

Policy Brief

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Getting to Zero Female Genital Mutilation in Africa: *Strengthening Human Rights, Accelerating Efforts and Galvanizing Accountability.*

Background

Female Genital Mutilation (FGM) is defined to include ... “*all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons*”.¹ Female Genital Mutilation is a “*harmful practice*” and a form of “*gender-based violence*”, and contributes to negative maternal, physical and psychological health outcomes. Complications resulting from female genital mutilation can include excessive bleeding, severe pain, infection and even death.

Considering the most recent data and across key indicators – including the 0 to 14 years and 15 to 49 years age-brackets – prevalence of female genital mutilation in Africa is from 1% to 97%. As a result, more than 50 million girls in Africa are at risk of undergoing this injurious practice if concerted actions are not taken; while as a result of the COVID-19 pandemic, two (2) million additional cases of female genital mutilation are estimated by 2030.²

Within the broader scope of efforts to eliminate gender-based violence, addressing gender inequalities and empowering women and girls, ending female genital mutilation is an urgent priority for the African Union Commission. To this end, the African Union’s Saleema Initiative on Eliminating Female Genital Mutilation works to catalyse continental, regional and national level efforts towards complete elimination of the harmful practice within a generation.

Origin and Impact of Female Genital Mutilation

The origin and evolution of female genital mutilation remains unclear and unknown, with competing narratives. Generally, incidence of this practice a process of socialization into the value and belief systems of what it means to be a girl and a woman, where safeguarding virginity and increasing matrimonial opportunities is perceived as economically advantageous.

Reviews that document consequences of female genital mutilation on the wellbeing of girls and women illuminate adverse health outcomes including physical, social, sexual and economic consequences and the burden on health systems. Recently, the World Health Organization (WHO) launched an FGM Cost Calculator as a tool to identify the current cost of treating health conditions caused by FGM, and the organization notes the annual global cost burden to be over 1.4 billion USD, with this projected to increase by 50% by 2050 as populations and prevalence increase.³

Prevalence of FGM in Africa

Emerging lessons reveal that there are mixed trends in the prevalence of FGM in Africa, with varied generational changes between and within countries and regions that can be summarized as follows:

- **Countries with very low prevalence**; these include Niger, Cameroon, Togo, Ghana and Uganda;
- **Countries with a slight decline in prevalence**; Cote d'Ivoire, Mauritania and Sudan (signifying limited success in convincing community members who practice to abandon the practice en masse);
- **Countries with significant decline in prevalence**; Benin, Nigeria, Liberia, Burkina Faso, Sierra Leone, Tanzania, Kenya, Ethiopia, Eritrea, Central African Republic, and Egypt (signifying a possible generational shift, where younger women are less likely to undergo FGM compared to older women, and
- **No significant change in prevalence**; Senegal, Guinea-Bissau, Gambia, Mali, Guinea, Djibouti, Somalia, and Chad (indicating limited or lack of success by interventions).

Changes in the Practice of Female Genital Mutilation

There are current shifts happening in how female genital mutilation is practiced, especially in response to laws and policies against it, or as a result of physical and psychosocial complications. Changes in the practice are also occurring with the migration to urban areas, *“manifesting in varying degrees of behavioral change as a consequence of acculturation, length of residency, and or the renegotiation and reinvention of female genital mutilation beliefs and practices”*.⁴

Additionally, increased media exposure is altering the social underpinnings of FGM by questioning its value, especially in the face of its criminalization or awareness of the physical harm associated with the practice. Moreover, these changes are also leading to debates that interrogate the support for FGM or whether its practice should end.

FGM is also being performed by trained health care professionals, as families seek to manage health risks, in what is known as “Medicalisation”. This has contributed to the social norms underpinning the practice to endure. Families may also believe that using health care providers minimizes the risk of complications. Yet this is often not the case as immediate and long-term health problems can remain and even death can occur when performed by health care professionals.

The need to be socially accepted by community members and fear of the consequences of not conforming are strong motivations that can sustain FGM. An important change is that gender and social norms, and expectations that reinforce FGM practices are shifting.⁵ Shifts in the types practiced are also occurring as a result of policy reforms to end the practice or as a result of increased awareness of its harm.

