

ENDING FGM

THE TIME IS NOW



POLICY BRIEF PREPARED BY
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Image Source: Andrea Bruce / *New York Times*

"Maasai girls singing and dancing at a rite-of-passage ceremony, conducted as an alternative to genital cutting, in Lenkiseem, Kenya"

EXECUTIVE SUMMARY

Today, there are approximately 200 million women and girls living with the physical and emotional consequences of female genital mutilation (FGM). The practice of FGM is a violation of human rights as it infringes upon women's and girls' right to choice concerning their reproductive, sexual, and physical health. Though progress has been made in the fight to end FGM, it is not enough. Previous initiatives in the campaign against FGM have been too focused on international pressure, national legislation, and culture-centric evaluations toward ending FGM.

Through these approaches, there have been some achievements. These strategies, however, still fail to directly target the root of the issue behind FGM: the long-standing practice of FGM as a cultural, historical, and/or religious tradition.

This policy brief recognizes that the support of external actors and the enactment of legislation banning FGM is undeniably necessary. However, it also proposes the need for a greater focus on the cohesion, coordination, and collaboration of all external actors (regional, national, international; formal and informal) with local agents working on the frontlines (the specific communities in which FGM is practiced) to realize and effectuate a comprehensive and transformative cultural shift in the way FGM is perceived and understood as a violation of human rights.

Under this refined approach, this brief proposes four main policy recommendations that will advance and thereby actualize this new vision: 1) greater cohesion, coordination, and collaboration between all local and external actors; 2) direct empowerment of individual local agents in their capacity for leadership and change; 3) facilitation of an open discussion around FGM as a violation of human rights, and; 4) the promotion of a zero-tolerance policy concerning FGM.

CONTEXT

A recent study conducted by the United Nations found that at least 200 million women and girls across thirty countries have undergone some form of female genital mutilation (FGM) [1]. Out of these 200 million, the majority underwent the procedure before the age of five [2]. Not only is the practice of FGM a grave violation of individual human rights but it also often leaves women and girls with permanent physical and emotional damage [3].

Across the world, especially among the countries in which the practice of FGM is most prevalent, there is a lack of understanding of FGM as a violation of human rights. In many countries where FGM is practiced, it is considered an exemplary and necessary rite of passage—cultural, historical, and/or religious tradition—for a young girl to become a pure woman, and thus become marriageable [4]. By placing FGM under this kind of “cultural banner,” [5] communities are subsequently able to justify its perpetuation.

Therefore, despite the implementation of past and current initiatives that attempt to bring an end to FGM, minimal to no progress has been achieved. As such, this policy brief seeks to outline one approach that will permanently bring an end to the practice of FGM: the cohesion, coordination, and collaboration of external actors (regional, national, international; formal and informal) with local agents working on the frontlines (in the communities in which FGM is practiced) to realize and effectuate a comprehensive and transformative cultural shift in the way FGM is perceived and understood as a violation of human rights.



"Young Kenyan woman making an appeal at an 'alternative rite of passage' ceremony that cutting be replaced"

THE PREVALENCE OF FGM

- Over 200 million women and girls alive today have experienced some form of FGM
- Globally, 44 million girls affected are under age 15
- The majority of these girls were cut before age 5
- Unless decisive and accelerated action is taken now, an estimated 68 million girls and women will be subjected to FGM by 2030 [6]

SHORTCOMINGS

of Current Initiatives

Failure of International Pressure and Advocacy.

In 1997, the World Health Organization (WHO) in alliance with United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA), released a joint statement that called upon governments worldwide to ban the practice of FGM. Since then, there has been increasing international pressure to end FGM. Despite this, the practice continues to be prevalent, especially in African and Middle Eastern regions [5].

The issue with international pressure and advocacy against FGM lies within international actors' inability to holistically comprehend and target individual societies' distinct circumstances and environments surrounding their practice of FGM. Public declarations do not equate influential change—even less so when these statements and efforts do not directly target each individual community's situation.

Loopholes in National Legislation.

When UNICEF and UNFPA revived their commitment toward ending FGM in 2008 with the “UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting,” many hoped that these efforts would translate to the adoption of increased national law banning FGM [7].

Since then, legislation banning, renouncing, or increasing the penalty against FGM has been passed in 15 countries [5].

Despite these achievements, progress remains slow and FGM continues to be practiced across many other regions, countries, cultures, and communities; only 44 countries worldwide have adopted specific legislation against FGM [8].

“Only 44 countries globally have adopted specific legislation against FGM.”

