

**Interview with Ms. Thoraya Obaid, Executive Director
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Questions and Answers on Female Genital Mutilation/Cutting**



Question 1: Is there a cultural or religious basis for FGM/C?

Every year, the parents of more than three million girls and women agree to allow their daughters to undergo female genital mutilation/cutting (FGM/C) in order to conform to social traditions. Individual families who elect not to have their daughters undergo FGM/C risk stigmatization and social exclusion, particularly in communities where the practice is ubiquitous. In these settings, FGM/C is often seen as a prerequisite for marriage; girls who have not undergone the procedure may be deemed unmarriageable. Despite the pain and health consequences associated with FGM/C, including the risk of fatal complications, the practice continues to persist because it is deeply entrenched in social and cultural tradition.

Culture has been singled out as a major factor underlying resistance by communities to eradicate the practice. In some communities, FGM/C is an integral part of the rites of passage that mark a girl's "coming of age", conferring a sense of pride and status to girls who undergo the procedure. The social pressure to continue this tradition can be so powerful, that even some mothers who would otherwise abandon the practice submit their daughters to the procedure rather than risk the social consequences.

Certain communities practice FGM/C because it is believed to confer community membership, promote hygiene, increase beauty and aesthetic appeal. FGM/C is also believed to calm sexual desire in the female, ensure chastity and virginity before marriage and fidelity during the marriage, maintain family honor and increase male sexual pleasure.

FGM/C is also associated with various myths. In some countries, the excision of the clitoris and labia are said to protect women from ancestral spirits and bad omen in life. The practice of bewitching women who marry before undergoing FGM/C to keep them from producing babies also drives many girls and women to support FGM/C. There is also a belief that many misfortunes and disasters such as famine and drought would result if customs are not adhered to.

Although FGM/C is not a religious practice required by any religion, it has, however, frequently been carried out by some Muslim communities in the belief that it is demanded by the Islamic faith. There is no substantive evidence that it is a religious requirement. At a recent conference of Muslim clerics and scholars held in Cairo, Egypt the link between female genital mutilation and religion was denounced. Muslim scholars from around the world called for FGM/C to be banned, referring to it as an aggression against women and calling on governments to enforce existing laws against the practice. The scholars stressed that Islam forbids people from inflicting harm on others, explaining that those who circumcise their daughters were doing exactly that. These types of declarations by religious leaders are very helpful in bolstering campaigns to eradicate the practice.

2. What initiatives are in place to reduce or eliminate the practice? Is progress being made?

Governments of the world have been urged to take appropriate legal and programmatic action against FGM/C in numerous international treaties and policy instruments, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Vienna Human Rights



Convention and the Programme of Action of the International Conference on Population and Development (ICPD).

However, condemnation of the practice and recognition as a human rights violation alone will not make a difference unless laws are passed and enforced and large scale culturally sensitive interventions are designed and implemented.

At UNFPA, we have undertaken case studies on practices that impact negatively on women and that deprive them of their human rights, among them FGM/C. These can be found in a UNFPA publication titled: *Working from Within: Culturally Sensitive Approaches in UNFPA Programming* (<http://www.unfpa.org/publications/detail.cfm?ID=173&filterListType=>)

We are in the process of producing another set of case studies on culture and gender-based violence. This will also be available on the UNFPA website.

Today, an increasing number of international development agencies, including UNFPA, UNICEF, and WHO are funding and implementing culturally sensitive programmes to eliminate FGM/C, supporting advocacy and legal reforms and building national capacity to stop all forms of the practice and provide treatment and care to women and girls suffering from its immediate or long term complications.

Though limited, change is taking place. In Senegal, through community mobilization activities, a number of communities are abandoning the practice. Similarly, in Kenya, alternative rites of passage ceremonies together with safety nets for at risk girls are being supported. And in Egypt, through community monitoring activities, a reduction of the practice is being seen in some communities.

Yet, despite these positive developments, more resources continue to be needed to eliminate the practice and to ensure that programmes are not limited in their depth and geographic reach but can bring massive individual and community behavior change.

Question 3: What is the United Nations doing with regard to FGM/C? What is UNFPA's approach to FGM/C and how is UNFPA working with the global community towards elimination of FGM/C?

The United Nations has put in place frameworks that are used to support programmes aimed to eliminate FGM/C. These include the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the International Covenant on Economics, Social and Cultural Rights.

These international treaties are in turn supported by regional charters such as the African Charter on Human and People's Rights (Banjul Charter).

Activities for the eradication of FGM/C are integrated into the core areas of UNFPA's mandate: Reproductive Health, Population and Development, and Gender Equality and the Empowerment of Women.

Support is given at the country level for various activities that include policy advocacy and dialogue, culturally sensitive programming, awareness creation on FGM/C, targeting parents, teachers and community leaders and as a first step to behaviour change.

UNFPA addresses FGM/C in a holistic manner, within its cultural and religious context, often in collaboration with national and regional non-governmental organizations that advocate and educate for FGM/C eradication using culturally sensitive approaches. Understanding that culture drives the practice



allows us to identify the facilitating aspects within culture that can be used to delimit or remove the restrictions and empower the very people who promote the culture to change their beliefs and practice. Many times we, as development practitioners, focus only on the negative and forget that culture can also be empowering for change and can change. Cultures are made by people and therefore people, if empowered, can change them, once they become familiar with information and evidence that shows the negative impact of a practice.

For example, through community conversation approaches facilitated by community leaders, one can create consensus that FGM/C is harmful and alternative rights of passage that involve organizing traditional rites of passage for adolescent girls to celebrate their passage to adulthood, which is a positive cultural practice can be introduced while excluding FGM/C, which traditionally was the major part of this celebration.