The COVID-19 Factor

While progress has been made in ending violation of girls and women's human rights through this practice, the COVID-19 outbreak has significantly slowed efforts towards eliminating FGM and estimates suggest increased rate across the continent. The main drivers of FGM during the Covid-19 pandemic seem to be school closures, movement restrictions, confinement and lack of integration of services within national COVID-19 responses.⁶

COVID-19 restrictions in mobility also constrained access to safe spaces and services for girls at risk, as well as survivors of FGM. Markedly, restricted access to communities for organizations carrying out FGM programming may be resulting in increased rates in the practice, and lack of accurate data, alongside reduced funding. The United Nations Population Fund (UNFPA) has noted that *“FGM and child marriage are also projected to increase, in large part due to delays in the implementation of programmes to end these harmful practices. Programmes addressing these harmful practices are often communal, involving the exchange of information and perspectives”*.⁷

Given the increased risks and vulnerabilities as a result of the pandemic faced by girls and women in poor, rural and urban communities, multi-sectoral partnerships are required to document, disseminate, and sustain initiatives beyond the COVID-19 crisis, including strengthening budgetary allocations, policy frameworks and legal responses.

Key Lessons: Sustaining Change and Galvanizing Accountability

Several lessons are emerging to inform recommendations and urgent actions needed going forward. These include;

1. Failure to recognize the rights of women and girls allows for practices that cause harm to women and girls

- There is the strong continental recognition that FGM is a violation of the human rights of girls and women, and eradication must be informed by existing frameworks. FGM takes place in the context of harmful gender norms and inequalities, limited educational opportunities and poverty that intersect to disempower women and girls, and creating conditions of risks. The social change sought to support FGM abandonment requires that all strategies and interventions recognize that girls and women have equal rights, equal access to opportunities and untapped potentials.

2. Changes in the practice of FGM and rates of prevalence

- There is progress in ending female genital mutilation; for example, twice as many women in high-prevalence countries want the practice to end compared to 20 years ago; and adolescent girls are more likely than older women to oppose the practice.⁸ However, the outbreak of COVID-19 is threatening to reverse efforts across the continent.
- The downward shift in age for girls subjected to this injurious practice is a pressing challenge to eliminating female genital mutilation. This change in age of cutting is frequently understood to be a consequence of anti-FGM campaigns, legal action and increasingly, girls' resistance to the harmful practice. It is, therefore, important to match interventions and risk zones with a clear understanding in linkages.

3. What is working: Programming and Implementation

- Promising interventions that support efforts to end FGM have generally engaged and empowered local community actors inclusive of women and girls; men and boys; faith and traditional leaders, as well as health care providers. Thus transforming social norms that underpin harmful attitudes and behaviors must be addressed at individual, interpersonal, community, and institutional levels to bring about the needed change for women and girls. This approach is in recognition of the fact that individuals face multiple levels of influence that need to be leveraged if programming to end FGM is to be effective.⁹
- Public health emergencies and humanitarian crises have heightened our understanding of the significant increases in risk of FGM, with disruptions to services in particular. Including FGM prevention and response within the humanitarian and health service responses is now a clear and critical component.

4. Challenges

- More than 14 countries in the Africa region with prevalence data now have laws either criminalising or banning FGM,¹⁰ with varying levels of severity, community engagement and enforcement. Most countries with prevalence are signatories to international and continental human rights conventions and treaties. However, the practice does persist in numerous communities, and health care providers are increasingly engaged in FGM Medicalisation. It is important to understand and monitor these changes in order to realize appropriate approaches towards addressing these issues.

- How FGM is practiced is evolving, for example;
 - Given laws that criminalize FGM there is increasing secrecy of the practice through lowering of age of FGM, shifts in who makes decision-making around the practice and changes in norms that underpin FGM.
 - In the context of climatic and or economic insecurities families and daughters worry about their futures and FGM becomes their mechanism for entry into social support systems or into early/child marriages.

5. Opportunities

- Estimates suggest that in countries affected by FGM, 7 in 10 girls and women think the practice should end. Even among communities where the harmful practice is prevalent, there is a notable level of opposition. Among girls and women who themselves have been cut, 5 in 10 think the practice should end.¹¹ These findings present openings for programming and identifying where and with whom to work.
- At its 34th Ordinary Session, the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) resolved to operationalize accountability on harmful practices and support Member States to undertake the necessary steps monitor and report on progress regularly to on the elimination of female genital mutilation. ACERWC adopted a joint decision with the African Commission on Human and People’s Rights to develop a General Comment on Female Genital Mutilation. The AUC has subsequently developed an Accountability Framework on Eliminating Harmful Practices to support Member States in delivering on Africa’s Agenda 2063 aspirations on “*ending all forms of gender based violence and harmful practices, including female genital mutilation*”.
- In 2019, the President of Burkina Faso, H.E. Roch March Christian Kaboré, was designated African Union Champion on Eliminating FGM, providing important political leadership and a custodian for the elimination agenda across the continent.

Recommendations

1. Strategic

- Utilizing comprehensive, collaborative, multisectoral approaches and partnerships to end FGM emerges out of evidence that no standalone measures are effective. Integrated and coordinated multisectoral approaches would ensure that FGM programming builds strategic partnerships encompassing larger development goals, including health, justice, and education in responses to ending FGM.

