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PANEL DISCUSSION

Changing social norms to achieve gender equality: expectations and opportunities

Shifting Social Norms in addressing Female Genital Mutilation: What works

by

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*The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

1. Introduction

A Somali Poem, *The Three Feminine Sorrows*, offers a description of how FGM affects a woman's life: "It is what my grandmother called the three feminine sorrows. She said the day of circumcision; the wedding night and the birth of a baby are the triple feminine sorrows" a woman of courage in Somalia (Anoon) in C. Momoh (ed) *FGM* (Radcliffe, Oxon 2009).

Female Genital Mutilation (FGM) is the practice of partially or totally removing the external female genitalia or otherwise injuring the female genital organs for non-medical reasons. It is often believed to be a requirement for marriage and necessary to control women's sexuality. FGM is a reproductive health and human rights concern that has devastating short-term and long-term impacts on the lives of women and girls. The procedure is risky and life-threatening for the girl both during the procedure and throughout the course of her life. FGM is considered a harmful practice and a form of violence against women.

2. The campaign against FGM

Landmark events were the adoption of General Recommendation No. 14 on female circumcision¹ (1990) and General Recommendation No. 19² on violence against women (1992) by the Committee on the Elimination of Discrimination against Women, the World Conference on Human Rights (1993), the International Conference on Population and Development (ICPD) in Cairo (1994) and the Fourth World Conference on Women in Beijing in 1995³.

The classification of FGM as an international human rights violation has been reinforced by various United Nations agencies, for example in the 1997 joint statement against FGM by the World Health Organization (WHO), United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF)⁴ and in 'Eliminating female genital mutilation: an interagency statement' in 2008.⁵ These statements expressed the common commitment of United Nations entities to continue working towards elimination of FGM within a generation. This commitment is exemplified by the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating change, initiated in 2008. It supports 17 countries to accelerate the abandonment of FGM.

The majority of countries worldwide have committed themselves to protecting the rights of women and girls by ratifying a number of international and regional treaties. In December 2014, the United Nations General Assembly (UNGA) adopted Resolution 69/150 on 'Intensifying global efforts to eliminate female genital mutilations' without a vote. This second global Resolution reiterated the commitment of Member States to take concrete actions towards realizing a world free from FGM by the next generation.

3. Prevalence of FGM

¹ Committee on the Elimination of Discrimination against Women, General Recommendation No. 14: female circumcision, 1990 (A/45/38 and Corrigendum).

² Committee on the Elimination of Discrimination against Women, General Recommendation No. 19: violence against women, adopted at the Eleventh Session, 1992, contained in document A/47/38.

³ United Nations Population Fund 2014. *Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation*. New York

⁴ World Health Organization, 'Female Genital Mutilation: A joint WHO/UNICEF/UNFPA Statement', 1997.

⁵ World Health Organization, 'Eliminating female genital mutilation, An interagency statement', OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, 2008.

Despite the global and national efforts to eliminate the practice, FGM still remains widespread in different parts of the world. Over 140 million girls and women have undergone female genital mutilation. The practice is most common in 29 countries in Africa; in some countries in Asia, the Middle East⁶ and Latin America;⁷ and among migrants from these areas. Prevalence of FGM varies across countries as it is a practice strongly influenced by sociocultural contexts in each of the countries. Prevalence among girls aged 15 to 19 ranges from 96.7 per cent (Somalia) to 0.4 per cent (Cameroon), indicating a wide regional variation, with all the implications that has in terms of advocacy and programming.

Reduction in FGM prevalence is observed in most of the countries but at different levels and generally at a rate that is by far below what the situation actually demands. If the current trend continues, UNFPA projects that 86 million girls born from 2010-2015 are at risk of being cut by 2030. Hence, there is a need to accelerate efforts to have meaningful impact in the lives of girls and women who are at risk of the practice.

4. Programmatic approach: What Works?

While strategically leveraging social dynamics in favour of abandonment, there is a need to provide a solid framework for reaching both rights holders and duty bearers – maintaining a focus on the girls and women whose rights are violated by FGM, while engaging Governments and other parties that have the responsibility to eliminate FGM. The approach needs to address a combination and relative balance of strategies, as well as the choice of entry points, actors and nuances of messages.

