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THE ROLE OF POLICYMAKERS IN ENDING FEMALE GENITAL MUTILATION: AN AFRICAN PERSPECTIVE

“As we look for solutions to FGM, we must remember that it is not just about abandonment, it is also about empowerment.”

The idea of intentionally harming—let alone mutilating—healthy young girls stirs deep feelings of cruelty and anger and injustice. The fact that thousands of girls are mutilated daily in the name of culture, religion, or gender is difficult to imagine. Yet this is the reality—more than 100 million girls and women around the world have been mutilated in the most personal, intimate parts of their bodies.

Female genital mutilation (FGM), also sometimes called female genital cutting or female circumcision, comprises all procedures involving partial or total removal of the external genitals of girls and women for nonmedical reasons. The practice has no health benefits and brings harm and grave pain to girls and women.

FGM damages normal female genital tissues and interferes with natural functioning. The devastating health and social effects to women are both immediate and long term. The effects on health include urinary and reproductive tract infections, which can lead to infertility. FGM makes childbearing more difficult, increasing the risk of death during childbirth for mothers and their babies. The re-use of razorblades may increase the risk of HIV.

From a social perspective, FGM is recognized as a violation of the human rights of girls and women. It reflects inequality between the sexes and constitutes an extreme form of discrimination against women. The practice violates a person's right to health and security and physical integrity; the right to be free from torture and cruelty; and indeed, the right to life, as the procedure may result in death.

Who Is at Risk?

The number of women and girls affected by FGM is hard to fathom. The numbers—100 million to 140 million women—exceed the size of the population in Tanzania, Kenya, Uganda, and Rwanda combined. Another 3 million girls and women are at risk of being cut this year on the African continent alone.

Girls are usually cut somewhere between infancy and age 15, often between ages 4 and 8. In some regions, FGM is postponed until just before marriage or after the birth of a woman's first child.

Despite global efforts to promote the abandonment of the practice, FGM remains widespread. In Africa, at least 28 countries practice FGM and there are some reported cases in western Asia as well as in India, Indonesia, and Malaysia. In some developed

The Honorable Amina Salum Ali is the Permanent Representative of the African Union to the United States. Born and raised on the island of Zanzibar and educated in India, Ambassador Ali has held various ministerial positions in the Tanzanian government, including minister of finance and minister of the treasury, as well as member of Parliament.

As the African Union's first woman ambassador to the United States, Ambassador Ali is committed to promoting women's and children's rights. In agreeing to author this paper on FGM, she said “this is a topic which is close to my heart.” Her first introduction to FGM was as a member of Parliament in Tanzania when a local NGO presented to the Parliament a heart-wrenching video on FGM, a practice most common in central and northern Tanzania but virtually unknown in other parts of the country. The dismissive reaction of the other ministers to the mutilations shocked Ambassador Ali and she challenged them, saying “this could be your daughter or my daughter.” From that time, she has vowed to work for an end to this practice through laws and education.

In December 2009, the ambassador made a trip home to Tanzania, where she met with leading women policymakers to discuss the current status of FGM practices in the country and “to hear the advice of several political leaders—particularly women leaders—who are on the front line in the fight to eliminate FGM.” While important lessons have been learned, much remains to be done. This occasional paper is her challenge to all policymakers to join her in ending this harmful practice.

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countries, FGM is still being upheld by African immigrants, some of whom send their daughters home to be cut.

One of the common explanations for the continuation of the practice is that FGM is a traditional practice that has been passed down from generation to generation. Ending FGM will not happen overnight; it is a practice that has been embraced for many years in many cultures by Muslims, Christians, and animists—although many scholars make a strong case that no religion either mandates or sanctions this harmful practice.

How Can We End FGM?

The messages I heard from Tanzanian policymakers on my recent visit reinforce my own strongly held conclusion: The most effective way to end FGM is through education, information, and advocacy that will raise public awareness and bring about changes in attitudes within communities where FGM is practiced. Several organizations have made the case convincingly in countries such as Senegal (Tostan), Ghana (Navrongo), and Ethiopia (IntraHealth and CARE).

Countries may pass laws to eradicate FGM, but legal instruments by themselves cannot end the practice since traditions and beliefs are strong and deeply rooted in societies. In order to eradicate a culturally embedded practice such as FGM, legal actions must be combined with initiatives that bring about changes in these beliefs and attitudes. And education is critical for bringing about these changes. Indeed, it is a complex partnership—laws provide a basis that can allow governments and policymakers to end this practice, and provide punishments when it is carried out. At the same time, activists are empowered to do their work more effectively when their efforts have a legal grounding.

Clearly, public education—raising awareness about its negative consequences—and the support of community leaders are vital in producing behavior change, and have been essential to the success of the campaign to end FGM. Life-skills education combined with other pertinent issues on FGM prevention should be encouraged in schools. Sexual and reproductive health and knowledge of what exactly happens during female genital mutilation should be integrated into biology and hygiene lessons.

International Human Rights Covenants

There have been a number of successful initiatives in the global arena thanks to the adoption of international legal instruments. The very process of creating international consensus on an issue such as FGM creates a forum for brainstorming, discussion, and dialogue among the world's policymakers who are interested in achieving change.

Policymakers in the African continent have a great role to play in enacting and implementing the international conventions and

protocols that advocate for women and children's rights in their own countries. They can draw on a number of policy initiatives that have been undertaken on the African continent, as well as at the regional and country levels. Consensus within the continent and within regions is especially important, as it gives policymakers added authority to return to their home countries and districts with resolution and determination to eliminate FGM.