UNFPA also works in partnership with other UN agencies, within the UN Country Teams. UNFPA creates networks of Parliamentarians and partners with NGOs at national, regional and international levels, in mobilizing resources for FGM/C elimination and implementing FGM/C interventions. For example, the Network of African Women Ministers and Parliamentarians, supported by UNFPA, had one of its biennial meetings on gender-based violence, including FGM/C.

Another key component of UNFPA's approach is the dialogue with community and religious leaders, which started since ICPD. For example, UNFPA has supported religious leaders to undertake study tours to other Muslim countries to provide evidence that there is no basis in the Koran and Hadith to justify FGM/C. The study tours also expose the leaders to strategies used to address the practice.

Other partners include Academics, media and Goodwill Ambassadors.

4. Some countries have passed legislation prohibiting FGM/C. How effective are laws in reducing the practice?

Of the twenty-eight African States where FGM/C is prevalent, a substantial number have introduced specific legislation to address FGM/FGC. Of these, 13 address FGM/FGC within the context of criminal law (Benin, Burkina Faso, Central African Republic, Côte d'Ivoire, Djibouti, Ethiopia, Ghana, Guinea, Niger, Nigeria (state laws only), Senegal, Tanzania and Togo). Other nations specifically address FGM/C through alternate legal mechanisms, such as constitutional law, ministerial decree, and child protection laws. Of countries that have not enacted specific FGM/C legislation, several have broader-focused existing laws that have been recognized as applicable to FGM/C.¹ A number of countries in other parts of the world have also enacted laws criminalizing the practice.

However, the effectiveness of the law in curbing the practice still faces a number of obstacles. In some places, because the same duty bearers who are supposed to protect women are the key perpetrators and there are no complaints on behalf of the girl, it is difficult to enforce the law. It is also a challenge for national governments to carry out mass imprisonments in countries where a large proportion of the community is practicing.

¹ Center for Reproductive Rights (2006), *Female Genital Mutilation: A Matter of Human Rights: An Advocate's Guide to Action* (2nd edition).



Question 5: The practice of FGM/C is increasingly being conducted in health facilities by health providers with the idea of reducing the immediate health risks. What do you think about this medicalization of the practice?

The trend towards medicalization of the practice has increased alongside the increasing anti-FGM/C interventions. This indicates that while people are aware of the health consequences, they are not yet aware of the human rights dimension of the issue and thus they are not convinced that they should stop the practice.

In some places, health providers discredit the traditional circumcisers as being too risky and then promote their services as more sanitary—often charging more than the traditional circumcisers.

Medicalization is inappropriate as it reinforces the continuation of the practice by seeming to make it more legitimate. Rather, it continues to be an abuse of the rights of women to healthy bodies.

UNFPA as well as other international organizations like WHO and UNICEF and many NGOs condemn medicalization of FGM/C under any circumstances whether in the home or in private or public health facilities.

6. What are some of the alternative rites of passage that have been proposed in communities that practice FGM/C and what is being done to include men, religious leaders and community elders in these efforts?

The rationale for conducting alternative rites of passage is based on the need to modify this traditional practice by eliminating the negative aspects. It also allows for an opportunity to incorporate sexual health and HIV prevention information and life skills education and promote gender equity and human rights.

In Kenya where it was first tried, this strategy quickly gained significant support from parents, community and cultural leaders as well as from girls themselves. The parents and community leaders appreciated the fact that their age old wisdom was being passed in a modern setting and the girls did not miss out on the attention, gift giving and being recognized as coming of age - mature and marriageable girls.

A similar culturally sensitive strategy based on promotion of positive aspects of culture and reproductive health education, while eliminating the practice of FGM/C, is implemented in Uganda. The incidence of FGM/C declined year by year in this community due to the continuous multi-year support of UNFPA and the support of the Sabin Elders Association who declared the practice of FGM/C as a harmful practice to be eliminated from their community (refer to: UNFPA 2004. Working from Within: *Culturally Sensitive Approaches in UNFPA Programming* - Uganda: Winning support from custodians of culture – page 11- 14).

It has come to my attention that the alternative rites of passage have been replicated in the Gambia, Senegal and Ethiopia and it will be interesting to see its acceptability and outcome there as well.

Question 7: The women who are performing this practice are socially and financially rewarded. How can they be encouraged to stop the practice?

The women performing FGM/C benefit from a certain social status within their community, therefore the remuneration they get from FGM/C is not the only source of motivation for continuing the practice.



However, several NGOs have convinced some to stop the practice and they provide them with alternative income generating activities.

What is also important is reduction of the demand by the families for FGM/C.

There is a need to develop education campaigns at the community level to promote discussion on FGM/C and encourage local leaders to clearly declare that they are against the practice. The eradication campaign must target women, men, young people, community/religious leaders, and traditional birth attendants.

8. How can the international community become more involved in efforts to successfully eliminate or reduce FGM/C?

WHO estimates that between 100 million and 140 million girls and women alive today have experienced some form of the practice. It is further estimated that up to 3 million girls in sub-Saharan Africa, Egypt and Sudan are at risk of genital mutilation annually. Global prevalence rates display significant regional and geographic variations. In north-eastern Africa, prevalence varies from 97 per cent in Egypt to 80 per cent in Ethiopia. In western Africa, 99 per cent of women in Guinea, 71 per cent in Mauritania, 17 per cent in Benin and 5 per cent in Niger have undergone FGM/C.

While it will decline over time as communities become educated and societies change, the pace of change is slow.

Therefore, the international community must show renewed commitment and join hands with national governments to allocate sufficient human and financial resources to scale up community, national, regional and international level interventions aimed at bringing about sustainable social change. Legal actions and enforcement of laws must be intensified; anti-FGM/C modules must be integrated in schools curricula, including those for health professionals and social workers.