FEMALE GENITAL MUTILATION

No to the Female Genital Mutilation of Girls

Djibouti
ACKNOWLEDGEMENTS

DOCUMENT TYPE
Documenting programmatic good practices and lessons learned

AREA OF WORK (OUTCOME AREA)
Child protection

COUNTRY
Djibouti

TITLE
Female Genital Mutilation (FGM)

DURATION COVERED UNDER THE DOCUMENTATION
2011 – 2017

REACH
100,000 people

FINANCIAL
10.8 billion EGP including (400 million USD from the World Bank as loan)

STAKEHOLDERS
Main stakeholders:

- Government of Djibouti (Ministry of Women and Family) in collaboration with other governmental bodies (Ministry of Islam Affairs, Ministry of Education, Ministry of Health)
- UN bodies: (UNICEF, UNFPA)
- UNFD [National Union of Djiboutian Women]- NGO

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Female genital mutilation/cutting (FGM/C) is a traditional practice with deep roots in the customs of certain communities, regardless of religion or ethnic group. In Djibouti, up until the 1990s, FGM/C had been deeply rooted in the population’s traditions. More than 90% of girls between the ages 1 to 10 underwent that operation, a ritual that was carried out collectively, to the great pride of the parents. Female genital mutilation/cutting has both immediate and long-term consequences to the health of women. The effects of FGM/C depended 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.

In 1995, a law prohibiting female mutilation was adopted in Djibouti (Article 333 of the Penal Code). However, the majority of the nation’s population was not prepared to give up that ancestral tradition, so the decision received low-level popular support except among intellectuals, and its impact was limited to the capital city.

Reasons provided by families for practicing FGM/C in Djibouti are:

- **Hygienic and aesthetic:** The external female genitalia are considered dirty and “unsightly” and should be flat, rigid and dry;
- **Psychological:** Reduction of sensitive tissue and thus to curb sexual pleasure in order to maintain chastity and virginity, to guarantee women’s fidelity, and even to increase males sexual pleasure;
- **Religious:** FGM/C has been practiced in a range of communities with different religions. Muslim communities often have the false belief that FGM/C is related to Islamic law.

In 2008, the government of Djibouti with the joint support of the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF) and the massive mobilization of government institutions, religious and community leaders, as well as the media, implemented a series of responses including lobbying for the development of a national strategy, a legal framework prohibiting FGM/C. A nationwide awareness campaign for the complete abandonment of all forms of FGM/C drove the social movement.

In relation to data on prevalence, Djibouti has outdated national surveys including the Demographic Health Survey (DHS) and Multi Indicators Cluster Survey (MICS). In 2006, the FGM/C prevalence was 93% according to ”MICS”, however, the data was not recognized by the government.

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2. [FGD in Djibouti](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3598278/)
Lessons learned – Female Genital Mutilation in Djibouti

Strategy and implementation

In Djibouti, working with a multitude of partners, including the UNFPA-UNICEF Joint Programme on FGM/C has induced a positive change. The programme was established to accelerate the abandonment of all forms of FGM based on the implementation of a national strategy (2007-2011). The aim of the joint programme was to influence social dynamics in the pursuit of the complete abandonment of female mutilation and to foster the development of favorable political, social and community environments.

The programme addressed 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. On the other hand, it also supported treatment and care to women and girls suffering from its immediate or long-term complications.

Another key strategy in the success of this programme was linking FGM to a larger process of social change, where communities finally come to a common understanding of the practice and viewed it as a violation of human rights. The different strategic pillars of the joint programme complemented each other and represented support in the creation of critical mass with public declaration and commitment from communities, government stakeholders and religious leaders to accelerate the abandonment of FGM. Many partnerships were established between the Ministry of Women and Family, the Ministry of Islamic Affairs, the Ministry of Health, an international NGO called Tostan and the national organization of Djiboutian Women (UNFD) to contribute to this goal. With the technical support of Tostan, a community empowerment programme was launched in 33 locations in urban and rural areas based on non-formal education and human rights. This programme was centred on women and promoted the acquisition of knowledge of the communities on human rights, democracy, conflict resolution, hygiene, health and child protection. The programme works as follows: Once communities are empowered, they organize social mobilization, disseminate information to their families and neighborhoods and make a collective decision on positive social norms such as the abandonment of FGM in all its forms.

