THE END IS IN SIGHT

MOVING TOWARD THE ABANDONMENT OF FEMALE GENITAL MUTILATION/CUTTING

Annual Report 2009

UNFPA/UNICEF Joint Programme
On Female Genital Mutilation-Cutting

Acknowledgements

UNFPA and UNICEF wishes to acknowledge with gratitude the multi-donor support generated towards accelerating the abandonment of FGM/C. In particular, we wish to thank the Government of Norway, Ireland, Austria, Italy* and Switzerland for their kind contributions and assistance in 2009. We extend our thanks to the steering committee for their kind guidance. Our appreciation is also extended to the many partners, Governments, UN agencies, and civil society organizations, for their collaboration in championing FGM/C abandonment and for their technical and political support. We thank you all and look forward to further collaboration and active participation in the future.

Contributors: Nafissatou J. Diop, Petrina Lee Poy, Francesca Moneti, Caroline Bacquet-Walsh, Aminata Toure, Werner Haug

Editor : Kirsten Helmore

Designer : Ababacar Thiam

**The Italian contributions have been used for countries in West Africa.*

Young adolescent girl

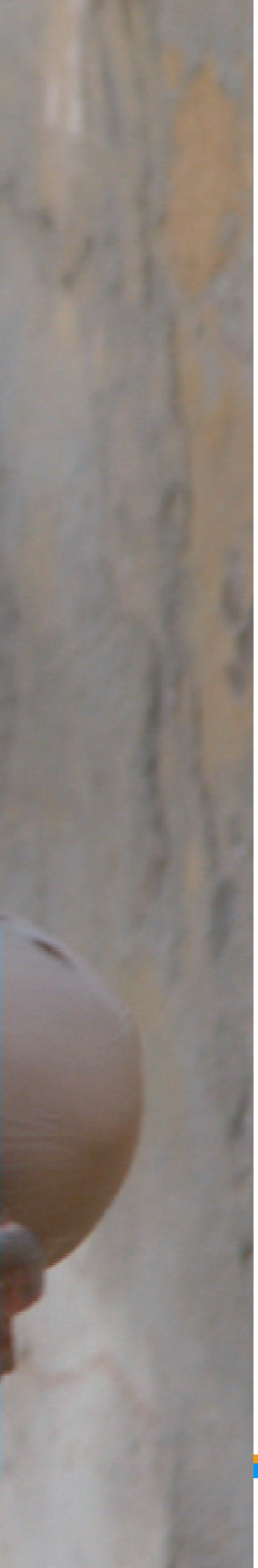

Table of Contents

Public declaration of Nemanding, Senegal 2009

Executive Summary

Female genital mutilation/cutting (FGM/C) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical purposes. In addition to being extremely harmful to women and their babies, FGM/C impedes the realization of the United Nations Millennium Development Goals. For example, Goal # 3 promotes gender equality and women's empowerment; Goal # 4 calls for a reduction in child mortality and Goal #5 focuses on reducing maternal mortality. None of these three goals will be achieved unless FGM/C is totally abandoned. Women's health, their empowerment, and the realisation of their rights are essential steps in the elimination of poverty.

From a human rights perspective, FGM/C is rooted in a culture of discrimination against women and control of their sexuality. It is a human rights violation that deprives the individual of bodily integrity and freedom from degrading and inhumane treatment. FGM/C is therefore intimately linked to the unequal position of women in the political, social, and economic spheres of the societies where it is practiced.

In 2007, UNFPA and UNICEF joined forces to actively contribute to the accelerated abandonment of FGM/C, supporting community and national efforts already identified as leading to positive social change. The Joint Programme's sub-regional approach builds on initiatives that have demonstrated success and fosters coordinated action among countries with similar characteristics, such as the status of the practice, attitudes, ethnicity, an enabling environment and a history of abandoning FGM/C. In 2008, eight countries were involved in the programme. The increase to 12 countries in 2009 facilitated the programme's ability to build on positive social change towards a movement for large-scale abandonment across national boundaries. The Joint Programme's objective is to contribute to a 40 per cent reduction in the practice among girls aged 0-15 years. This target establishes a critical mass or "tipping point" after which abandonment of FGM/C becomes an almost unstoppable trend. It is expected that at least one country will declare total abandonment of FGM/C by 2012.

In 2009 a core feature of the programme's implementation was the fostering of partnerships: with government authorities both at the local and national levels, religious authorities and local religious leaders, the media, civil society organizations of women and in the education and reproductive health sectors. In 2009, these partnerships have served to disseminate knowledge, empower communities and foster an enabling environment for collective social change towards a shift in the FGM/C social norm. By mainstreaming FGM/C into the reproductive health sector, the programme has also contributed to an improvement in the wellbeing of girls and women already subjected to FGM/C.

In 2009, the Joint Programme began working closely with the World Health Organization (WHO) on an inter-regional initiative in Sub-Saharan Africa and Arab nations to ensure that the medical profession openly supports the abandonment of FGM/C. The issue of medicalization of the practice has been identified as a problem in six countries covered by the Joint Programme, and strategies are being put in place to enforce the physicians' code of ethics: "Do no harm."

With regard to the sexual and reproductive rights of the thousands of women and girls who are subjected to FGM/C, the Joint Programme is building the capacities of health care providers to alleviate their suffering and enhance their wellbeing. Other activities include: lobbying for the enactment and enforcement of laws against FGM/C; supporting and working with the media in the development of radio and TV programmes and the dissemination of positive messages; enlisting religious leaders and scholars in several countries to speak out against the practice and delink it from religion with the message that FGM/C is a cultural practice with no basis in religion and should therefore be abandoned.