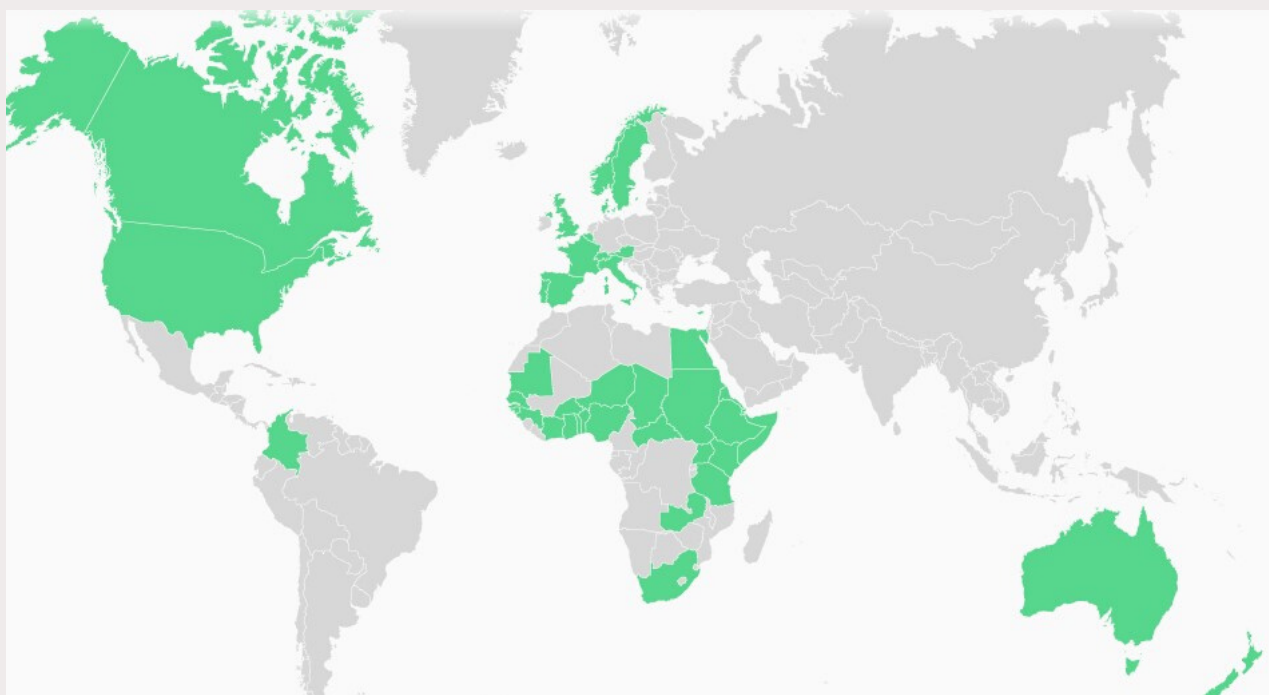
Source: UNFPA

Furthermore, although national legislation banning FGM has been passed, the enactment of such legislation provides an even greater incentive for communities to conduct FGM in secret, illegally, thus making it more challenging to monitor and counteract.

For example, in Djibouti—a country that legally banned FGM in 1994 and then strengthened its legislation again in 2009—the prevalence of FGM among girls and women ages 15-49 is approximately 93% [9]. This alone demonstrates that the adoption of legislation banning FGM does not translate to definite results.

Countries with Bans on FGM (2015)

Source: UNFPA / Statista



Approaching FGM from a Purely Cultural Perspective.

Currently, many efforts to end FGM on a national and international level attempt to tackle the issue with an inherently culture-focused approach. With this, these agents argue against FGM solely on the basis of altering social norms around FGM as an accepted and desired cultural, historical, and/or religious practice.

In response, communities that practice FGM have asserted that no entity, body, or institution has the right to deem another's cultural, historical, or religious customs and practices unethical, immoral, or unlawful [10]. They contend that external actors are acting on their own "imperialist" and "colonialist" views in this sense [4].



"Community members read out a declaration calling for the abandonment of FGM, as part of Tostan's programme in Kolda, Senegal in November 2013"

POLICY RECOMMENDATIONS

To overcome the challenges underscored in previous initiatives aimed at ending FGM and thus, put an end to FGM permanently, this policy brief offers four major policy recommendations:

1. Cohesion, Coordination, and Collaboration Between Actors

- Change cannot be imposed upon a community, change must come from within each individual community member. Thus, it is necessary for external actors to partner and engage with local communities and individuals to achieve transformative, comprehensive change.
- Actors must look beyond simple engagement and partnership to achieve multi-dimensional collaboration, coordination, and cohesion between all allies. For this to occur, trust must also be facilitated between local and external actors [11].

institutions (i.e. govt, law enforcement, etc.), non-governmental organizations, informal community institutions and leaders (i.e. community, traditional, religious, etc.), educators, physicians, family, individual community members [12]. Failure to coordinate, collaborate, and achieve cohesion among all actors will dilute the opportunity for transformative change.

