International Alliance of Women
Alliance Internationale des Femmes

FEMALE GENITAL MUTILATION (FGM)

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Why FGM is a violation of human rights? Statistical data and geographical prevalence

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. In order to examine this issue, this newsletter will be focused of how FGM violates human rights of women and girls, its reasons and the actions that have already been taken.

Since the 1980s, FGM is increasingly recognized internationally as a violation of the human rights of women and girls. More specifically of their civil, political, economic, social and cultural rights. It reflects the deep-rooted inequality between the sexes, and constitutes an extreme form of violence and discrimination against women. It is nearly always carried out on minors and is a violation of the rights of the child. The practice also violates sexual and reproductive health and rights, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. Therefore, addressing FGM as a violation of international human rights law places responsibility for the practice with governments, who have a duty to ensure the enjoyment of human rights in their jurisdictions.

FGM of any type is also associated with a series of long-term health risks. The most common complication is haemorrhage. It also might lead to genital tissue swelling, menstrual problems, dermoid cysts and abscesses. Chronic pelvic infections that can cause chronic back and pelvic pain, and repeated urinary tract infections have been documented. A recent WHO - led study showed that FGM is associated with increased risk for complications for both mother and child during childbirth.

FGM can also lead to negative psychological consequences. Documented effects include posttraumatic stress disorder, anxiety, depression, and psychosexual problems.

The procedure is commonly performed upon girls anywhere between the ages of four and twelve as a rite of passage. In some cultures, it is practiced as early as a few days after birth and as late as just prior to marriage or after the first pregnancy. The practice is most common in the band of countries in Africa from the Atlantic coast to the Horn of Africa, in South America in countries such as Colombia, in Middle Eastern countries such as Oman, Saudi Arabia, the United Arab Emirates, Yemen, Iraq and in Asian countries as India, Malaysia and Indonesia. This issue becomes more and more relevant to the Western part of

the world, more specifically in Europe and in North America, as there is a significant influx of migrants coming to these countries from cultures where FGM is a socially acceptable norm. Therefore it is a global concern[1].

The extent of the issue is significant. More than 200,000,000 girls and women have undergone female genital mutilation in 30 countries. Despite the fact that prevalence of FGM varies widely between and within states, a study by UNICEF reveals that over half of the women that have undergone FGM are from Indonesia, Egypt, and Ethiopia. 44 million from them are young girls below age 15. In most of the cases, for a significant part of girls FGM has been perpetrated before age 5. In the case of Yemen, 85% of girls havs undergone it within their first week of life. The actual numbers might be significantly higher as the statistics do not include second-generation or undocumented migrants. Also, there is a correlation between women who have undergone FGM and their daughters, as a high percentage of those women tend to perpetuate this practice[2].

Concerning prevalence, countries are not distributed equality. The level of prevalence of FGM can vary in a country depending on prevailing ethnicities. In fact, even among members of the same ethnic group, FGM prevalence can vary depending on the country in which they live.[3]

There are many factors that influence the prevalence of FGM. The practice is more prevailent in rural areas. The financial situation of the family is also strongly related with the prevalence of FGM. The girls in the wealthiest households are less likely to have FGM performed in comparison with the girls from the poor households. The support for FGM is stronger among girls and women in the poorest households than in the richest households. Furthermore, education is an important factor influencing the prevalence of FGM. According to a study conducted by UNICEF, daughters of uneducated mothers are substancially more likely to have undergone FGM, with an exeption of Sudan and Somalia. As a result, uneducated girls and women are significantly more likely to be in favour of the practice of FGM.

Presuming that the situation remains the same, the future prospects do not seem to be optimistic. It is estimated that by 2050, nearly 1 in 3 births worldwide will occur in the 30 countries in Africa and the Middle East, the regions, where FGM is mostly concentrated. This means that the number of women and girls living there will increase by approximately 500 million. Therefore, In Somalia, where FGM prevalence stands at 98%, the number of girls and women that will go through it will more than double.[4]

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[1] http://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0159-3

[2] http://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0159-3

[3] http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf

[4] http://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0159-3

The actual number of FGM performed might be higher as in many countries where this practice prevails, it is required by custom to perform reinfibulation after each pregnancy in order to ensure that women remain "tight as a virgin". Hanny Lightfoot-Klein, a social psychologist that studied female genital mutilation argues that women are afraid to be left by their husbands if they won't agree with reinfibulation. As it was noted in her book "Prisoners of Ritual", a part of women claim to be in favor of having reinfibulation performed as a "tight fit makes the most of what is left after an extreme excision".