Many international covenants provide powerful platforms to foster grassroots efforts in ending FGM. As early as 1948, the Universal Declaration on Human Rights provided a solid foundation for classifying FGM as a human rights violation. In the intervening years, numerous efforts—including the 1987 Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the 1989 United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the 1995 Beijing Platform for Action—have all soundly endorsed the elimination of FGM as a violation of human rights.

Within Africa, numerous conventions provide a further legal basis for ending FGM, including the 1982 African Charter on Human and Peoples' Rights, which addresses traditional harmful practices, and the 1999 African Charter on the Rights and Welfare of the Child.

African countries are increasingly adding their voices to the calls to end FGM. Some form of legislation has been approved in at least 19 African countries: Tanzania (1998); Benin (2003); Burkina Faso (1996); Central African Republic (1966); Chad (2003); Cote d'Ivoire (1998); Djibouti (1994); Egypt (2008); Eritrea (2007); Ethiopia (2004); Ghana (1994); Guinea (2000); Kenya (2001); Mauritania (2005); Niger (2003); Senegal (1999); South Africa (2005); Togo (1999); and, most recently, Uganda (2009), in which practitioners will receive a 10-year prison sentence for performing FGM. This is an impressive list, although without enforcement the legislation is just words on paper.

Beyond Laws

In addition to laws, there are other effective tools that must be used in order to achieve the elimination of FGM, including better access to education and women's empowerment, socio-economic development, and other innovative methods within societies to replace FGM.

It cannot be emphasized enough that education is critical to changing people's attitudes toward FGM. Not only education on the harmful impact of FGM on women and infants, but education as a source of empowerment for women, as a means to bring information to women, as a first step in giving them power to make informed decisions.

By education, I am not just speaking about schools and books. Gender education, sexual and reproductive health education, education about the value of women directed toward all people—including men and boys—is vital to making the needed change. These programs must be offered through schools, in families, and in the community so that all people—from the unskilled worker to the highest-level decisionmaker—can fully comprehend the emotional, physical, and psychological damage that FGM imposes upon women and societies. And youth in particular should be targeted by these educational and advocacy efforts to ensure that FGM is not passed on from generation to generation. Surely the laws and the education must take root in Africa, but there is also an important role for Western countries to play in raising awareness about FGM, providing information to national policymakers, as well as to donors and funders who can exercise influence through supporting laws and programs that eliminate FGM. Indeed, as immigrants bring this harmful practice to Western countries, FGM is affecting women all over the world.

Socioeconomic Development

It is often said that a woman's marriageability is one of the key considerations in the continuation of FGM. Therefore, socioeconomic development initiatives in Africa are important, as they can eradicate poverty and enhance the economic status of women. If we foster general education and career opportunities for women, it will surely decrease their dependency on men for their livelihood. Once women perceive other viable options for security and survival besides marriage, it provides them with an opportunity to cease the practice.

Economic development programs must especially target and empower women by providing microfinance, skills development, and more opportunities for education to the girl child. Successful projects, for instance in Egypt, carried out by the Coptic Evangelical Organization for Social Services (CEOSS) and CEDPA, place particular emphasis on improving the status of women by supporting education and community development projects, including income-generation activities and agriculture, and also by establishing an effective partnership with male and female community leaders.

Innovative Methods

Alternative rites-of-passage ceremonies have been proposed as among the promising approaches to ending FGM. Various grassroots organizations in East Africa, particularly in Tanzania and Kenya, have used this approach, which maintains traditional symbolism and values while adding an empowering program of reproductive rights and health education. Traditional dances, singing and feasting, gift giving, and the teaching of values and norms of culture without the cutting have yielded success.

Lessons From Tanzania

During my recent trip to Tanzania in December, I met with girls and women, and advocates and leading women politicians, to get a sense of how things have changed in the last few years in Tanzania since I lived there. They told me there have been some successes but also some setbacks. They reported that many excisors, the women who perform the cutting, have laid down their tools and undergone income-generation programs so that they can stop the cutting and yet have alternative means of livelihood. At the same time, it was disturbing to hear that the cutting continues in many regions but is now being done in less detectable manners. For example, it is now being performed on women at the time of childbirth, so that when they return from giving birth, they have been cut. Also, it is being performed on infants before age 1.

The women I spoke with felt strongly that there is still a desperate need for more advocacy efforts; for closer interaction between policymakers at all levels—from the grass roots to society's opinion leaders; and for the inclusion of youth. I heard time and again that more funding is needed for capacity building and income-generation programs for women. Only by such raising up of women will there be a change in society's philosophy on marriage; only through giving opportunities to women to attain status in society will FGM end.

They felt too that grassroots efforts are crucial, where the messages of education and empowerment can resonate, where community and cultural leaders encourage women's groups in villages to design new rites-of-passage rituals. These new rituals can be an opportunity for educating young women on sexual and reproductive health issues, on HIV and other health-related topics, and for life-skills education to prepare young women for the future.

Conclusion

As we look for solutions to FGM, we must remember that it is not just about abandonment, it is also about empowerment—empowerment through educating women, men, and communities at large. It is about raising consciousness so that people can change their attitudes toward this outdated cultural practice. Women's self-worth should not be tied to undergoing female genital mutilation; rather, women should be respected and respect themselves because of their positive contributions to society. The elimination of FGM is a health, social, and economic issue to be vigorously pursued by policymakers everywhere.

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Useful Websites

Center for Reproductive Rights

<http://reproductiverights.org/en/document/female-genital-mutilation-fgm-legal-prohibitions-worldwide>

Child Info

www.childinfo.org/fgmc_challenge.html

INTACT Network

www.intact-network.net/

No Peace Without Justice

www.npwj.org/FGM/overview.html

Pambazuka News

www.pambazuka.org/en/category/

UNICEF

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www.usaid.gov/our_work/global_health/pop/publications/docs/eradicatefgc.html

Resources

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