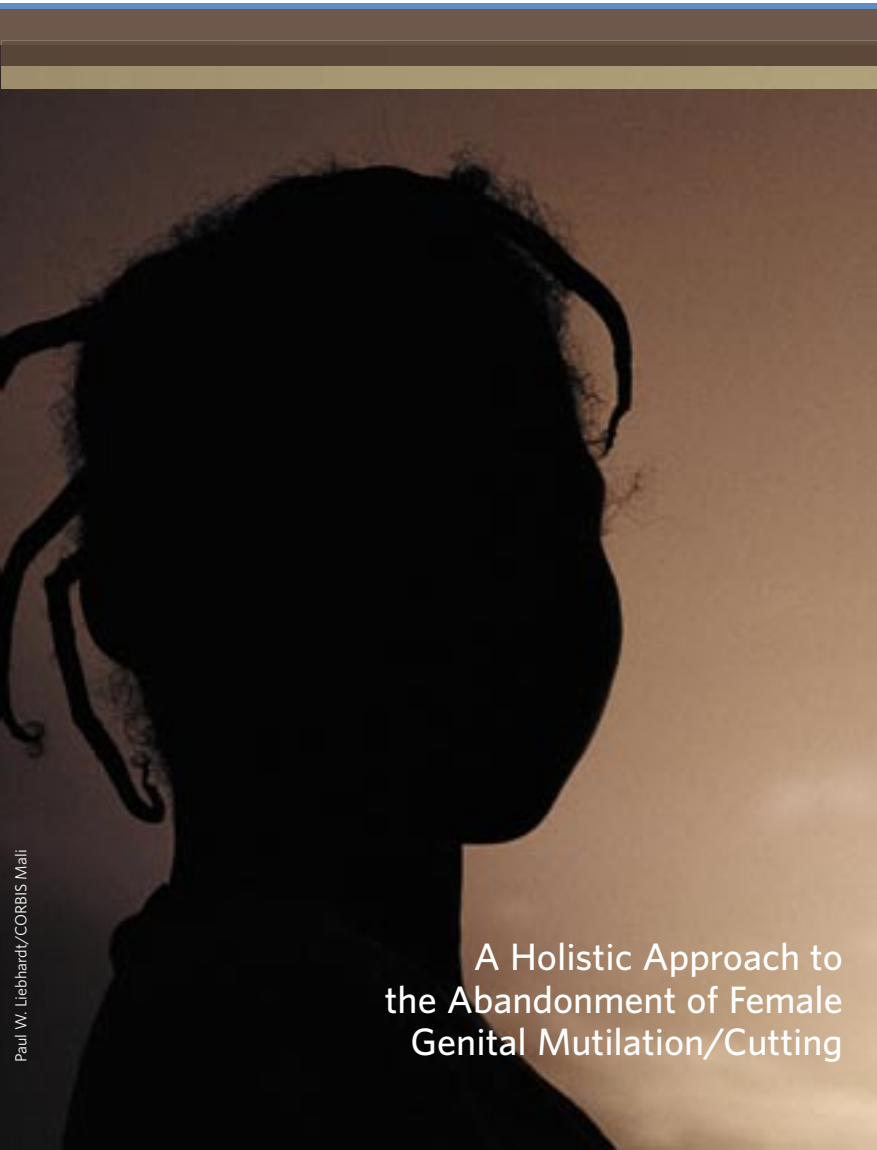

A Holistic Approach to the Abandonment of Female Genital Mutilation/Cutting

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List of Acronyms and Abbreviations

BAFROW	Foundation for Research on Women's Health, Productivity and Development
DHS	Demographic and Health Survey
FGM/C	Female Genital Mutilation/Cutting
ICPD	International Conference on Population and Development
NGO	Non-governmental organization
REACH	Reproductive Education and Community Health Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Introduction

Female genital mutilation (FGM), also called female genital cutting (FGC), is a reproductive health and human rights concern, with devastating short- and long-term impacts on the lives of women and girls. The procedure is risky and life-threatening for the girl undergoing the procedure and throughout the course of her life. This practice touches every aspect of the mandate of the United Nations Population Fund (UNFPA), including reproductive health and rights, gender equality and women's empowerment as well as adolescent reproductive health. However, UNFPA addresses the practice not only because it has a harmful impact on the reproductive and sexual health of women and girls but also because it is a violation of their fundamental human rights. The basis for a rights approach is the affirmation that human well-being and health is influenced by the way a person is valued, respected and given the choice to decide on the direction of her/his life without discrimination, coercion or neglect.