What makes FGM an even more complex problem is that it has started to be performed by health providers in clinical and other health centers introducing it as part of a birth delivery package. This was a result of the strong emphasis on the damage to the one's heath. In this way, FGM is portrayed as contributing to the health of women and girls as it minimizes the negative impact of this practice to one's health. The extent of medicalization of FGM is disturbing. For instance, in the case of Egypt, 94% of girls have the FGM performed in clinical or other health centers. It should be noted that it is not only against the code of medical practice, but it \ does not also eradicate the negative outcomes and complications that come with the performance of FGM. Despite the common belief that FGM is not dangerous if it is performed under hygienic and medically controlled conditions and by a knowledgeable medical provider, it is still harmful as usually scissors instead of penknives are being used by the midwives to cut the clitoris, whereas traditional practitioners usually perform just symbolic acts of scraping or rubbing, and pricking or piercing the outer part of the clitoris. As a result, in August 1982 WHO issued a statement against the practice of medicalization of FGM emphasizing the dangers of it.

The reasons why medicalization of FGM is prevailing are the following: the first reason is finances as it a source of income for the providers of the practice. Recently FGM practitioners in the Sebei region in Africa asked for an alternative source of income from the government in order to stop with this practice. Secondly, it is commonly believed that performing FGM in clinical or other health centers will reduce the harm. Finally, some medical professionals agree to perform FGM as they are convinced that the parents of the child might take the girl to a traditional practitioner who will do her even more harm.

How and why it is performed?

FGM is generally performed by a traditional practitioner who comes from a family in which generations of women have performed the procedure. It is commonly performed without any form of anesthesia or analgesia. For this procedure non-sterile instruments, including scissors, razor blades or broken glass are being used. FGM is also performed by different practices such as cutting, pricking, removing and sometimes sewing up external female genitalia and it is not justified by any medical reasons.

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors. However, the main reason why FGM is prevailing is that it is established as a social norm. Many people feel the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially. Therefore, fear of being rejected by the community, is strong motivation

to perpetuate the practice. A study conducted by UNICEF revealed that the majority of women and girls named social acceptance as a benefit of FGM.

FGM is connected to different sociocultural perceptions, most of which are linked to local perceptions of gender, sexuality and religion. A recent study by the Population Council shows that 70% of women in Mali and 57% of women in Egypt believe FGM is required by religion. While FGM is practiced by Jews, Christians, Muslims, and members of other religions, none of these religions requires it. Therefore, as there is little questioning about FGM'S grounds in religious texts, we can say that FGM is a traditional practice and not a religious one. However, the influence of Islam cannot be denied. For instance, in Indonesia even though the government prohibited FGM, the highest Islamic authority issued a fatwa strongly recommending this practice. As a result, people in Indonesia started protesting against government's prohibition of FGM.

The control of women's sexuality is another justification for FGM. In this way women's sexual fulfillment is reduced as the clitoris is removed in order to reduce women's sexual drive, in the belief that this will improve the prospect of premarital virginity, marital fidelity, and will ensure "decent behavior". It is supported by a study conducted by UNICEF, which shows that in Mauritania 52% of women and in Kenya and Mali 30% of women are convinced that FGM should be perpetuated as it ensures a girl's virginity. In this way it is possible for communities to maintain their customs and preserve their cultural identity by continuing the tradition that is also socially constructed.

What has been done already?

FGM is a worldwide concern and many efforts at the international level have been undertaken in order to eradicate this practice. In 1961 ECOSOC adopted resolution 821 II (XXXII) calling on WHO to examine the persistence of traditional practices that affect the health of women, including FGM. Later on, in 1990, CEDAW adopted General Recommendation 14 that encourages governments to take actions in order to eliminate traditional practices, including FGM.

The UN Declaration for the Elimination of Violence against Women, which has been ratified by the General Assembly on 20 December 1993 also characterizes FGM as a form of violence.

Other documents adopted at international and regional conferences which call upon governments to take action against FGM are: the Programme of Action of the International Conference on Population and Development, adopted In 18 October 1994, and the Beijing Declaration and Platform for Action, adopted In September 1995.

In 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA).