In 2013, the administration of the community empowerment programme was shifted to the local NGO “UNFD”. Over the previous five years, the programme induced a transformative change with full involvement of communities and governmental stakeholders. This module can be explained through this framework.

For gender relations to be transformed, the structures that underlie them must be dynamic and this was the case of the joint FGM programme. So, UNICEF Djibouti, in partnership with local NGO “UNFD”, implemented interventions that focused on supporting women and children to experience lives that are free from violence, work on the power dynamic at families’ level and provide equal access to a wide range of resources including the medical and psychosocial services. At the policy level, the programme maintained a close relationship with the Ministry of Islamic Affairs and UNFPA to establish regional religious leaders network (Shamikhat) that provided a real voice in many institutional fora.

In detail:

Community involvement: The door to door campaign was part of the national strategy to put an end to FGM/C practice. For this reason, Community Management Committees were established to deal with issues related to this practice at the community level, mainly regarding health problems in girls and the protection of children from violence, while also addressing conflict resolution, hygiene/environment, human rights and children's rights. Those community actors (over 65% of females) were identified and trained to be the “community influencers”; and they became responsible for organising community dialogues around FGM/C and related themes. Committees’ members conducted home visits to reach pregnant women and young mothers, encouraging them not to perform FGM/C on their daughters, while promoting other children’s rights. This fruitful collaboration set in motion a collective social movement using a positive process that empowers the communities in order to play an active role and make informed decisions for the protection of their children. The process was amplified; the 33 communities originally benefiting from the programme connected with 99 neighbouring communities through social mobilisation activities with an emphasis on FGM/C and participated in inter-regional community exchange meetings to share their experiences. The whole process resulted in all these 132 communities clearly and loudly declared having abandoned FGM/C in front of political, religious and traditional leaders, as well as international organisations.
Committed religious leaders: The religious leaders’ commitment towards combating FGM/C started in 2008 and over the last few years the joint programme supported the establishment of a regional religious leaders’ network against FGM, “Shamikhat network”, which includes members from Yemen, Egypt, Somaliland “3 countries of Somalia”, Sudan and Djibouti. In Djibouti, the programme trained a pool of 33 religious leaders, both men and women – a highly influential group. A declaration for religious leaders on the position of Islam in relation to FGM and reproductive health (including family planning) was elaborated and shared; religious leaders started to preach on the basis of this guide. A joint declaration advocating for the abandonment of all forms of FGM/C was issued in 2013 by 62 religious leaders from all regions of the country (who had been trained), which was validated by the 44 leaders of Islamic High Council (2014).

Actions by religious leaders are one of the vectors by which awareness in large segments of the Djiboutian population can be raised on the subjects of children’s rights in Islam, the damaging effects of female genital mutilation, and child welfare.

Livelihood component (Change dynamic): FGM/C abandonment typically begins with an initial core group of individuals who start a dynamic of change. The livelihood component implemented by the joint programme in the form of small enterprises was a way to find alternatives and impulse women empowerment; in fact, it tackled root causes and changed dynamics at the family level. This component provided women and their families the opportunity to improve their income along with the possibility to express their commitment towards combating FGM. This intervention has provided the voices for women who have themselves abandoned the practice and enhance their self-confidence to induce further positive actions.
Progress and results

Evidence on FGM/C is essential to understand not only the extent of the practice but also to discern where and how the reality is changing. Understanding the social dynamics that perpetuate FGM/C and building up those that contribute to its decline is helpful to the joint programme in order to plan the upcoming interventions and priorities for 2018-2022 on the basis of such knowledge.

On the results side, in 2006 FGM/C was estimated to affect 93.1 per cent of women. As part of these efforts to accelerate the abandonment of FGM/C, the Ministry of Women and Families developed and implemented a national five-year strategy (2007-2011), which derived from the MICS’ 2006 data and aimed to put an end to FGM/C. The results showed significant progress made in Djibouti in terms of an increase in the population’s understanding of the damaging effects of FGM, the importance of women’s and girls’ right to bodily integrity, as well as declination in the prevalence of FGM.