Prevalence

Female genital mutilation/cutting (FGM/C) consists of the removal of all or part of the female genitalia. Despite global efforts to promote abandonment of the practice, FGM/C remains widespread in many developing countries. It is estimated that the procedure is performed on 3 million women and girls every year, while in the world today, an approximate 100 to 140 million have already undergone the practice.[1] Statistics show that the majority of women and girls who are at risk of undergoing FGM/C live in 28 countries in Africa and Western Asia. The practice has also been reported among certain populations in India, Indonesia and Malaysia.[2]

In the Arab States region, it is common in Egypt and among some communities on the Red Sea coast of Yemen. Although no clear evidence is available,

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Egypt

Table FGM/C prevalence among women aged 15-49, by country

Country	Survey type and date	National prevalence FGM/FGC%
Benin	DHS 2001	17
Burkina Faso	DHS 2003	77
Central African Republic	MICS 2000	36
Chad (provisional)	DHS 2004	45
Cote d'Ivoire	DHS 2005	42
Djibouti	PAPFAM 2002	98
Egypt*	DHS 2005	96
Eritrea	DHS 2002	89
Ethiopia	DHS 2005	74
Ghana	DHS 2003	5
Guinea	DHS 2005	96
Kenya	DHS 2003	32
Mali	DHS 2001	92
Mauritania	DHS 2000/2001	71
Niger	DHS 2006	2
Nigeria	DHS 2003	19
Senegal	DHS 2005	28
Sudan*+	MICS 2000	89
Uganda	DHS 2006	1
U.R. Tanzania	DHS 2004/2005	15
Yemen*	DHS 1997	23

**Sample consisted of ever-married women ages 15-49*
+Surveys were conducted in northern Sudan with samples consisting of ever-married women ages 15-49
SOURCES: UNICEF, DHS, Pan Arab Project for Family Health (PAPFAM)

some reports indicate that limited incidences of FGM/C are being practised in Jordan, Occupied Palestinian Territory (Gaza) and Oman as well as among certain Kurdish communities in Iraq. It is also practised in other parts of the world, such as Europe and North America, where some immigrant families have now settled.[3]

The most extensive data on FGM/C – including its prevalence, which is defined as the percentage of women aged 15-49 who have undergone the procedure – are provided by the Demographic and Health Surveys (DHS) and by the Multiple Indicator Cluster Surveys. The table outlines FGM/C prevalence in 21 countries.

Countries where FGM/C is practised but where there are not yet DHS or MICS data available include: Democratic Republic of Congo, Djibouti, Gambia, Guinea Bissau, Liberia, Sierra Leone, Somalia and Togo.

Types of Female Genital Mutilation/Cutting

There are four broad types of FGM/C, with the most severe form being infibulation:[4]

Type 1: Excision of the prepuce, with or without excision of part of or the entire clitoris;

Type 2: Excision of the clitoris with partial or total excision of the labia minora;

Type 3: Excision of part or all of the external genitalia and the stitching/narrowing of the vaginal opening (infibulation);

Type 4: Unclassified: all other operations on the female genitalia, including:

- The pricking, piercing, stretching or incisions of the clitoris and/or labia;
- Cauterization by burning the clitoris and surrounding tissue;
- Incision to the vaginal wall; scraping (*angurya* cuts) or cutting of the vagina and surrounding tissue (*gishiri* cuts);
- Introduction of corrosive substances or herbs into the vagina to cause bleeding or to tighten or narrow it; and any other procedures that fall under the definition of FGM/C given above.

Impact of Female Genital Mutilation/Cutting

Female genital mutilation/cutting has both immediate and long-term consequences to the health of women. The effects of FGM/C depend on the type performed, the expertise of the circumciser, the hygienic conditions under which it is conducted, the amount of resistance and general health condition of the girl/woman undergoing the procedure. Complications may occur in all types of FGM/C but are most frequent with infibulation.