On February 6, 2003, Stella Obasanjo, the First Lady of Nigeria and spokesperson for the Campaign Against Female Genital Mutilation, made the official declaration on "Zero Tolerance to FGM" in Africa during a conference organized by the Inter-African Committee

on Traditional Practices Affecting the Health of Women and Children (IAC). Then the UN Sub-Commission on Human Rights adopted this day as an international awareness day.

In 2007, UNFPA and UNICEF initiated the Joint Programme on Female Genital Mutilation/Cutting to accelerate the abandonment of the practice.

In 20 December 2012, in reference to resolutions of 56/128 of 19 December 2001, 58/156 of 22 December 2003 and 60/141 of 16 December 2005, 51/2 of the Commission on the Status of Women, the United Nations General Assembly unanimously passed a resolution 67/146 banning the practice of FGM. This significant milestone towards the ending of harmful practices that constitutes a serious threat to the health of women and girls was taken by the 194 UN member States.

Building on a previous report from 2013, UNICEF in 2016 launched an updated report documenting the prevalence of FGM in 30 countries, as well as beliefs, attitudes, trends, and programmatic and policy responses to the practice.

Additionally, the UN 2030 Development Agenda which aims to transform the world over the next 15 years, contains a reference to the elimination of FGM practice in Goal 5.

All these documents are of a high importance as they do not only show the recognition of the issue by UN member states, but they also give a leverage for NGOs to put pressure on the governments to take actions and share their good practices. The results of all these to combat FGM are evident as its acceptance gradually decreases. The readiness to abandon FGM varies across and within countries. A recent study shows that in Somalia FMG has a significant prevalence (98%), therefore people are strongly supporting to continue the practice. The situation is more positive in Egypt, where two-thirds of women want to continue this practice, while almost one-quarter wants to abandon FGM. In case of Nigeria, people's opinion is distributed equally: about 40% want to continue and to abandon respectively, with 14% reluctantly continuing, and 13% contemplating abandonment. This is significant, as with an increasing rate of decline more and more females may be prevented from undergoing FGM [5].

Therefore, as it was declared in the European Parliament resolution of 14 June 2012 on ending female genital mutilation, legislation regarding this issue should also mandate a full range of prevention and protection measures ensuring mechanisms to coordinate, monitor and evaluate law enforcement. The conditions permitting women and girls to report cases of female genital mutilation should also be more developed.

Recent years have been marked by a change in approach in the information, education and communication campaigns directed at the practice of FGM. Innovative methods, such as the use of music, theater, and films, have been increasingly employed to reach the population. These methods have been incorporated into programs carried out by the health sector and schools. This approach has a positive effect as it does not only increases the awareness of

[5] http://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0159-3

the issue, but it also gradually changes the perception of it by society. A recent study shows that nowadays an adolescent girl is about a third less likely to be cut in comparison to the last 30 years. In the cases of Kenya and Tanzania, rates have dropped to a third of their levels three decades ago due to both community activism and legislation. In such countries as the Central African Republic, Iraq, Liberia and Nigeria, the numbers have decreased by half. Attitudes are also changing: recent data show that the majority of people in the region where FGM dominates are convinced that it should be abandoned. However, it does not change the number of FGM perpetrated because of the still strong social pressure that prevails[6].

Along with these advances, there has been a heightened focus on the manner in which the practice of FGM violates women's human rights, as illustrated by the adoption of the Protocol on the Rights of Women in Africa to the African Charter on Human and Peoples' Rights in July 2003, which explicitly recognizes women's right to be free from FGM. In addition, legal and human rights organizations have begun including information on FGM in training programs on women's rights for lawyers, judges, and society at large. Increasingly, the law is being used to combat the practice, and legislation criminalizing FGM has been adopted in many countries.

There is also an important step forward regarding eradication of FGM in Europe. The Council of Europe Convention on preventing and combating violence against women and domestic violence was adopted in 2011, which criminalizes the practice of FGM thus recognizing this issue and providing NGOs with a powerful tool to put pressure on governments to ratify and implement it.

Despite the progress that has been made in tackling this issue, there is still a lack of funding for FGM research meaning there is not sufficient amount of data regarding which measures and interventions have been successful in eliminating the practice. Having this information would not only help to make more sophisticated generalizations, but also more sustainable and focused strategies could be elaborated.

The bulk of this work was done by Elena Ektoros, my intern from Cyprus, and Roberta Sadauskaitė, my intern from Lithuania, under my supervision.

[6] http://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0159-3