In 2012, according to the latest family health survey FGM/C, the prevalence among women aged 15-49 was estimated at 78.4 per cent corresponding to a decrease of 15 per cent over six years. In addition, in the last couple of years, there were signs that confirmed a decrease in the practice of a severe form of FGM type commonly known as “Pharaonic = infibulation” to a moderate type known as “Sunna.” A trend towards less severe cutting across generations is discernible in Djibouti, where 93 per cent of women aged 45 to 49 reported being sewn closed, compared to 42 per cent of girls aged 15 to 19. The comparison of types of FGM/C among girls and women of reproductive age and their daughters was consistent with this finding: 67 per cent of girls and women aged 15 to 49 reported that the opening of their vagina was sewn closed, compared to 30 per cent of their daughters. Overall, it can be tentatively concluded that there is a stability in the type of FGM/C performed across generations and that—where change has occurred—the most common trend is towards a less severe cutting. According to the evaluation of the national strategy on FGM/C abandonment, conducted in 2015, there is a preference for the least severe form of FGM/C.

The age group comparisons revealed that while over 95 per cent of women above 20 years of age has been cut, the same is true for 79.6 per cent of those aged 10-19 years old—a group that might be considered risk free, as FGM/C is seldom practised beyond the age of 9. The tendency has been the replacement of infibulation for a less severe form. Data from existing surveys (2002, 2006 and 2012) show a decrease in Type III (infibulation) and an increase in Type I (clitoridectomy).

Programme activities continue receiving high media coverage to their interventions. For sustainability, the thirty-three Community Management Committees were organised in four networks (two in Djibouti-City, one in the northern area and one in the southern region) in order to reinforce their intervention. The advanced groups of those Community Management Committees are now reporting children’s rights violations to local authorities.

From the qualitative side, the story of Aicha is considered a success story:

**One of the community members “Aicha” explained her story “We Are Stronger Together”**

At 13 years old, Aicha wrote a song against the practice of female genital mutilation (FGM). Not the usual kind of song a teenager might listen to, much less write. In Djibouti, speaking openly about FGM was just not done. But Aicha was part of a new generation of soon to be mothers, and she can choose not to cut her daughter. “I had already been going door to door with my mother, getting people to commit to leaving their girls “untouched.” She means uncut. “For the first time in the history of Djibouti, the law on banning the FGM was amended in 2009, so it has been illegal for a long time. We’ve been working to get community buy-in for years. And now we’re seeing the change happening,” she says with excitement. “It may feel slow, but that’s only in relation to our fast lives with phones and internet and airplanes. But we’re talking about changing something deeply ingrained in tradition. First, you have to separate the tradition from the religion, then you have to show and prove the benefit of the change, while managing stigma, educating, and supporting.”

Away from prevalence rate, there are a couple of areas that have been improved, such as the response to GBV; this was enhanced through the development of the “Improved response on Gender-Based Violence” guidelines and training materials on the treatment of violence victims including FGM/C. 877 people were trained on those guidelines. Twenty sentinels have been established within communities to inform about FGM/C harms and to support victims in Court proceedings, in collaboration with Police officers. On the other hand, there is a significant “Improved response to medical complications” as 150 health care providers including doctors and midwives have been trained on the management of FGM/C complications, and on FGM/C prevention during prenatal and postnatal consultation. Throughout the country, 49 health centres are following these standards and procedures of FGM/C care and prevention. Additionally, “Availability of data collection mechanism”; a computerized data collection system that can produce reliable data, is operational in 11 health centres.

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3 EDSF/PAPFAM 2012 survey.

4 Female Genital Mutilation/Cutting - A statistical overview and exploration of the dynamics of change - UNICEF
Lessons learned

Based on the results, the programme has shown the following lessons learned:

1. Community involvement:
   - Community involvement through the empowerment of community structures can help obtain the population’s engagement and ensure the effectiveness of the mobilisation efforts. It helps in the outreach efforts and in reaching vulnerable population and preventing potential cases. When designing these community empowerment programmes, it is crucial to involve media and religious leaders at the beginning of the process as key and influential change agents.
   - The community involvement and the coordination mechanisms between community members, community leaders and CSOs, along with the governmental support, was a successful model that led to better-organised FGM holistic response and solved limitations out in the field.