The practice of FGM/C has had immediate and lifelong psychological effects on the estimated 100 to 140 million women and girls who have been subjected to this procedure. The experience has also been related to a range of psychological and psychosomatic disorders which, in turn, affect eating, sleeping, moods and cognition. Symptoms can manifest themselves in various ways, including those associated with post-traumatic stress syndrome.[5]

Severe physical health consequences can also emerge. Often performed with basic cutting instruments and under little or no anaesthesia, the procedure not only inflicts severe pain but can also cause fatal medical complications. Furthermore, using the same instrument on several girls without steril-

ization can cause the spread of HIV. In addition to the immediate effects caused by FGM/C including pain, shock, haemorrhage, acute urinary retention, infection and abscesses, failure to heal, injury to the adjacent tissues, fractures and dislocation - the long-term consequences and complications can be felt for several years. Long-term effects include cysts and abscesses, recurrent urinary tract infections, menstruation difficulties, chronic pelvic infections, obstetric complications, keloid scar formation and difficulties in future gynaecological care.

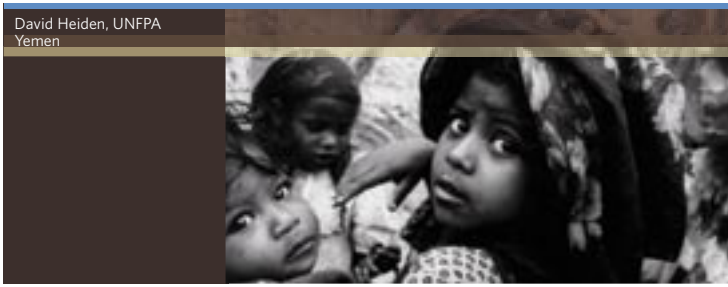
A recent study that surveyed the status of FGM/C in 28 obstetric centres in six African countries – Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan – found that women who had undergone FGM/C were significantly more likely than others to have adverse obstetric outcomes such as Caesarean sections, post-partum haemorrhaging, prolonged labour, resuscitation of the infant and low birth weight, and in-patient prenatal deaths. The inquiry also discovered that the risk seemed to increase among women who had undergone more extensive forms of FGM/C.[6]

Reasons for the Practice

The reasons for practising FGM/C include:

- Sociological: As an initiation for girls into womanhood, social integration and the maintenance of social cohesion;
- Hygienic and aesthetic: Where it is believed that the female genitalia are dirty and unsightly;
- Sexual: To control or reduce female sexuality;
- Health: In the belief that it enhances fertility and child survival;
- Religious: In the belief that it is a religious requirement;
- Socio-economic factors:
  1) Where it is believed that FGM/C is a prerequisite for marriage and where women are largely dependent on men - economic necessity can be a determinant to undergo the procedure.
  2) FGM/C may may also be a major source of income for circumcisers.

Various cultures offer many justifications for these practices. A girl who is not “circumcised” is considered unclean in some communities and therefore unable to marry. A girl who does not have her clitoris removed can also be considered a great danger and, ultimately, fatal to a man’s health.


David Heiden, UNFPA
Yemen

One of the most common explanations for continuing the FGM/C practice is local custom. Women themselves are sometimes unwilling to give up the practice, as they see it as a long-standing tradition passed on from generation to generation. The practitioners are often unaware of the real implications of FGM/C and the health risks that it poses. Family honour, cleanliness, protection against spells and the insurance of virginity and faithfulness to the husband are used as rationales to continue the practice.

Emerging Trends

Recently, the percentage of girls whose FGM/C is performed by medical personnel has increased, as more parents try to minimize the immediate health effects or complications, including bleeding and pain. This "medicalization" of the practice is conducive to high prevalence as mothers continue to deem it safe for their daughters. UNFPA, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) and a number of governments have all publicly declared that under no circumstances should health professionals practise FGM/C in any form. [7]

Another trend is that girls are being subjected to the practice at much younger ages than previously. The majority of FGM/C cases are performed between the ages of 4 and 14 years.[8] Parents may believe that if the procedure is performed at a younger age, it is less likely to be detected by the authorities or community members, especially in environments where the practice is becoming increasingly unacceptable. The trend has also been attributed to the belief that younger girls heal faster and that the cutting should take place before the girls become exposed to sensitisation and awareness-raising campaigns and interventions.

An increasing trend towards the "lesser cut" instead of total abandonment of the practice is also being seen in some communities. This may be indicative

of shifts in awareness and subsequent change of practice within communities.[9] However, it is still an unacceptable practice.