These are enabling initiatives designed to facilitate grassroots-level community education programmes and social mobilization campaigns to generate a socio-cultural dynamic leading to the abandonment of the practice. During the year under review, such activities have already led to the public abandonment of 256 in 2009 communities in Senegal, 439 communities in the Gambia , 68 communities in Guinea , 14 communities in Somaliland and 224 communities in the Sudan. Research and evaluation activities planned for 2010 will provide a better determination of the number of girls who remain uncut in these communities who have declared abandonment.

At the global level, in 2009 the programme was instrumental in the drafting of the UN Secretary General's Report on the Girl Child with its specific thematic emphasis on FGM/C. The corresponding 2009 UN General Assembly Resolution on the Girl Child fully echoes the Secretary General's Report and calls on national organizations, civil society and communities to uphold the rights of girls and women and to push for an end to female genital mutilation/cutting.

Introduction

Female genital mutilation and cutting (FGM/C) comprises all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical purposes. FGM/C is usually carried out on girls younger than 15 – sometimes during the first weeks of life. Occasionally, adult and married women are also subjected to the procedure. The World Health Organization (WHO) has classified the types of FGM/C as follows:

Type 1: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy)

Type 2: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)

Type 3: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)

Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

If the victim survives, the immediate health consequences of FGM/C may last for weeks or longer, while the psychological scars can last a lifetime. The immediate consequences include: haemorrhage, excessive pain, infections and abscesses. Acute urinary retention can result from swelling and inflammation around the wound, often exacerbated by the girls' or women's fear of pain from urine coming in contact with the fresh, sore wound. Injury can also occur to the neighbouring tissues such as the urethra and the vaginal opening. Fractures and dislocation have been reported, especially to the pelvis, due to heavy pressure being applied to girls and women who resist.

Long-term consequences are more likely to occur with the more severe types of mutilation (Types 2 and 3). These include cysts and abscesses on the vulva and recurrent urinary tract infections which can damage the kidneys. Painful menstruation and accumulation of menstrual blood in the vagina can occur as a result of total or partial occlusion of the vaginal opening. A 2006 WHO study on FGM/C and its obstetric consequences in six African countries confirmed that women who have undergone FGM/C are significantly more likely to require caesarean section, a procedure not available to most rural women. Women

Between 100 million and 140 million women in the world today have been cut, and 3 million more girls are at risk each year. Women are subjected to FGM/C in 28 countries in Africa, as well as in Yemen, and it is also practiced by immigrants in Australia, New Zealand, Canada, Europe and the United States. Some forms of FGM/C have also been reported in Central and South America. There are unconfirmed reports of limited incidences of FGM/C in the Islamic Republic of Iran, Jordan, Oman, the Occupied Palestinian Territory (Gaza) and certain Kurdish Communities in Iraq. In addition, the practice has been reported among certain populations in India, Indonesia, and Malaysia.

also risk extensive bleeding, longer hospital stays after delivery (assuming the woman has access to a hospital), perineal tear, prolonged labour, the need for episiotomies (cutting the skin between the vagina and the anus – also a procedure that requires a trained physician), and death. The risk increases with the extent of cutting, with greatest risk experienced by women who have undergone Type 3 of FGM/C (infibulation). With infibulation, a woman's husband may have to use a knife on the wedding night to open the vagina, thus causing more pain, trauma, bleeding and risk of infection. Among babies, the death rate during and immediately after birth was found to be much higher for infants born to excised mothers. For the countless women who deliver at home without qualified health care providers – and for their babies – the consequences of FGM/C are likely to be far more severe and the mortality rates far higher.

Three of the United Nations Millennium Development Goals directly address the consequences of FGM/C. Goal # 3 promotes gender equality and women's empowerment; Goal # 4 calls for a reduction in child mortality, and Goal # 5 focuses on reducing maternal mortality. None of these goals will be achieved unless FGM/C is totally abandoned. Moreover, women's health, their empowerment and the realisation of their rights are prerequisites to the elimination of poverty.

In 2007, the Secretary General of the United Nations issued a statement – signed by 10 UN agencies – which condemns Female Genital Mutilation. That same year, UNFPA and UNICEF joined forces to actively contribute to accelerating the abandonment of FGM/C in 17 countries, with at least one country declaring total abandonment of FGM/C by the end of 2012. The programme identified a number of promising community- and national-level efforts that are leading to positive social transformation; these are being expanded and constitute a large-scale movement

Reasons for the practice

Cultural norms and traditions underpin the belief that FGM/C is necessary to prepare girls for adulthood and marriage. The practice is often seen as part of a process that makes girls clean, well-mannered, responsible, beautiful, mature and respectful adults. FGM/C is often believed to discourage behaviour considered frivolous and impulsive, and hence it is expected to ensure and preserve modesty, morality and virginity. FGM/C is often assumed to reduce women's sexual drive, and thus ensure their self-control. In cases of infibulation, this control is further exerted by effectively creating a physical barrier to sexual intercourse. In societies in which FGM/C is widely practised, it is generally considered an important part of the cultural identity of girls and women, and may therefore impart a sense of pride, of coming of age and a feeling of belonging. The practice is upheld by a social norm that is so powerful that families have their daughters cut even when they are aware of the harm it can cause. From their perspective, not conforming to the obligation would bring greater harm to the girl and the entire family because of shame and social exclusion.