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FEMALE GENITAL MUTILATION
Strategies for change

In the campaign to eradicate female genital mutilation (FGM), developments at the intergovernmental level have been encouraging. However, they have only been possible due to the sustained activism of international and national non-governmental organizations (NGOs). The achievements of these organizations are considerable. They have succeeded in breaking the silence on FGM, and in placing the subject firmly on the international human rights agenda.

Clearly, future strategies against FGM must draw on the wealth of experience the various bodies have accumulated, and should be founded on a systematic assessment of the impact of previous campaigns. Greater collaboration and coordination of international initiatives efforts in recent years offer the real possibility of developing a global strategy for eradication.

In the forefront of today's activists are women and men from African countries. Of the 29 countries in Africa identified as having communities which practise FGM, 22 have branches of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC). The IAC was formed in Dakar in 1984 to coordinate the activities of national NGOs. The main focus of its efforts are: training and information campaigns aimed at local activists, traditional birth attendants and other community members; advocacy at the national, regional and international levels; and supporting the IAC's own national committees and partners.

In September 1997 the IAC held a Symposium for Legislators at the headquarters of the Organization of African Unity (OAU) in Addis Ababa, Ethiopia. The Symposium issued the Addis Ababa Declaration, which called on African governments to adopt clear policies and concrete measures aimed at eradicating or drastically reducing FGM by the year 2005.

Other international NGOs with a long history of working on FGM include Forward International, Minority Rights Group, Commission pour l'Abolition des Mutilations Sexuelles (CAMS), Research Action Information Network for Bodily Integrity of Women (RAINBO) and Equality Now. These and other organizations have together made enormous contributions in the areas of research; awareness-raising; financial and logistical support for grassroots initiatives; lobbying of decision makers at the governmental and intergovernmental level; developing protection mechanisms in Western countries; and mobilizing international concern. All have situated the issue of FGM in the context of discrimination and violence against women and the denial of basic social, economic, civil and political rights of women and children.

The pioneering efforts of NGOs and individuals at the national level are too numerous and varied to list. Those involved include women's organizations, health workers, educationalists and other community workers from a range of disciplines and backgrounds. A global survey and assessment of campaigning efforts to date is beyond the scope of this document. Nevertheless, it is possible to identify some key strategic considerations which emerge from a review of past experience.

The role of legislation

States have an obligation under international standards to take legal action against FGM, as part of the measures they must take to prevent violence against women and to protect children from abuse (see Female Genital Mutilation and International Human Rights Standards (ACT 77/14/97)). Legislation making FGM a criminal offence is important in that it represents an unambiguous statement that the practice will not be officially tolerated. However, careful thought needs to be

given to the kind of legislation enacted; the context into which it is introduced; how it is enforced; and how it is integrated into other aspects of a comprehensive eradication strategy.

In Kenya and Sudan, legislative efforts have been undermined where they have been identified with earlier interventions under the former colonial administration. Early attempts to enforce legislation in Sudan caused such popular outcry that enforcement was subsequently abandoned. In several African countries where FGM legislation exists, it is not enforced for fear of alienating certain power bases or exacerbating tensions between practising and non-practising communities. In Burkina Faso, where excisers have been prosecuted in connection with the deaths of young girls during FGM ceremonies, some Burkinabe activists have subsequently argued that criminalizing practitioners and families can drive the practice underground and be an obstacle to outreach and education.

These experiences and others elsewhere have shown that, in order for legislation to be effective, it must be accompanied by a broad and inclusive strategy for community-based education and awareness-raising. This is consistent with the provisions of relevant international instruments, such as the UN Declaration on the Elimination of Violence against Women, which set out a range of preventive measures which states must take in addition to prosecuting and punishing perpetrators.

Laws explicitly prohibiting FGM exist in several countries outside Africa, including Sweden, Switzerland, the UK and USA. In many Western countries child protection laws exist which can also be applied to protect girls from being genitally mutilated. This has been the case in the UK and Australia. In France at least 19 people have been convicted under French assault laws for performing FGM or causing FGM to be carried out.

The importance of legislation was stressed at the 1997 IAC Symposium. The Symposium called for legislation to eliminate all forms of violence against women and girls, in particular FGM, to be enacted by the year 2000 in all countries represented.

The danger of medicalization

Some countries have sought to encourage performance of less severe forms of FGM by qualified medical professionals. Sudan, Djibouti and Egypt have all tried this strategy, rather than imposing a complete ban. Experience has shown, however, that such policies are unsuccessful, and only serve to legitimize and perpetuate genital mutilation. In some cases older female relatives have merely performed another, more severe operation if they feel the procedure has not been carried out adequately.

The involvement of medical professionals in FGM undermines the message that FGM denies women and girls their right to the highest attainable standard of health. Most activists are strongly opposed to medical involvement in FGM and argue that official policy should always be complete eradication. The World Health Organization (WHO) takes a very strong stand against the medicalization of FGM in any form.