International and Regional Commitments

Every major international health and rights consensus document of the last decade condemns FGM/C on the basis that the practice is a violation of women's and girls' rights to bodily integrity. The set of international legal instruments and consensus documents that supports FGM/C abandonment efforts includes the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the African Charter on the Rights and Welfare of the Child, the Convention on the Rights of the Child, as well as the Beijing Declaration and Platform for Action, among others. In addition, the Programme of Action of the International Conference on Population and Development (ICPD) calls on governments "to prohibit female genital mutilation wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices" (paragraph 4.22).

The Protocol to the African Charter on Human and People's Rights, on the Rights of Women in Africa, also sets forth FGM/C abandonment legislation. In addition, the Inter-Africa Committee on Traditional Practices adopted a Common Agenda for Action on Zero Tolerance for FGM/C by the year 2010 and declared February 6 as the International Day of Zero Tolerance against FGM/C.

The Holistic Approach of UNFPA

UNFPA addresses FGM/C in a holistic manner by funding and implementing culturally sensitive programmes for the abandonment of the practice, advocating for legal and policy reforms, while building national capacity to stop all forms of FGM/C. UNFPA also supports treatment and care to women and girls suffering from its immediate or long term complications.

The "culture lens" is an approach promoted by UNFPA that can advance the goals of programming effectively and efficiently with strong community acceptance and ownership. It is an analytic programming tool that helps policy-makers and development practitioners to understand and utilize positive cultural values, assets and structures in their planning and programming processes, so as to reduce resistance to the ICPD Programme of Action, strengthen programming effectiveness and create conditions for ownership and sustainability of UNFPA programmes, especially in the areas of women's empowerment and promotion of reproductive health and rights.

The comparative advantage that UNFPA has in providing assistance in the area of reproductive health makes it uniquely qualified to tackle the problem of FGM/C. In recent years, UNFPA has drawn public attention to the elimination of FGM/C, advocating specific actions – including the need to work with the community - to prevent the practice. At the country level, UNFPA has formed partnerships with relevant stakeholders, including government ministries, particularly ministries of health, social affairs, finance, gender, youth and education. UNFPA has also developed ties to non-governmental organizations (NGOs), safe motherhood projects, community and faith-based organizations and religious leaders.[10]

In the legal arena, UNFPA took joint action with local human rights groups and governments in several countries to develop legislation in an effort to end the practice. In **Egypt**, where the prevalence rate currently stands at 96 per cent, UNFPA collaborated with UNICEF, the United Nations Development Programme, the United Nations Development Fund for Women and United Nations Office on Drugs and Crime – in providing support to the National Council for Childhood and Motherhood for developing appropriate legal measures against the practice. Similarly in **Senegal**, UNFPA worked with the Senegalese Parliamentarian Network on Population and Development in its adoption of laws prohibiting FGM/C.

UNFPA has been establishing close ties with religious and cultural leaders throughout its efforts to end FGM/C to provide support to existing legal frameworks. In **Ethiopia**, for example, building alliances with faith-based organizations, religious and tribal leaders was critical in efforts to promote the abandonment of FGM/C and other harmful practices such as child marriage. This type of partnership was also seen in **Nigeria**, where UNFPA worked with religious leaders – of both Muslim and Christian faiths – in sensitizing people about the dangers of FGM/C. In **Egypt**, UNFPA worked to foster dialogue with community actors, including religious leaders, members of the media, politicians and judges. Also under the FGM-Free Village Project – which began in 2003 in 60 villages and is now expanding to 120 villages - UNFPA and partners provided technical support to strengthen the legal, judicial and health systems, in order to better respond to the issue of FGM/C.

However, at national, regional and global levels, insufficient attention and political will have been committed to eradicating FGM/C. Although Benin, Burkina Faso, the Central African Republic, Chad, Djibouti, Egypt, Ethiopia, Ghana, Guinea, Kenya,[11] Mali, Mauritania, Niger, Senegal, Togo and United Republic

of Tanzania have legally banned FGM/C, the practice continues. Governments are far from being able to monitor FGM/C, which is usually underreported , particularly those cases occurring in remote locations. UNFPA advocated stronger government commitments to funding and implementing programmes that prevent FGM/C. In cooperation with the Ministries of Health, Justice, Education and the Promotion of Women as well as the National Union of Women, the UNFPA country office in **Djibouti** supported activities to end FGM/C including through the development of a counseling centre. Efforts came to fruition as FGM/C was made a priority under the National Strategy agenda.

