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FEMALE GENITAL MUTILATION

WHAT IS FGM?

Female genital mutilation (FGM) is a harmful traditional practice that involves the removal of some part or all of the female genitalia. The World Health Organization (WHO) classifies FGM into 4 types:*

1. **Clitoridectomy:** partial or total removal of the clitoris and/or the prepuce
2. **Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
3. **Infibulation:** the most extreme form, the removal of all external genitalia and the stitching together of the two sides of the vulva
4. **Other:** all other harmful procedures done to the female genitalia for nonmedical purposes, such as pricking, piercing, incising, scraping and cauterization.

STATISTICAL INFORMATION (updated with Feb., 2013 data from WHO)

- FGM is mostly carried out on young girls sometime between infancy and age 15.
- In Africa an estimated 101 million girls 10 years old and above have undergone FGM.
- The procedure has NO health benefits for girls and women,
- Procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth and increased risk of newborn deaths.
- About 140 million girls and women worldwide currently live with the consequences of FGM.

SOCIAL CAUSES

The causes of FGM involve a mix of cultural and social factors within families and communities.

- Where FGM is a social practice, social pressure to conform to what others do and have done is a strong motivation to continue the practice. This is a local cultural tradition.
- FGM is often motivated by beliefs about what is considered proper sexual behaviour, mainly linked to premarital virginity and marital fidelity.
- Though **no religious faith prescribes the practice**, those who practice FGM often believe the practice has religious support.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even medical personnel can contribute to upholding the practice, **or** they can be leaders in removing the former practice of FGM – **replacing it with new Rites of Passage traditions.**

BEST PRACTICES FOR PREVENTING FGM:

Providing “Safe Space” Environments for Girls: Girls, with the cooperation of their parents, can be given the choice to attend a program in a safe environment during the time period when they would be vulnerable to FGM. They are thus removed from pressure from their peers, social or family networks, and given training, support and an alternative option for a Rite of Passage – particularly enhanced when recognized by community & faith leaders.

Policy change with the active support of Political or Religious Leaders denouncing FGM: E.g., The Mufti of Al-Azhaf University, considered the highest authority of Islam, declared on television and other media that FGM is not a practice condoned or suggested by Islam – so that communities and families would not feel religious pressure to pursue this practice.

Creating Alternative Rites of Passage: In regions where community leaders, parents and girls formerly utilized FGM as a Rite of Passage, creative solutions have been used to organize alternative rites. E.g., with the planning of parents and community leaders, a group of girls spent 3 weeks in training re: a positive understanding of themselves as women, being affirmed spiritually and socially, learning songs and dances and prayers – all of which was then portrayed in a Community Event during which they were celebrated for their transformation.

Education: Information can be taught to entire villages – leaders, parents and children alike – giving everyone the opportunity to learn policies of human rights, respect, dignity – and then supporting them in creating new decisions that engage such policies. The entire village or local community then has the opportunity to come together in a ceremony to sign a document committing all signees to agree to practices which support these human rights – based decisions.

Regional Action Plans: The issue has been addressed regionally by a comprehensive Action Plan that involves members of a region, including citizens, faith groups, government, and UN agencies working in concert to: educate and create awareness & advocacy against FGM, establish and support Legal Aid Services, network & collaborate from the local to national levels, and create a system of accountability.

UN RESOURCE DOCUMENTS

Female Genital Mutilation Facts by World Health Organization, updated Feb. 2013

<http://www.who.int/mediacentre/factsheets/fs241/en/>

http://www.who.int/topics/female_genital_mutilation/en/

December 2012, UN General Assembly Resolution on the Elimination of FGM

<http://www.un.org/News/Press/docs//2012/ga11331.doc.htm>

December 2011, Report of the Secretary General on Ending Female Genital Mutilation

<http://www.npwj.org/sites/default/files/documents/File/N1162159.pdf>

****Female Genital Mutilation is currently being used as an Advocacy term. However, a more respectful term – used in programs for prevention of the practice - is Female Genital Cutting. The UN is currently beginning to use the terminology: FGM/C (Female Genital Mutilation/Cutting)***