The need for a holistic and sensitive approach

Any action against FGM must take into account the multiplicity of factors that give rise to the practice. It is an issue that demands a collaborative approach involving human rights activists, educationalists, health professionals, religious leaders, development workers and many others.

From a human rights perspective, FGM cannot be viewed in isolation from other forms of violence and discrimination against women, from the vulnerability of children to abuse, and from issues of access to education and economic development.

The issue requires an understanding of the complexity of perceptions and beliefs surrounding FGM. Involving religious leaders in raising awareness that FGM is not a religious requirement has been crucial to the success of some initiatives. The cultural significance of FGM cannot be ignored. Eradicating the practice must be presented as a question not of eliminating rites of passage, but of redefining or replacing those rites in a way that promotes positive traditional values while removing the danger of physical and psychological harm.

In view of these sensitivities, particular consideration must be given to the respective roles of all those committed to taking action against FGM. Global action is necessary if the practice is to be eradicated promptly. While internationally agreed human rights standards provide a basis and justification for international intervention, those best placed to set the direction of the campaign are the grassroots activists and community workers with a presence in the areas where FGM is practised. The role of international solidarity is to complement and support the work carried out locally by providing technical, methodological and financial support, and undertaking international advocacy and lobbying.

“A global action against FGM cannot undertake to abolish this one violation of women’s rights without placing it firmly within the context of efforts to address the social and economic injustice women face the world over. If women are to be considered as equal and responsible members of society, no aspect of their physical, psychological, or sexual integrity can be compromised.”
Nahid Toubia, A Call for Global Action

A 10-point program of action

Governmental action alone will not end FGM. But while many actors have a role to play in eradicating FGM, governments have it within their power to determine whether eradication will be achieved within a generation, or whether millions more girls will pay the price of their inaction. Moreover, for governments, taking action is not a choice but an obligation under international law. Lack of resources cannot be invoked by governments as an excuse to flout these obligations. However, the international community has a responsibility to ensure that resources are available to assist developing countries in waging effective campaigns against FGM. Implementation can then clearly be seen as a question of will.

Amnesty International proposes the following program of action for governments. The program draws on the provisions of international human rights standards and the recommendations of UN human rights bodies and specialized agencies, and plans of action proposed by NGOs.

Governments should:

1. Affirm that FGM is an abuse of human rights, and recognize their obligation to end it. They should make a clear and unequivocal commitment to eradicate or drastically reduce the prevalence of the practice within a defined time frame.
2. Set up mechanisms for consultation and collaboration with relevant non-governmental sectors (religious, health, women, human rights, development) as well as international organizations and UN agencies working on human rights, health and development.

3. Undertake research into the practice of FGM in their countries. Information is particularly needed on its prevalence, physical and psychological effects, social attitudes and religious requirements. Research should also review the impact of efforts to date. In particular, work needs to be done to study the prevalence of FGM outside Africa, especially in the Middle East, Latin America and in many countries where it is practised among immigrant communities.
4. Review all relevant domestic legislation to see how effectively law and practice protect against FGM and comply with international standards, particularly the UN Convention on the Elimination of Discrimination against Women (Women's Convention), the Convention on the Rights of the Child (CRC) and the Declaration on the Elimination of Violence against Women. Ensure that legislation complies with the recommendations of the UN Special Rapporteurs on violence against women and on traditional practices affecting the health of women and children.
5. Ratify the International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, the Women's Convention, the CRC and all other relevant standards without limiting reservations or interpretive statements. Comply with their commitment to report to relevant treaty bodies, and to include specific mention of steps to prevent FGM in reports to all relevant treaty bodies and international human rights mechanisms.
6. Ensure that FGM programs are integrated into all relevant areas of state policy. Departments of health should clearly prohibit medicalization of FGM, and move to incorporate this prohibition into professional codes of ethics for health workers. Departments of education, women's affairs, immigration and development should all include FGM programs, as well as addressing the underlying factors which give rise to FGM, such as access to education. Countries providing development assistance should identify ways of supporting FGM projects.
7. Recognize FGM as a form of gender-based persecution falling within the scope of the UN Convention relating to the Status of Refugees. States should adopt and implement the recommendations set out in the Guidelines on the Protection of Refugee Women of the UN High Commissioner for Refugees.
8. Carry out widespread public information programs using relevant media. These should be tailored to specific groups, such as men, women, young people, children, the elderly, influential community figures, religious scholars, and those who carry out FGM.
9. Support the work of NGOs and individuals working against FGM. Provide them with protection against threats and other attempts to undermine their work.
10. Take an active role in supporting regional and international initiatives to combat FGM, such as the WHO, UN Children's Fund (UNICEF), UN Population Fund (UNFPA) program. Encourage adoption by the OAU of the IAC's Addis Ababa Declaration. Endorse and support the work of the UN Special Rapporteurs on violence against women and on traditional practices affecting the health of women and children.