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USAID Works to Support the Abandonment of Female Genital Mutilation/Cutting

Female genital mutilation (FGM/C), also known as female genital cutting or female circumcision, is a traditional cultural practice that ranges from nicking to total removal of the external female genitalia. An estimated 100 to 140 million women have undergone this procedure.¹ FGM/C is practiced across cultures and religions, though no religion mandates the procedure. It is practiced essentially in 28 countries in sub-Saharan Africa, northern Iraq, Malaysia, and Indonesia, and new evidence is showing prevalence in other Middle Eastern countries, including Yemen, Iran, Syria, Oman, and Saudi Arabia. The practice also can be found in Europe, the United States, Australia, and other countries where immigrants bring their cultural traditions with them.

The reasons given for conducting FGM/C, which is generally carried out between infancy and the teen years, encompass beliefs about health, hygiene, women's sexuality, rites of passage to adulthood, and community initiation rites. Research has shown that all forms of the practice harm women's health, causing serious pain, trauma, and frequently severe physical complications, such as bleeding, infections, or even death. Long-term complications may include recurrent infections, infertility², and difficult or dangerous childbirth that can result in the death of the mother and infant³.



Genet, Tsiyon, and their friends are happy because they are the first generation in Kembata, Durame Woreda, Ethiopia, who do not have to undergo FGM/C at their young age. Their mothers are not willing to let them be cut because they have realized the consequences of that practice during their own lifetimes. Genet and her friends say that if the boys complain about them not being circumcised, they will say, "We don't need to marry you."

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A staff member of the Information, Education and Communication Center in Egypt speaks with a rural woman and her daughter about family planning and reproductive health issues, including the negative effects of early marriage, premarital counseling, and FGM/C.

USAID's Program and Approaches

USAID has supported FGM/C abandonment efforts since the early 1990s, considering it not only a public health issue, but also a violation of a woman's right to bodily integrity. In September 2000, the Agency officially incorporated abandonment of FGM/C into its development agenda, issuing an official policy and strategy on FGM/C. Over the years, the Agency has found, through programs and research, that the process of positive social transformation can occur when programs and policies focus on enabling communities to make their own collective choice to abandon FGM/C. These efforts are enhanced by educational campaigns and policy change. USAID has supported projects in many

countries, including Egypt, Ethiopia, Guinea, Kenya, Mali, Nigeria, Djibouti, and Burkina Faso, among others. All FGM/C projects supported by USAID are culturally sensitive and integrated with health, economic, social, or democracy and governance programs. USAID programs work with community and religious leaders as well as women and women's groups and men and youth to advance the quality and effectiveness of abandonment efforts and improve conditions that will lead to FGM/C abandonment.

The Agency pursues regional, national, and local coordination among international donors, governments, and community leaders. Since 2001 USAID has been active in the Donor's Working Group (DWG) on FGM/C, composed of key governmental and intergovernmental organizations and foundations committed to supporting the abandonment of the practice⁴. The DWG works to help expand and strengthen partnerships and increase resources and has issued a Platform for Action that summarizes the group's collective programmatic approach, which focuses on the community approach to social change. At the country level, the United States supports the launch of the Kenya Centre of Excellence, which will be based at the Nairobi University, to create an Africa-based center for developing innovative research approaches and training leaders and champions for abandoning FGM/C.

Country-Specific Programs

Mali — USAID helped the Ministry of Health develop and pilot a national training curriculum for primary medical providers to increase their capacity to identify, treat, or refer FGM/C complications and to educate and counsel clients and community members on the negative aspects of the practice. A network of trained providers was created consisting of extension workers from nongovernmental organizations and community and religious leaders. As a result



Adolescent girls participate in a livelihood training aimed at reducing adoption of FGM/C.

of their work, the percentage of men and women who said they were in favor of abandoning FGM/C increased from 15 to 62 percent, and the percentage who intended to have FGM/C performed on their daughters decreased from 81 to 33 percent.

Egypt — In 2008, USAID/Egypt incorporated FGM/C into an existing community-level health program, reinforced by select national-level messaging and educational messaging. The program furthered Egypt's ongoing efforts to bring about abandonment of FGM/C, as it involved training staff at both the Ministry of Health and nongovernmental organizations to broaden the reach and coordinate

with the Government's National Council of Childhood and Motherhood to create a coherent national strategy.

Kenya — USAID conducted studies to better understand the practice of FGM/C among the Somalis in North Eastern Kenya to inform the design and implementation of interventions and to clarify the correct Islamic stand toward FGM/C. The research provided crucial evidence that FGM/C is neither a religious practice nor one sanctioned by Islam, which clearly stipulates provisions for the protection of basic human rights, upholds the sanctity of the human body, and prohibits any practice that violates these rights or causes harm to the body without justification. The conclusions called on religious scholars to collaborate with medical doctors to make verdicts based on scientific facts and to work with their communities to help delink FGM/C from Islam.

Senegal — The Grandmother's Project (GMP) incorporates FGM/C into a broader girls' and women's health and family planning program to bring about positive changes in community traditions by involving grandmothers and elderly women, a once-marginalized group, in social change. The project encourages learning and communal decision making through open discussions about problems facing the community. The aim is to have GMP have community members identify their problems and reach consensus on possible solutions that best suit their needs, leading to long-term and lasting change.

Ethiopia — USAID supported collaboration with the Ministry of Health and the National Committee on Traditional Practices to educate communities on the harmful effects of FGM/C. The program worked on helping women and community leaders to understand the motives of "FGM/C demanders," respond to their concerns, and provide them with information on the negative impact of the practice. More than 2,250 people participated in FGM/C abandonment activities. A national Anti-FGM/C Women's Leaders Team was established, and a member of that team drafted a law against FGM/C that the Ethiopian parliament passed in July 2004.

West Africa — USAID supports Tostan, a participatory education program that works village by village and incorporates health and rights information about FGM/C into a basic education curriculum that also teaches problem solving, math, and reading. As a result of this multidimensional approach, thousands of villages in Senegal, Burkina Faso, and Guinea have publicly abandoned FGM/C and other harmful traditional practices upon completion of the Tostan program.

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Resources

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4. Platform for Action: Toward the Abandonment of Female Genital Mutilation/Cutting (FGM/C). A matter of gender equality. The Donors Working Group on Female Genital Mutilation/Cutting. http://www.fgm-donor.org/publications/dwg_platform_action.pdf