2. Empowerment of Individual Local Agents

- The role of external actors and organizations needs to be focused on empowering and strengthening local agents' capacity for leadership and change within their respective communities.
- Since FGM has long been practiced and regarded as cultural, historical, and/or religious tradition, only local individuals who identify with their specific communities will be able to understand and evaluate the dangers of FGM in the context of the identity of their respective communities and cultures [13].



- The role of all actors must be acknowledged: local, regional, national, and international organizations and

POLICY RECOMMENDATIONS

- Rather than imposing external ownership over the fight against FGM, the empowerment of local agents will expand their individual capacity for leadership and change within the community.
- Utilizing this entry point for introducing change will be more successful as local community members will also be able to more effectively sway the local community, and perhaps religious, opinion leaders who hold crucial roles in impacting communal attitudes, norms, and traditions, such as those surrounding FGM [14].
- Active, full-fledged participation of these community leaders is crucial in influencing change.

3. Facilitation of an Open Discussion Around FGM as a Violation of Human Rights

- Extensive data supports the notion that men and women on either side of the issue of FGM lack knowledge of the other party's feelings and opinions regarding FGM. This is largely because the practice of FGM is often veiled by secrecy [3].

All actors need to open the dialogue around FGM to mitigate ignorance around the practice. In doing so, agents need to promote education and awareness on how FGM is not only a violation of human rights but also on the life-threatening health consequences FGM presents women and girls.



"Maasai girls listening to a teacher explaining their rights"

- Educating communities which are largely unaware of FGM's health risks and its violation of human rights will bring the practice under a scrutiny that was previously inconceivable simply due to lack of knowledge on the issue [5].
- By normalizing honest conversations around FGM as a violation of human rights and its adverse health effects, the opportunity for survivors to speak up about their own physical and psychological experiences with FGM will be actualized. These firsthand accounts will be critical agents of change [13].

POLICY RECOMMENDATIONS

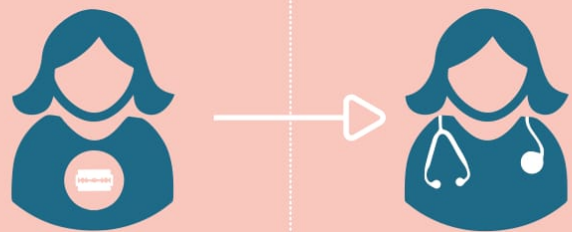
- Rather than framing FGM as a women's issue, it must be framed as a community issue, under which the eradication of FGM can be understood as the promotion and realization of a healthier community for all members. Only then will an all-encompassing cultural shift across the minds and attitudes of all community individuals—women, girls, men, boys, elders, religious leaders, etc—be achieved.
- Furthermore, in opening the dialogue around FGM, all actors must work to share their knowledge on the dangers of FGM with surrounding communities and societies. Specifically, on a local level, the introduction of FGM's violation of human rights and health threats by one community to another will help reduce resistance to the abandonment of FGM [4]. Knowledge of the communal benefits to ending FGM must constantly be spread from person to person, village to village, community to community, city to city, and so on.

4. Promotion of A Zero-Tolerance Policy

- To sustain change, all actors must work together to spread the message and enactment of a zero-tolerance policy regarding FGM. As this brief recognizes that the leadership of local partners is more ethical and sustainable than that of external agents, the zero-tolerance policy must be upheld in large part by these local actors.
- All actors must assume that, while national legislation banning FGM is necessary and helpful, specifically in urban regions where monitoring and evaluation is easier, this legislation does not often lead to the actualization of eradication—especially in more rural communities where “custom is deeply ingrained and men's power is virtually absolute” [13].

What is the Medicalization of FGM?

The process in which Female Genital Cutting is **performed by a doctor** or healthcare provider instead of a traditional cutter. This is alarming because **medicalisation promotes the false belief that FGC is safe**. Cutting a child's genitals for non-medical reasons also violates medical ethics.



- In accordance with this zero-tolerance policy, specific attention must be paid toward not only eradicating acts of illegal FGM but also stopping the official healthcare organizations and professionals that perform FGM procedures themselves. This medicalization of FGM only falsely legitimizes it. Not only does this stimulate the fallacious notion that FGM is beneficial but it also expressly violates the ethical healthcare framework of “do no harm” [5].

POLICY RECOMMENDATIONS

- While local actors must help implement this policy on the ground, external actors must also continue to uphold legislation banning FGM and hold people or communities accountable that violate this policy, such as through the prosecution and subsequent punishment of violators [15]. Only if agents are held accountable for their actions, will a transformative cultural shift be fulfilled.
- Finally, though a zero-tolerance policy must be sustained among all actors, the implementation of this policy and likewise the facilitation of an open discussion around FGM should be developed and initiated in a way that does not offend individual communities' social, cultural, and historical identities and backgrounds, such as in the aforementioned culture-centric approach to ending FGM [8]. To do so, this brief refers back to the empowerment of local agents in their respective communities and cultures and the education of FGM as a violation of human rights.