- A considerable number of countries have developed laws to end FGM and there is consensus that such laws provide the framework for the implementation of abandonment interventions. Public support, knowledge about the intent of the law, and adequate resourcing of the justice system are required to enhance the claiming of rights and application of law in ways that are supportive of the well-being of women, girls and their families.
 - Incorporate human rights and gender equality indicators in national responses to end FGM;
 - Harmonize national laws with human rights standards for the promotion of FGM related health policies, programmes and services.
- Facilitate policy maker-researcher engagements to enhance the translation and effective use of data into policy making and programming.
 - Will enable effective identification of some of the evidence gaps that limit a more complete understanding of the investments required for ending FGM, and how investments are translating into outcomes for women and girls.

2. Programmatic

- FGM prevention and responses must be population and context specific to be meaningful and in order to understand the fundamental drivers of FGM. The resulting interventions must then be framed as addressing human rights and be grounded in theories of change for robust programming.
- Abandonment efforts must;
 - Recognize young girls and women as crucial partners in FGM interventions and agents, who in their own right leading social change. This requires focusing on meaningful engagement and participation, as well as skills and capacity building for leadership;
 - Incorporate comprehensive responses to support the safety, well-being and rights of girls and women. This will include the provision of legal, health and psychosocial services for FGM survivors;
 - Align with broader development efforts to ensure girls, women and affected communities can be more resilient in the face of risks, vulnerabilities and socio-economic factors that continue to drive FGM.
- Given all influencers, including individuals, families, the community and wider social institutions that sustain the negative gender and social norms, behaviours and attitudes that reinforce female genital mutilation, it is critical to integrate families, communities and all stakeholders into programme design and implementation;

- o Faith-based, opinion and community leaders, and Schools, should be engaged to;
 - Strengthen oversight and monitoring for prevention of FGM;
 - Challenge harmful gender and social norms, and transform social practices that arise from and perpetuate discriminatory practices against girls and women;
- o Engage men and boys to challenge and dismantle harmful gender and social norms.
- Communication and awareness raising materials and information must be in local languages to ensure accessibility and wider reach of messages, studies and findings on trends and practices;
 - o New technologies have become crucial tools for delivering broader gender-based violence (GBV) interventions. They need to be discussed, tested and evaluated for the opportunities they provide for both the general public and for girls at risk of being subjected to female genital mutilation.

3. Accountability

- Greater examination and evaluation of interventions is needed to strengthen the evidence base [that informs] decision-making, demonstrates outcomes and lessons learnt to ensure accountability and, for others to learn from, adapt, replicate, and scale up successful interventions;¹²
- Strengthen understanding of prevalence and risk factors for FGM, especially at sub-national levels. With this data, health providers and policy makers will have a better understanding of the geography and pattern of female genital mutilation, enabling targeted investments and efforts where needed.

Conclusion

FGM is a serious human rights violation with compounding consequences for women and girls' physical, mental, sexual and reproductive health. Poverty also drives the practice. Understanding the extent of FGM as a harmful practice is crucial in informing the actions and strategies needed for elimination. A big win is that Member States are increasingly able to track progress in achieving international and regional obligations to end gender-based violence and harmful practices by monitoring its occurrence. However, what remains missing is measuring the level of progress across interventions.

Current efforts by the African Union Saleema Initiative are to achieve zero female genital mutilation by 2030. There is thus a growing need for increased mobilization and cooperation among Member States. Prevention and responses to end this gross violation of girls and women's rights must be coordinated across sectors. Good practices emerging across the African region highlight that social change in support of abandoning FGM require multilevel and multisectoral approaches. This entails effectively coordinating all relevant stakeholders and ensuring they have the necessary material and technical support needed to work efficiently to strengthen sub-national and national responses to end FGM.

Further, the attitudes, behaviours and, gender and social norms that support and influence individual, interpersonal, community and societal relationships, which put girls and women at risk of experiencing FGM, need to be examined, understood and transformed.

Women and girls must be supported in being at the forefront of informing and determining the responses needed to end this harmful practice.

Humanitarian crisis and outbreaks, such as COVID-19 pandemic, have illuminated the increased risks to FGM especially for vulnerable girls. Highlighted is need to integrate and ensure increased access to prevention, protection and care services for those at risk of harmful practices in emergencies contexts.

An enabling environment for ending FGM will therefore require political leadership, equitable laws, policies, adequate human and financial resources, supportive social norms, gender equality and equity, and, intra and inter-governmental accountability that promotes and protects human rights of women and girls.



**Spotlight
Initiative**



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Endnotes

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