2. Religious leaders:
   - Religious leaders across the country are committing themselves to join the movement to end FGM in Djibouti in a very deliberate way. They have a huge influence on the decision-making process and the phrase they used to promote FGM was “protect physical integrity of the human body.”

3. Political leadership:
   - The political support for this case is very powerful. For instance, the Minister of Women and Families affirmed that FGM/C is a harmful practice and, consequently, had to be abolished”; this was a clear statement of the government position on this case.
   - Adopting a law and making a declaration of abandonment is not enough to definitively dissuade the population from performing female mutilation.
   - Political support in terms of enforcement of available legislation and the establishment of a legal support system for victims of violence, including FGM/C, was noted as a good practice through:
     - Involvement of legal professionals for validation of the legal framework on violence, including FGM, was encouraging for the officers of the Judicial Police (police and gendarmerie).
     - Collaboration between the government and UN agencies in the development of the legislation and foster its application through awareness raising in Djibouti interior regions.
Potential application

Decline in nationwide prevalence:

- 2006: 93.1% \(^5\)
- 2012: 78% \(^6\)

Decline in the prevalence suggests that a fundamental social shift was underway and such trend should be sustained and could be potentially applied to the rest of the communities nationwide. Nevertheless, the rate of prevalence varies considerably from one region to the next, with the lowest rate recorded in the southern Arta Region (69.2%) and the highest in the northern Obock Region (94.7%). This can have a potential implication on the acceleration of abundant of FGM/C.

In response to the first phase of implementation, the Ministry of Women and the Ministry of Education are reviewing the curricula to integrate FGM for the secondary level, from the earlier lessons learned. It is important to work with young people and adolescents, since youth are the future of the country and they can actually make a wide change in the social norms, becoming potential agents of transformation.

The social norms perspective has been applied and further refined in the context of global and national programmes to address FGM/C and to promote gender equality. This fruitful collaboration has set in motion a collective social movement using a positive process that empowers the communities in order to play an active role and make informed decisions to protect their children. The clarity on approaches should be fostered, especially because the lines between tradition and religion remain unclear in many areas of Djiboutian society. With the religious leaders’ support, the choice to not cut their daughters has become significantly more possible.

As a response to this, the Ministry for Women and Families, with the technical and financial support of UNICEF Djibouti, had the initiative in 2016 to develop a national strategy to accelerate the total abandonment of FGM/C, which takes the lessons learned and obstacles encountered during previous actions into consideration. A five-year action plan is attached to that strategy. The action plan is based on four guiding principles:

- An approach based on human rights
- An approach that focuses on families and community
- An approach that hinges on organised, targeted diffusion
- An approach based on communication for development

With such huge efforts, young couples are talking about the subject, and more and more of them are now resisting the pressure from their families to maintain the practice.

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\(^5\) EDIM (Djiboutian Multi-Indicator Survey).

\(^6\) EDSF/PAPFAM 2012 survey.
Conclusion and the way forward

Djibouti is still part of the Global Joint Programme on FGM/C, which still financially supports Djibouti in Phase III as a programme country from 2018-2022.

After nine years of mobilisation and the implementation of the community-based human rights promotion and protection programme, a significant progress has been made, with the majority of the credit going to the communities. We have seen how social dynamics can be leveraged to help communities better protect the girls. The partners have witnessed how accurate information about the dangers of the practice as well as evidence that other communities are questioning, or abandoning FGM/C can spark or invigorate a positive change.

FGM is no longer a taboo subject, but rather one that can be discussed as a family. Despite this downward trend, though, the risk of medicalisation of the practice remains high, particularly in certain areas that have not been covered by awareness activities.

With regard to the review of the FGM programme, many agree that it has been positive to a large extent since it can be said today that all of the communities have gained insight into the FGM issue. There is a now growing awareness of the lifelong health consequences on little girls and the women they will become. The issue today is making a transition from awareness to change in behaviour that will inspire communities to completely abandon the practice of female mutilation, in all its forms.

With the development of the National Strategy to Accelerate the Total Abandonment of FGM/C (2018-2022), it is important to involve other ministries in this activity such as the Ministry of Education, the Ministry of Youth and Sports, as well as the Ministry of Communication, since those bodies have roles in the strategy and can accelerate the achievement of the strategic objectives.