



The elimination of FGM: what works

What is Female Genital Mutilation (FGM)?

According to the World Health Organisation (WHO), FGM 'comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.'ⁱ

FGM has no health benefits.

Procedures can cause immediate complications including severe bleeding and bacterial infection and later, increase the risk of childbirth complications and newborn deaths.

FGM is internationally recognised as a violation of the human rights of girls and women.

Who does it affect? Who is at risk?

An estimated 200 million women and girls worldwide have undergone FGM.

The practice is mostly carried out on young girls between infancy and 15 years of age. Occasionally, it is carried out on adult women.

Women are subjected to FGM in 30 countries in Africa, as well as Yemen, and it is also practiced by immigrants in Australia, New Zealand, Canada, Europe and the United States. Some forms of FGM have also been reported in Central and South America. There are unconfirmed reports of limited incidences of FGM in the Islamic Republic of Iran, Jordan, Oman, the Occupied Palestinian Territory (Gaza) and certain Kurdish communities in Iraq.

Why is FGM practiced?

FGM is a practice that is culturally complex, practiced as a ritualised activity and is often viewed by family and community members as an important cultural tradition and social necessity.ⁱⁱ

Can the practice be stopped?

International literature strongly suggests that FGM can be stopped, provided the approaches taken to the issue are evidence-based and effective.

What approaches are effective?

Globally, the evidence strongly demonstrates that the most effective approaches to eradicating FGM are those that understand FGM as a human rights issue, in a holistic, community-based, culturally sensitive, sexual and reproductive health context.

A collective, coordinated and sustained effort to eliminate FGM can only be achieved if women who have undergone the procedure are treated with respect and provided with the support and resources needed for cultural change.ⁱⁱⁱ Failure to do this may further stigmatise the women who have themselves been subjected to FGM.

Women affected by FGM are at the centre of successful programs; as the group most directly impacted by the practice, they are "potentially the best agents to bring about its demise".^{iv}

Successful approaches to the reduction and elimination of FGM include:^{v vi vii}

1. Promote 'change from within' through a holistic, culturally sensitive, participative approach, in a human rights context.

2. Aim for permanent social and cultural transformation by encouraging community engagement and ownership of the issues.

3. Prioritise the self-empowerment of women and girls through investment in awareness raising and increased decision-making power for women, combined with building broader community consensus for women's and girls' rights.

4. Promote elimination through a sexual and reproductive rights agenda.

What works – a case study:

An empowerment and human rights approach

The Tostan Project, now known as the Community Empowerment Program, is widely documented as bringing about rapid and remarkable results. Using a community education program for women based on the principles of human rights, Tostan's methodology and respectful approach enabled information about FGM to be presented in a practical, engaging and culturally relevant way.

The focus on women's empowerment also allowed people to make their own conclusions about FGM and to lead their own movements for change.

Tostan's work has resulted in the organised abandonment of FGM in 4,625 communities in Senegal alone. See www.tostan.org

ⁱ WHO (2010) 'Female Genital Mutilation', Fact Sheet 241.

ⁱⁱ UNFPA-UNICEF (2010); NíMhórda, M (2007) Female Genital Cutting, Human Rights and Resistance: A Study of Efforts to End the 'Circumcision' of the Women in Africa, Working Paper No.21, Research School of Pacific and Asian Studies, The Australian National University.

ⁱⁱⁱ UN Commission on Human Rights (1994) 'Plan of action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children', U.N. Doc. E/CN.4/Sub.2/1994/10/Add1, July 22, Accessed June 10, 2009.

^{iv} Toubia, N.F. and Sharief, E.H. (2003) 'Female genital mutilation: have we made progress?' International Journal of Gynecology and Obstetrics 82, pp. 251-261.

^v UNFPA-UNICEF (2010) Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change. Annual Report 2010. Nurturing Change from Within.

^{vi} Toubia, N.F. and Sharief, E.H. (2003) 'Female genital mutilation: have we made progress?' International Journal of Gynecology and Obstetrics 82, pp. 251-261.

^{vii} Centre for Reproductive Rights (2006) Female Genital Mutilation: A matter of human rights. An Advocate's Guide to Action 2nd Edition, Zed Publications, United Kingdom.