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INNOCENTI DIGEST

CHANGING A HARMFUL SOCIAL CONVENTION: FEMALE GENITAL MUTILATION/CUTTING

KEY FINDINGS

- Female genital mutilation/cutting (FGM/C) occurs on a far greater scale than previously thought. On the African Continent (Sub-Saharan Africa, Egypt and Sudan) alone, three million girls and women are subjected to genital mutilation/cutting every year. [i]

- FGM/C is a global concern. It is not only practiced in Africa and the Middle East, but also in immigrant communities throughout the world. Western Europe, Canada and the USA in North America, and Australia and New Zealand in Australasia host women and children who have been subjected to FGM/C, and are also home to others who are at risk of undergoing this procedure.

- FGM/C is a deeply entrenched social convention. When it is practiced, girls and their families acquire social status and respect. Failure to perform FGM/C brings shame and exclusion. The social expectations surrounding FGM/C represent a major obstacle to families who might otherwise wish to abandon the practice.

- FGM/C is not prescribed by any religion, even though religious justifications are often given for the practice.

- FGM/C is a human rights issue. The practice violates girls' and women's right to physical and mental integrity, their right to freedom from violence and discrimination and in most extreme cases, their right to life. The practice is also a violation of the rights of the child to development, protection and participation.

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Magnitude, scope and characteristics of FGM/C

Just as social customs, culture, and traditions are constantly adapting and reforming, the characteristics and distribution of FGM/C are continuously evolving.

- It is estimated that between 100 and 140 million women and girls in the world have undergone some form of FGM/C.[ii] The age at which girls are cut and the type of cutting varies greatly both between and within countries. Practices range from a small cut on the clitoris to a partial or complete removal of external female genitalia and partial closure of the vaginal area (infibulation).

- Variations in prevalence between and within countries is largely explained by the presence of diverse ethnic communities with differing attitudes and practices. Data vary far more by ethnicity than by any other demographic variable. In other words, ethnic identity and the practice are closely linked.

- FGM/C is physically and psychologically harmful, and in some cases, fatal. The immediate and long-term health consequences of the practice vary according to the type and severity of the procedure performed, the skill of the operator, the cleanliness of the tools and of the environment, and the physical condition of the girl or woman.

Emerging trends

- FGM/C prevalence rates seem to be declining in some countries (Benin, Burkina Faso, Central African Republic, Eritrea, Ethiopia, Kenya, Nigeria, Tanzania and Yemen). In other countries (Côte d'Ivoire, Egypt, Guinea, Mali, Mauritania, Niger and Sudan), rates have remained relatively stable over recent decades.

- Girls are being cut at younger ages in some countries. The median age at the time FGM/C was performed has dropped substantially in Burkina Faso, Côte d'Ivoire, Egypt, Kenya and Mali. This may be due to parents wishing to hide the practice from government authorities and/or a desire to minimize resistance from girls themselves.

- The "medicalization" of FGM/C, whereby girls are cut by trained health personnel in health facilities rather than by traditional practitioners, is on the rise in some countries, including in Egypt, Guinea and Mali.

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- The importance of the ceremonial aspects associated with FGM/C is declining in many communities. This trend may also be related, in part, to the existence of legislation to prohibit FGM/C that discourages public manifestations of the practice

Ending FGM/C

Changing attitudes, beliefs and behaviours

- Understanding FGM/C as a social convention, whereby families feel social pressure to cut their daughters, provides insight as to why families who recognize the harm caused by FGM/C, favour its continuation. Since FGM/C is linked to girls' social status and marriagability, if a single family alone chooses to abandon the practice, their daughter will be stigmatized and stay unmarried. The choice to abandon must therefore be collective. Once enough individuals are willing to abandon FGM/C, remaining families have no incentive to perpetuate the practice and spontaneous and rapid abandonment occurs. This social convention theory, which has been shown to correspond to reality in a number of communities, provides important insight as to how behaviours can change.

- Community dialogue is essential to abandoning FGM/C. Creating appropriate spaces and opportunities for non-judgemental public discussion provides those who would normally be voiceless to express their opinions. In the case of FGM/C this is often women and girls, but it may also include men who do not always have the opportunity to discuss this issue.

- The most promising strategies for supporting communities to abandon FGM/C integrate academic theory with concrete field experience.

- Six key elements have been identified as necessary to generate a process of social change and encourage the rapid and mass abandonment of the practice.

    1. Communities need to recognize the harm caused by the practice.
    2. Communities who intramarry or are closely related in other ways must collectively abandon the practice. This liberates them from having to make the difficult choice of breaking with tradition.
    3. Communities need to publicly affirm their collective commitment to abandon FGM/C
    4. Communities need to engage neighboring villages so that their decision to abandon FGM/C can be spread and sustained.

