
Reproductive Health

Social and Behavioral Science Research (SBSR)

2009

Female genital mutilation/cutting: Change is possible

Frontiers in Reproductive Health

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Recommended Citation

"Female genital mutilation/cutting: Change is possible," FRONTIERS Legacy Themes. Washington, DC: Population Council, 2009.

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Legacy Series:

FEMALE GENITAL MUTILATION/CUTTING

Change Is Possible

Changing long-standing cultural practices—even when such practices are harmful—is difficult. But the impressive success in reducing the acceptability and incidence of female genital mutilation/cutting (FGM/C) in several settings shows it is possible. Research by FRONTIERS in Burkina Faso, Ethiopia, Egypt, Kenya, Mali, and Senegal has provided insight into sociocultural and religious underpinnings of FGM/C and have identified approaches that, over time, have contributed to individual and community decisions to abandon the practice. This information can help reduce risk of undergoing FGM/C faced by three million girls and women every year.

Clarify goals and tailor approaches

Define goals and indicators. It is vital to clearly determine the goals of any intervention before implementation, through setting benchmarks for success, including appropriate indicators, and planning to evaluate effects rigorously. Well-designed projects informed by empirical evidence and designed to allow strong scientific evaluation are crucial if valid conclusions are to be made on effectiveness. Challenges in measuring abandonment of FGM/C exist because of difficulties in confirming validity of reporting whether or not the practice has taken place; denial is common where the practice is illegal or socially unacceptable. Measuring progress with, and understanding the social dynamics of, the process by which abandonment happens is critical to make conclusions useful to communities and program managers (Askew 2005; Diop, Moreau, and Benga 2008; Diop et al. 2008; Population Council 2002).

This paper is part of a series of eight *Legacy Papers* synthesizing major lessons learned through research conducted under the Frontiers in Reproductive Health Program (FRONTIERS).

The full set of *Legacy Papers* includes:

- Capacity Building
- Family Planning
- Female Genital Mutilation/Cutting
- Gender
- Integration of Services
- Sustainability of Services
- Utilization of Research Findings
- Youth Reproductive Health

The complete reports referenced in these papers are available online:

www.popcouncil.org/frontiers

Impact of village empowerment in Senegal

"We have stayed on this path up to the present because it was a general decision taken by the village. We abandoned it; it is no longer practiced in the village. Since the public declaration I have neither seen nor heard of anyone circumcising his daughter in the village or beyond."

--community member, female, age 39

Abandon the practice or only make it safer? Anti-FGM/C campaigns focusing solely on negative health consequences have, in some cases, inadvertently led to its undertaking by health personnel (termed “medicalization”) and to less severe forms of cutting, rather than communities giving it up. Health providers must be made aware practicing FGM/C abuses human rights of girls and goes against medical ethics, and so must be supported to resist financial motivation to provide medicalized cutting (Njue and Askew 2004).

Interventions and goals should match a community’s readiness for social change.

FGM/C is practiced for a variety of reasons differing by ethnic groups even within the same country. It is essential, therefore, to tailor any intervention to address community rationale for FGM/C and take into account readiness to openly question and address the issue.

Where questioning is already underway, assertive advocacy strategies may add momentum to ongoing social change. Where communities continue to strongly support FGM/C, efforts to encourage abandonment should stimulate community-wide discussions about socio-cultural reasons for cutting, by identifying reasons why it is harmful (Chege, Askew, Igras, and Muteshi 2004; Chege, Askew, and Liku 2001; Jaldesa, Askew, Njue, and Wanjiru 2005).

Use a Multi-faceted Approach

The most effective approaches for abandonment of FGM/C are multi-faceted, intervening at many strategic points and promoting a different norm publicly. A community-led education program using a holistic approach can accelerate a collective decision to abandon FGM/C. Interventions to eliminate FGM/C within existing community-based reproductive health care projects can increase knowledge of harmful physical, social, and psychosexual effects, elicit public debate and public declaration of abandonment (Chege, Askew, Igras, and Muteshi 2004; Diop, Moreau, and Benga 2008; Diop et al. 2004a; Diop et al. 2004b).

Deciphering the Terms: Circumcision, Mutilation, or Cutting?

The terminology applied to this procedure has undergone a number of important evolutions. When the practice first came to be known beyond the societies in which it was traditionally carried out, it was generally referred to as “female circumcision”. This term, however, draws a direct parallel with male circumcision and, as a result, creates confusion between these two distinct practices. In the case of girls and women, the phenomenon is a manifestation of deep-rooted gender inequality that assigns them inferior positions and has profound physical and social consequences. This is not the case for male circumcision, which may help to prevent transmission of HIV/AIDS.

“Female genital mutilation” (FGM) gained growing support in the late 1970s. The word “mutilation” not only establishes a clear linguistic distinction with male circumcision, but also, due to its strong negative connotations, emphasizes its gravity. In 1990, this term was adopted at the third conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) in Addis Ababa. In 1991, WHO recommended the United Nations adopt this terminology and subsequently, it has been widely used in UN documents. The use of the word “mutilation” reinforces the idea this practice is a violation of girls’ and women’s human rights, and thereby helps promote national and international advocacy towards abandonment.