A negative cultural practice, such as FGM/C, can be changed without disrupting the positive underlying social value that the practice represents. An example of this is seen in **Kenya**, where alternative rites of passage ceremonies are at the forefront of change. One UNFPA-supported community organization, the Tsaru Ntomonik Initiative, promoted new ways for Maasai girls to be initiated into adulthood, without the actual cutting. The community-based organization also served as a temporary "safe house" for an increasing number of young girls who had escaped from FGM/C and forced child marriage. In addition to providing a shelter, the organization offered an array of services for the girls, including counselling, education, reunification with their families and reintegration into their communities. Tsaru Ntomonik worked with ex-circumcisers to ensure that they could find alternative sources of income. UNFPA-supported initiatives in **Uganda** also provided ex-circumcisers with education and training in other types of employment.

Guided by the knowledge that change cannot be imposed from the outside, UNFPA efforts at the country level had an underlying commonality in the promotion of community dialogue through reflection, discussion and decision-making. In **Sudan**, for example, UNFPA supported Ahfad University for Women in a campaign that used community-based interventions for data collection, the training of volunteers, and advocacy campaigns. In the West Darfur region,

2003 Melissa May, Courtesy of Photoshare Ghana


Don Hinrichsen, UNFPA
Uganda

UNFPA conducted workshops in secondary schools, sensitizing boys and girls as well as the media on various topics pertaining to harmful practices - including FGM/C. Similarly, in **Uganda**, community paralegals served as advocates while activist groups mobilized other members of the community. UNFPA supported work that identified and motivated local allies such as political and cultural leaders, health workers, youth and women's groups through one of its programmes, the Reproductive Education and Community Health (REACH) Programme. Critical to the assessment of such work was the establishment of an effective monitoring tool to track changes and provide REACH with intervention information.

Working towards the abolishment of FGM/C requires a thorough exploration of the beliefs and values which underpin the practice. In **Burkina Faso**, UNFPA supported a research initiative that studied FGM/C from a sociocultural perspective. Strengthening this type of evidence base helps to unravel the root causes and justifications for the practice and in turn - develop more effective programmes.

The involvement of men and boys throughout efforts to end FGM/C was a critical strategy in making progress. In the **Gambia**, UNFPA provided support to an NGO, the Foundation for Research on Women's Health, Productivity and Development (BAFROW). BAFROW operated an innovative clinic that aimed at ending reproductive health-related problems using integrated approaches, including community awareness-raising and mobilization. Among the clinic's advocacy efforts was community sensitization involving radio programmes on which husbands discussed the harmful effects of FGM/C. UNFPA also supported BAFROW in translating several documents relating to FGM/C into local languages. At the regional level, specific measures to prevent and address FGM/C were implemented. Community awareness-raising campaigns regarding FGM/C, using many forms of mass media, were a major part of the strategies employed in all regions. In addition, UNFPA Country Technical Services Teams from

various subregions came together to develop tools and share experiences and good practices related to FGM/C abandonment programming.

At the global level, UNFPA organized a meeting in August 2007 for more than 70 participants from United Nations organizations, faith-based organizations and NGOs, law enforcement agencies, donors, governments and research institutions to share their experience and reflections on how to address this global concern from many perspectives, including human rights, health, culture, gender and politics. They discussed strategies and began the development of a road map which aims to eliminate FGM/C within one generation. In a similar vein, UNFPA and UNICEF recently launched a joint initiative that aims at reducing FGM/C by 40 per cent in 16 countries by the year 2015.