5. Creating a movement to eliminate FGM

At the national level, it is important to educate political leadership on the issue, cultivating networks of supporters and activists working in communities, and disseminating information about local, regional and global developments. One of the most important steps is to increase the awareness of key national actors and their ownership of, and commitment to, FGM abandonment.

6. Advancing coordination and improving capacities

In several countries, national committees chaired by the government and composed of key stakeholders from other units and CSOs are coming together to address the elimination of FGM. In most programme countries, financial and technical support is provided to create or reinforce formal, usually government-led, coordination bodies. National stakeholders who were consulted during the evaluation (2013) agreed that improved cooperation with other actors had strengthened their individual and collective capacities to affect change.

It is important to support the development of policies, plans and programmes, as well as enforcement of national and decentralized laws. Progress in the national arena is carefully paced in relation to each country's starting point. One key lesson learned is the importance of timing efforts aimed to influence legislation. We learnt that we need to slow down efforts in Somaliland, for example, to ensure solid support and understanding by the President and Members of Parliament of

⁶ WHO, 'Sexual and Reproductive Health: Female genital mutilation and other harmful practices'; see website: www.who.int/reproductivehealth/topics/fgm/prevalence/en/index.html.

⁷ FGM has been documented among the Embera-Chami, an indigenous community in Colombia.

the importance of addressing all forms of FGM before moving ahead with bringing a comprehensive decree up for adoption.

7. Translating legislation into action

States have the duty to ensure adequate national legal provisions to stop FGM, including through criminalization, appropriate enforcement and prosecution. Countries are reporting varying degrees of enforcement of the law, with many challenges remaining related to lack of resources, limitations in the capacities of law-enforcement agents, and geographical constraints in remote areas. National stakeholders consulted during the 2013 Evaluation, however, agreed that the existence of a law prohibiting FGM provided them with leverage and legitimization for their advocacy work.

Similarly, the process of informing people about a new law offers opportunities to discuss FGM in public, thereby raising awareness – and potentially leading to personal action. Effective enforcement of the law is being developed according to the community's needs and aspirations while complementing community-owned approaches to social change. Prosecutions fulfil many functions other than punishment. In the case of FGM, they are one way to make visible government commitment to ending the practice, a main result indicator. The existence of a law, the capacity-building of law enforcement agents, the establishment of a national policy and plan of action are resulting in more cases taken to court. Media coverage of prosecutions can further inform people about legislation and a Government's will to enforce it. Example, in **Burkina Faso**, seven cases of FGM involving 33 girls under 15 years old, including new-borns, were recorded during 2012. Four of these girls died, and three cutters were arrested, along with their nine assistants. Following four hearings, the cutters and five of their accomplices were sentenced to between one month and a year of imprisonment, plus two months of parole. In 2013, seven other people were convicted under the Criminal Code.

8. Bolstering health workers' capacities to deliver quality sexual and reproductive health services

Working with health providers has two components:

- i. The medicalization of FGM has constituted one of the greatest threats to abandonment. All efforts need to be made to prevent and stop medicalization through a number of strategies: adequate policies in SRH, increase skills by integrating FGM into training curricula, looking at the provider as a community member who may value the same norm of FGM and prosecute health providers who break the law. The recent case of a doctor in Egypt who was convinced after the death of a 9 years old girl is a good practice.
- ii. However, health workers are increasingly standing up against the practice. Today, in Mauritania, a woman giving birth to a baby girl knows that her midwife will inform her about the harms of FGM and will intervene if someone tries to pressure her into it. This is because the National Association of Midwives has publicly declared that it opposes FGM and that it will actively promote its abandonment in the communities that its members serve.

9. Fostering local-level commitment

Contextual factors influenced operationalization. These factors included the extent and ways in which the practice of FGM is primarily linked to religious values and beliefs (for example, interpretations of Islam, such as in Somalia, the Sudan or parts of Kenya) and to values surrounding cultural identity. Such factors influenced the choice of key messages, information channels and actors/speakers engaged in distributing information on FGM.

Similarly, programme strategies are influenced by the age at which FGM is typically performed in a country or community. The use of alternative rites of passage, for example, makes sense only in settings where FGM is conducted as a rite of passage for older girls – as in parts of Kenya, Tanzania and Uganda. A stronger focus on providing information during antenatal and postnatal care is appropriate in contexts where FGM tends to be performed at an early age, for example, among the Somali community.

