

Female Genital Mutilation/Cutting

Female genital mutilation/cutting (FGM/C) refers to all procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for cultural or other reasons that are not medical necessities. FGM/C reinforces the inequality suffered by girls and women and is a violation of universally recognized human rights – including the rights to bodily integrity and to the highest attainable standard of physical and mental health. While health consequences vary, they commonly include failure to heal, inflammatory diseases and urinary infections. Gynecological complications that result from female genital mutilation/cutting can become particularly serious during and after childbirth, and include fistula. Increased susceptibility to HIV infection is a concern. The pain of the procedure is known to cause shock and long-lasting trauma, and severe bleeding and infection can lead to death.

The reasons for FGM/C are many and complex, but the most significant seems to be the belief that a girl who has not undergone the procedure will not be considered suitable for marriage. Traditionally, FGM/C is performed by local practitioners, most of whom are women. In some countries, efforts have been made to 'medicalize' the procedure by having medical staff perform it in or outside of hospitals. This does not, however, make it less a violation of human rights, and communities should be helped to abandon the practice.

FACTS AND FIGURES

- FGM/C occurs mainly in countries along a belt stretching from Senegal in West Africa to Somalia in East Africa and to Yemen in the Middle East, but it is also practised in some parts of south-east Asia. Reports from Europe, North America and Australia indicate that it is practised among immigrant communities as well.¹
- It is estimated that more than 130 million women and girls alive today have been subjected to female genital mutilation/cutting.

HUMAN RIGHTS

There are many international treaties and conventions that condemn harmful practices. They include the **Convention on the Rights of the Child** (1989), the **Convention on the Elimination of All Forms of Discrimination against Women** (1979), the **African Charter on the Rights and Welfare of the Child** (1990). A specific focus on female genital mutilation/cutting is found in UN **General Assembly Resolution 56/128 on Traditional or Customary Practices Affecting the Health of Women and Girls** (2001) and in the Protocol on the Rights of Women in Africa, or **Maputo Protocol** (2003).

- FGM/C is generally carried out on girls between the ages of 4 and 14; it is also performed on infants, women who are about to get married and, sometimes, women who are pregnant with their first child or who have just given birth.
- Most recent Demographic Health Survey data for Egypt indicate that the prevalence rate among ever-married women aged 15–49 has shown a slight decline from 97 per cent to 96 per cent.²

BUILDING A PROTECTIVE ENVIRONMENT FOR CHILDREN

Government commitment and capacity

Ratifying relevant international conventions, developing appropriate legislation prohibiting FGM/C and supporting budget allocations are effective steps governments can take to encourage the abandonment of the practice. These efforts can be reinforced in national development plans, poverty-reduction programmes and other state-led interventions.

Legislation and enforcement

Laws that ban FGM/C and penalize the practitioners should be passed and enforced. This will be most effective in the context of a comprehensive awareness-raising campaign, including in schools and communities.

Attitudes, customs and practices

Support for FGM/C may be rapidly reversed and abandoned if attitudes and customs are collectively addressed by the practising communities. Involvement of religious or moral leaders who can explain that there is no religious justification for the practice can help in accelerating the abandonment of female genital mutilation.

Open discussion

This is particularly important for many child protection issues, including harmful traditional practices. Communities, parents, teachers and children all need to feel able to discuss FGM/C.

Children's life skills, knowledge and participation

Young girls at risk are rarely in a position to avoid or refuse the procedure. However, education and understanding of alternatives can help them to address the issue more openly with their parents, resist societal pressures, and protect themselves, their sisters and daughters.

Capacity of families and communities

As FGM/C prevalence follows ethnic lines and is perpetuated among intra-marrying communities, it is essential to coordinate the work done among communities with such ties. Grass-roots non-governmental and community-based organizations concerned with the protection of human rights and human dignity need to be strengthened and supported, as they play an important role in FGM/C abandonment.

MILLENNIUM DEVELOPMENT GOALS

FGM/C is a violation of the physical and psycho-sexual integrity of girls and inherently contradicts gender equality (MDG 3). One of the many negative health implications is an increased chance of death during childbirth, thus impeding efforts to reduce maternal mortality (MDG 5). Some studies also show a higher vulnerability to HIV/AIDS among girls who have been subjected to FGM/C, meaning that the practice hampers efforts to halt and reverse the spread of AIDS (MDG 6).

Essential services, including prevention, recovery and reintegration

Support for women who oppose genital mutilation/cutting and help for those who have undergone the procedure include medical services to deal with the health consequences of FGM/C – which tend to be chronic and life-long – as well as educational and awareness-raising activities that contribute to the abandonment of the practice.

Monitoring, reporting and oversight

Analysis of data collected through the Demographic and Health Survey, for example, should be widely disseminated and utilized. Agreed indicators should become a common monitoring tool. Main interventions should include baseline participatory assessments and local ethnographic studies.

EXAMPLES OF UNICEF IN ACTION

In **Egypt**, in 2005, UNICEF and its partners expanded awareness campaigns about female genital mutilation to new communities in Upper Egypt, including mobilizing village members as advocates against the practice.

In **Senegal**, UNICEF worked with TOSTAN international non-governmental organization to establish a village empowerment programme based on the human rights-based approach to combat violence against girls, in particular FGM/C and child marriage. In 2005, the programme was developed in 130 village communities and led to public declarations of abandoning these practices in 114 villages. By the end of 2005, nearly 1,630 villages have announced their decision to drop the practice of female genital mutilation/cutting.

Notes

¹ Unless otherwise indicated, data are from United Nations Children's Fund, *Female Genital Mutilation/Cutting: A statistical exploration 2005*, UNICEF, New York, 2005.

² UNICEF, <<http://www.childinfo.org/areas/fgmc/profiles.php>>. Data from preliminary report.

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