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5. Communities must not feel coerced or judged. They need to be equipped with knowledge on human rights and recognize their application in their daily life.
6. Communities need a supportive environment, which includes legislative and policy measures, fora for public debate, support from religious leaders and other opinion leaders, and culturally sensitive media messages.

National policies and legislation

- In Africa and the Middle East, many countries have passed laws banning FGM/C. Laws prohibiting FGM/C have also been introduced in a number of countries where the issue has arisen among immigrant communities including Australia, Canada, New Zealand, USA and several countries in Western Europe.

- Health personnel constitute an important group for the management of FGM/C related complications as well as for the promotion of its abandonment. In Sweden, health care workers advise parents of the health risks of FGM/C and inform them that the practice is prohibited under Swedish law. In many countries, including Canada, Denmark, Germany, Italy, Switzerland and the United Kingdom, medical associations have forbidden any involvement of doctors in the practice of FGM/C on the grounds that it is a violation of their code of conduct.

- Teachers, in both formal and non-formal learning contexts, can be supported to recognize girls at risk and discuss FGM/C related issues in science, biology and hygiene lessons, as well as in lessons involving social, gender or religious education.

- Providing media with accurate, up-to-date information regarding FGM/C and strengthening media personnel's skills to disseminate this information can play an important role in "breaking the silence" around FGM/C and bringing the issue into the public realm.

Regional standards and international instruments

- As a harmful "customary" or "traditional" practice, FGM/C is addressed under the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the 1989 Convention on the Rights of the Child (CRC).

- Ending FGM/C is crucial to the success of the Millennium Development Goals– namely to promote gender equality and empower women, to reduce child mortality and to improve maternal health.

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- *A World Fit for Children,* the outcome document of the 2002 UN General Assembly Special Session for Children, explicitly calls for an end to "harmful traditional or customary practices, such as early and forced marriage and female genital mutilation".

- The Maputo Protocol, a legal document adopted by consensus in 2003 by Heads of States of the African Union, explicitly prohibits and condemns FGM/C and other harmful practices. It calls upon States Parties to take measures to create public awareness of the issue, introduce legislation to prohibit and sanction the practice of FGM/C, provide support for victims of harmful practices and protect women who are at risk of these practices. For the Protocol to enter into force, it must be ratified by 15 Member States of the African Union. By September 2005, it had been ratified by 13 states.[iii]

Girls and women speak on FGM/C

his Innocenti Digest includes the voices of girls, women and boys living in Egypt, Netherlands, Sudan and the United States.

On why FGM is practiced:

"It is a norm that has to be fulfilled. The girl must be circumcised to protect her honour and the family's honour, especially that now girls go to universities outside the village and may be exposed to lots of intimidating situations."
Woman from Abu Hashem village, Upper Egypt.

"If I don't cut her, there won't be anyone to marry her. I wish I didn't have daughters, because I am so worried about them."
A mother from the Beni Amer tribal group, eastern Sudan.

On changing attitudes:

"Due to our migration and the passing of time, we have come to think differently, and we now see the harm caused by our tradition. However, our parents could not have acted otherwise and it is out of the question to suggest any kind of abuse. They wanted the best for us, their children. After all, we all looked forward to the day we were able to announce in the school playground that we had been circumcised too.

We are now able to express the sadness and pain in our history and that the genital mutilation of girls is no longer appropriate in this day and age. We want to give our daughters a happy future, a future in which they can fully develop emotionally, and a future in which they can be allowed to play and feel protected."
Somali woman, Netherlands

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"It is a wonderful day for all of us Diolas living in the United States. We now can send our daughters home to the village during vacation so they can know their family and our positive Diola traditions without worrying that they will undergo this cutting practice."
Son of the Village Chief of Marakissa, Senegal, now living in Houston, USA

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NOTE TO THE EDITORS

Embargoed media materials and copies of the Digest in English, French, Arabic, Italian and Spanish are available from the Centre's Innocenti Newsroom: http://www.unicef-icdc.org/presscentre/indexNewsroom.html

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[i] This figure is significantly higher than the previous estimate of two million, and does not reflect increased incidence, but is a more accurate estimate drawn from a greater availability of data.

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[ii] See, for example, WHO (2000), *Female Genital Mutilation*. Fact sheet no. 241, World Health Organization, Geneva.
[iii] Cape Verde, Comoros, Djibouti, Gambia, Lesotho, Libya, Malawi, Mali, Namibia, Nigeria, Rwanda, Senegal and South Africa.

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