At the community level, however, the term can be problematic. Local languages generally use the less judgmental “cutting”; parents understandably resent the suggestion they are “mutilating” their daughters. In this spirit, in 1999, the UN Special Rapporteur on Traditional Practices called for tact and patience regarding activities in this area and drew attention to the risk of “demonizing” certain cultures, religions and communities. As a result, “cutting” has increasingly come to be used to avoid alienating communities. To capture the significance of the term “mutilation” at the policy level, and at the same time, in recognition of the importance of employing nonjudgmental terminology with practicing communities, the term FGM/C is used throughout this document (UNICEF 2005).

Focus on reducing social support rather than abandonment by practitioners. Approaches focusing only on seeking to “convert” excisors through education and providing alternative revenue, or passage of laws to criminalize the practice are not sufficient because they do not address underlying social norms supporting FGM/C (Population Council and CNRST 1998). By contrast, broad-based approaches such as the Tostan community education program reduced support for FGM/C by addressing a range of community concerns. Participants received literacy and numeracy training and education on human and civil rights, health, and hygiene. When such approaches are tailored to meet community needs and expectations, they have a much greater chance of effecting a change than narrowly focused interventions (Diop et al. 2004a; Diop, Moreau, and Benga 2008).

Changes in approval ratings for FGC following implementation of the Tosatan community education program, Senegal				
	Participants		Comparison group	
	Baseline	Endline	Baseline	Endline
Women				
Approve of FGC	72%	16%	89%	60%
Will cut daughters in the future	71%	12%	89%	54%
Men				
Will cut daughters in the future	66%	13%	78%	56%
Prefers a woman who has been cut	-	20%	-	63%

Implementing laws against FGM/C is an effective component of change. Laws against FGM/C are an important policy commitment and create an enabling environment. When adequately implemented, their impact on abandonment is effective. However, the law needs to be preceded and complemented by education campaigns and advocacy and sensitization of leaders. Abandonment of FGM/C in Burkina Faso mostly coincides with adoption and application of the 1996 law banning FGM/C, effective in large part due to systematic enforcement (Diop et al. 2008).

Approaches using alternative rites can only work where FGM/C is an integral component of a social rite of passage and must be preceded or accompanied by community sensitization. Understanding the socio-cultural context and rationale for the timing and type of cutting practiced by a community is essential before activities to stimulate abandonment are initiated (Chege, Askew, and Liku 2001).

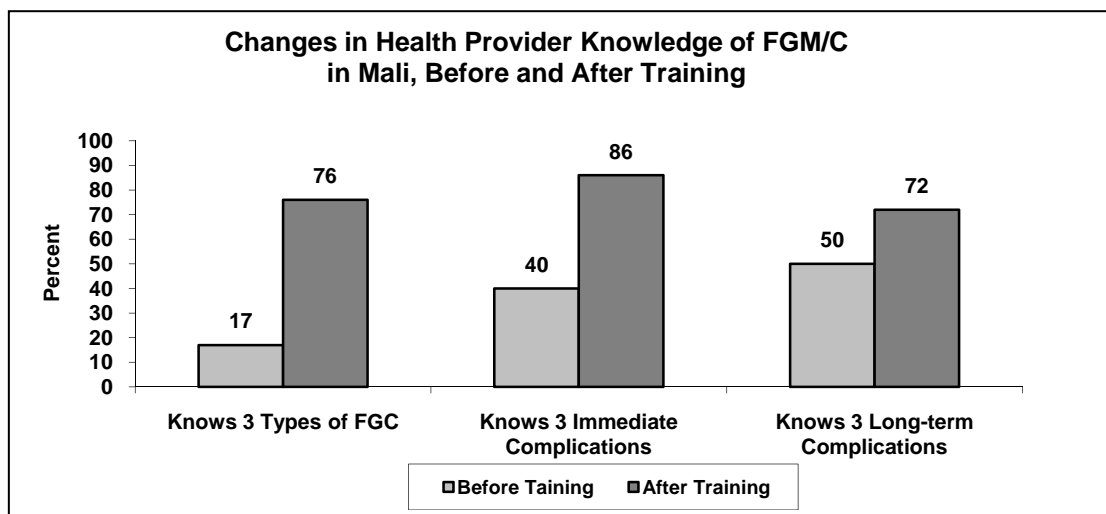
Engage Key Partners

Use the media. Public discussion of FGM/C, led by respected community leaders and supported through intensive media campaigns, can help communities openly question and confront this traditional norm. Confrontation of longstanding cultural norms is facilitated by generational change, migration, education, and globalization of culture by mass media (Diop et al. 2004a; Diop et al. 2008).

Changes for a New Generation in Burkina Faso

Among women between 15 and 19 years of age, the level of FGM/C is over 50 percent, whereas for girls of less than 5 years of age, the level is around 20%, and is under 10 percent in Bazega Province.

Medical providers can be effective change agents within communities. Addressing provider attitudes and enhancing their communication skills is crucial so they can advocate against FGM/C (Population Council and CNRST 1998; Sheikh Abdi 2007; Jaldesa, Askew, Njue, and Wanjiru 2005; Njue and Askew 2004).



In areas where FGM/C is entrenched through a belief it is an Islamic requirement, a community-based intervention **working with Islamic leaders and scholars on religious aspects of FGM/C is paramount.** Engagement of credible religious leaders as advocates for total abandonment (and not reduction in severity or medicalization) is critical, and an absolutely necessary initial step (Sheikh Abdi 2007; Jaldesa, Askew, Njue, and Wanjiru 2005).