10. Activating interconnected strategies

A social norms perspective – reframing concepts and traditions related to FGM – is at the core of the framework. A comprehensive approach is developed, employing a carefully selected mix of interconnected strategies conducive to bringing about the elimination of FGM. Key examples include support for the Saleema Initiative in the Sudan and promoting the use of alternative rites of passage, such as in Uganda, Tanzania and Kenya. Both of these initiatives built on existing positive values and community needs.

In the Sudan was the replacement of words such as *ghalfa*, which has highly negative connotations in reference to uncut girls, with words that describe being uncut as a natural, desirable state. Rather than seeking to discredit a long-held tradition, the campaign created a new social norm to take its place – one that values and celebrates girls who are *Saleema* – an Arabic woman’s name that holds such meanings as whole, healthy in body and mind, unharmed, intact, pristine, untouched, in a God-given condition and perfect. The Saleema Communication Initiative grew out of the recognition of a language gap in colloquial Sudanese Arabic: previously, there was no positive term for uncircumcised women and girls.

Educational activities and community dialogues create a non-threatening space where people could re-evaluate their own beliefs and values regarding FGM. Some examples include community education sessions, religious and traditional leaders’ public statements delinking FGM from religion.

Another example: Nancy Tomee is a young woman from the Pokot community in Kenya, where FGM is traditionally practiced as a rite of passage to womanhood. When Nancy’s family decided she was old enough to undergo FGM, she refused and escaped by struggling free and running away. Nancy resisted FGM for seven long years, during which she endured much bullying and abuse. When Nancy returned home after completing her primary education, her parents again pressured her to undergo FGM. She was able to avoid that fate again because a local group persuaded her parents to allow her to undergo an alternative rite of passage. Today, she is 21 years old and a passionate advocate for other girls who want to escape FGM.

The alternative rites are accompanied by participatory education that engages the whole community. Participating girls are provided with instruction on a wide range of topics designed to help equip them for adulthood. These include the positive values of the local culture, life skills, communication

skills, self-awareness, family relationships, sexuality, coping with adolescence, sexually transmitted diseases, HIV/AIDS and gender-based violence, as well as human rights and FGM as a violation of those rights. Through this process, girls are equipped to become mentors and role models for their peers and to participate in development processes in their homes, schools and the community.

11. The value of public declarations: amplify changes

Facilitating public declarations of FGM abandonment is a strategy to make visible the change and encourage other to join the new norm. Public declarations are likely to have some positive influence on existing social norms surrounding the practice. Consulted stakeholders in all countries noted that a public commitment, especially if made by community leaders, applied social pressure that made it difficult for the individuals to return to prior practices and contradict a pledge. Moreover, declarations and pledges constitute important events in the ongoing public discourse on FGM, and are likely to influence what positions and views are perceived as being socially acceptable.

12. Creating a ripple effect: communication and mass media

Given the complicated nature of FGM and frequent misinformation about the practice, building the capacity of those in the media to cover the subject accurately and compellingly has become a major priority. Newspaper articles and television/radio programmes discussed the benefits of ending the practice, and helped shape the ongoing public discourse on FGM. Involving national and local media, including local/community radio in local languages, as well as television, print media, posters and billboards, was instrumental to spread information, particularly in remote rural communities. In some countries, social media provided an especially effective platform for engaging adolescents.

13. The way forward

The relationship between legislation, human rights and positive social change manifested in efforts to support abandonment of FGM is complex. Gaining a better understanding of the mechanisms that address changes in social, political and legal norms is crucial to end FGM. Alternatively addressing the complex interactions between laws, policies and communities is necessary for positive, sustainable change. Much progress had been made in recent decades. The leadership of governments and their support of eliminating FGM have led to strengthened legal and policy frameworks at national and subnational levels; awareness and knowledge of FGM by national actors and community members has grown; increased commitment of community leaders and people to FGM elimination and significant changes in public discourse.

However, the practice of FGM has yet to be eliminated. Human rights can help to accelerate the changes needed to end the practice, and to achieve gender equality, but they must not only exist on paper. Human rights need to become a reality in the daily lives of women and girls. Despite numerous developments and progresses, FGM prevalence is still at an unacceptable level and the lack of accountability for violations experienced by girls and women is the rule rather than the exception in many countries. Globally, Member States have acknowledged that FGM is a human rights violation. However, this acknowledgement has not yet led to the adoption of necessary intensive solutions that are coherent and sustainable, and which would lead to elimination of the practice.