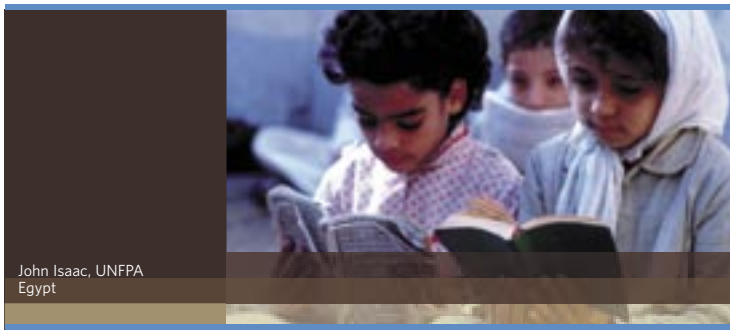
Positive Changes

The concerted programming and funding efforts of activists from around the world along with international development and human rights organizations over the past 15 years are showing some positive results. Nearly all of the 151 countries that responded to the UNFPA Global Survey in 2003 indicated that they had adopted policies, laws or constitutional provisions aimed at protecting the rights of women and girls. With respect specifically to FGM/C, there is now widespread awareness about the harmful health effects of FGM/C and its violation of women's and girls' rights, which is leading to increased disapproval of the practice among women and men. Moreover, a reduction of prevalence is being seen in some countries where data from at least two surveys indicate that women aged 15-19 years were less likely to have been subjected to FGM/C than were women in older age groups. A decline in prevalence is also visible in countries where FGM abandonment interventions have been going on for some years, such as Eritrea, Kenya, Mali and Nigeria.

Good Practices

Valuable lessons have been learned throughout the years of experience in UNFPA programming to end FGM/C, including the following:[12]

- **Realizing the importance of supporting the legal framework** through a variety of approaches. Anti-FGM/C laws are necessary but, by themselves, are not sufficient;
- **Empowering and enabling community leaders, civil society organizations and NGOs** to take the lead in advocating for the abolishment of the practice. These steps proved to be essential for the subsequent elimination of FGM/C. It is critical, too, that governments put in place legislative and



John Isaac, UNFPA
Egypt

institutional mechanisms as well as supportive environmental conditions to facilitate and accelerate FGM/C abolishment;

- **Continuing to work with religious leaders** to discredit the belief that FGM/C is a religious obligation. Engaging with religious organizations in implementing the ICPD Programme of Action has allowed an entry point for discussion of a variety of issues once considered taboo. These sensitive issues are starting to move from the private to the public domain where they can be discussed and addressed. In addition to FGM/C, other issues such as family size, child marriage, women's inheritance rights, reproductive rights and reproductive health services are now being discussed publicly from the pulpits of village churches, mosques and temples;
- **Establishing and sustaining the necessary resources that are needed for safe houses.** These safe houses enable young girls to receive protection from the practice as well as an opportunity to continue their education. They also facilitate a process of reconciliation and reintegration between girls and their families and the community;
- **Offering traditionally acceptable alternatives** to communities to help them abolish the practice of FGM/C. Such steps include strengthening alternative rites of passage[13] and working with ex-circumcisers and practitioners to design credit programmes for alternative livelihoods;[14]
- **Involving the community to the fullest extent possible**, when formulating new laws. The values and justifications behind the practice of FGM/C are embedded in cultural beliefs and systems, and if any progress is to be achieved, an approach that involves all stakeholders must be adopted;
- **Finding innovative solutions**, such as the use of mobile vans and public address systems, to reach out to families living in remote areas or having nomadic lifestyles. Such solutions have proved especially helpful in challenging environments;

- **Involving men and boys in gender equality and women's empowerment** programming, including efforts for the abolishment of FGM/C;
- **Working with young people** to reach and influence their peers inside and outside schools;
- **Utilizing the immense power of the media.** Working with the media has been imperative for advocating the abandonment of FGM/C and for awareness-raising among the practising communities;
- **Linking and encouraging collaboration between FGM/C abandonment movements and community initiatives** that aim at improving the reproductive health of women and girls through educational services;
- **Strengthening national capacity** for improving the quality of health delivery systems and the level of education for women and girls. These steps played an important role in sustaining the advances made;
- **Working with law enforcement agents** not only to enforce national laws but also to protect girls and families who have abandoned the practice from community harassment.

November 2007

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10 The country level examples presented here are not meant to be an exhaustive list but rather a sampling of UNFPA activities.

11 FGM/C is criminalized/banned in Kenya by the Children's Act 2001 for girls less than 18 years of age.

12 UNFPA. Annual Reports.

13 Developing alternative rituals to substitute for traditional cutting ceremonies would only apply to those communities who practice FGM/C as a rite of passage.

14 In some cases, the women performing FGM/C benefit from a certain social status within their community, therefore the remuneration they get from being practitioners is not the only source of motivation for continuing the practice. However, several NGOs have convinced some to stop the practice and pursue alternative income generating activities.

The Mission of UNFPA

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV and AIDS, and every girl and woman is treated with dignity and respect.

UNFPA—because everyone counts.

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Young Ethiopian girls stand smiling as the first FGM/C - free generation in the region of Kembat