REFERENCES

- [1] "Spotlight Initiative: to eliminate violence against women and girls, Frequently Asked Questions," *United Nations*, (2019). <https://www.un.org/en/spotlight-initiative/assets/pdf/spotlight.faq.letter.02.pdf>. Retrieved 29 October 2019.
- [2] "Violence Against Women," *United Nations Women*, (2019). <https://interactive.unwomen.org/multimedia/infographic/violenceagainstwomen/en/index.html#mutilation-3>. Retrieved 29 October 2019.
- [3] Sarah Ferguson, "It's Time to End Female Genital Mutilation," *UNICEF USA*, (April 2017). <https://www.unicefusa.org/stories/its-time-end-female-genital-mutilation/31809>. Retrieved 1 December 2019.
- [4] Mary McCauley, "Challenges in the eradication of female genital mutilation/cutting," *International Health*, Vol. 11, Iss. 1, (January 2019). <https://academic.oup.com/inthealth/article/11/1/1/5146303>. Retrieved 1 December 2019.
- [5] "Slow progress in ending female genital mutilation," *World Health Organization Bulletin*, (2014). <https://www.who.int/bulletin/volumes/92/1/14-020114.pdf>. Retrieved 3 December 2019.
- [6] "UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation," *United Nations Population Fund*, (2019). Retrieved 1 December 2019.
- [7] "UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change," *UNFPA and UNICEF*, (2014). <https://www.unfpa.org/sites/default/files/pub-pdf/Joint%20Programme%20on%20FGMC%20Summary%20Report.pdf>. Retrieved 1 December 2019.
- [8] "Female genital mutilation (FGM) frequently asked questions," *UNFPA*, (July 2019). <https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#>. Retrieved 5 December 2019.
- [9] "Percentage of girls and women aged 15-49 years who have undergone FGM (by place of residence and household wealth quintile)," *UNICEF*, (October 2019). <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>. Retrieved 9 December 2019.
- [10] K.G. Fiasha, "Female Genital Mutilation: A Violation of Human Rights," *Journal of Political Sciences & Public Affairs*, (April 2016). <https://www.longdom.org/open-access/female-genital-mutilation-a-violation-of-human-rights-2332-0761-1000198.pdf>. Retrieved 6 December 2019.
- [11] Jessica Neuwirth, "To end FGM, donors must trust women working on the frontlines," *CNN*, (February 2018). <https://www.cnn.com/2018/02/06/africa/ending-fgm-means-funding-women/index.html>. Retrieved 10 December 2019.
- [12] Masresha Yazew Andarge, "The Difficulties of Ending Female Genital Mutilation (FGM): Case of Afar Pastoralist Communities in Ethiopia," *International Institute of Social Studies*, (December 2014). <https://www.ohchr.org/Documents/Issues/Women/WRGS/FGM/NGOs/ActionForIntegratedSustainableDevelopmentAssociation.pdf>. Retrieved 3 December 2019.
- [13] Jina Moore, "She Ran From the Cut, and Helped Thousands of Other Girls Escape, Too," *New York Times*, (January 2018). <https://www.nytimes.com/2018/01/13/world/africa/female-genital-mutilation-kenya.html>. Retrieved 1 December 2019.
- [14] Anastasia J. Gage and Ronan Van Rossem, "Attitudes toward the discontinuation of female genital cutting among men and women in Guinea," *International Journal of Gynecology and Obstetrics*, (2006), 92-96. <https://www.ncbi.nlm.nih.gov/pubmed/16269146>. Retrieved 8 December 2019.
- [15] "FGM And The Law Around The World," *Equality Now*, (June 2019). https://www.equalitynow.org/the_law_and_fgm. Retrieved 10 December 2019.
- [16] "Sexual and reproductive health: Classification of female genital mutilation," *World Health Organization*, (2019). <https://www.who.int/reproductivehealth/topics/fgm/overview/en/>. Retrieved 2 December 2019.
- [17] Anna Winterbottom et al., "Female Genital Cutting: Cultural Rights and Rites of Defiance in Northern Tanzania," *African Studies Review*, Vol. 52, No. 1, (April 2009). https://www.jstor.org/stable/27667422?seq=2#metadata_info_tab_contents. Retrieved 1 December 2019.
- [18] Emma Batha, "Female genital mutilation is a man's issue too: Kenyan Maasai activist," *Reuters*, (February 2018). <https://www.reuters.com/article/us-kenya-fgm-maasai/female-genital-mutilation-is-a-mans-issue-too-kenyan-maasai-activist-idUSKBN1FQ2QY>. Retrieved 1 December 2019.