WHO HIFA-EVIPNet monthly rendezvous

Female genital mutilation

1 – Key points

Health complications:

- Very negative multiple impact on health;
- Severity depends on the type of circumcision, but all forms are unacceptable from a public-health perspective;
- The main consequences are pain, haemorrhage and infections that increase the risk of secondary infections of the urinary tract, cysts, fistulas, obstetric complications, higher risk of stillbirths and maternal mortality, need for reparatory surgery, and higher risk of contracting miscellaneous infections (HIV, hepatitis), etc.

Epidemiology and data situation:

- According to UNICEF, the prevalence rate is declining overall but slowly, and the results are highly differentiated by country;
- Level of education has a very positive impact on the prevalence rate;
- The exact number of women and girls affected is quite hard to establish, as is the impact on health owing to changes in access to health care;
- Owing to population growth, it is possible that the number of women and girls affected will continue to increase before starting to go down;
- We are still unable to specify a date for the definitive elimination of female circumcision, some countries could achieve elimination quite quickly whereas for others this is a more distant goal.

Actions to avoid:

- Medicalization should be proscribed as an unacceptable solution;
- Confusion of traditional practices with religious practices, these are not comparable.

Recommendations:

- Mass education should be considered a priority in efforts to reduce female genital mutilation, given that the rate of prevalence is highly differentiated according to level of education;
- Universal access to health care should also (1) raise awareness among parents of the medical risks of this practice and (2) facilitate treatment for affected women and girls, for example by limiting obstetric complications during childbirth and the associated cost;
- The involvement of religious leaders (as for example at Al Azhar University) is a plus and will help to change mindsets;
- Learn lessons from projects implemented by organizations working in the field (Tostan, Equilibres & Populations, etc.) to promote more systematic action by governments, which have responsibility for public health;
- Ensure that no health professionals are involved in this practice, mobilize networks of health professionals by taking a clear and firm stand (WHO, International Secretariat for Nurses in French-speaking countries (SIDIEF), etc.)
- Ensure coordination among stakeholders working to end FGM (e.g. the Let’s Talk about Circumcision (EPE) initiative of the Inter-African Committee, the Global Alliance Against Female
Genital Mutilation, etc.) to disseminate good practice, raise public awareness and take into consideration all aspects of the problem using a multidisciplinary approach.

- Follow the example of countries such as Kenya, where there is a strong commitment to eliminate the practice through multisectoral action, either through civil society or proactive and system-wide public policies.

Summary

Studies by WHO demonstrate that female circumcision is seriously damaging to health in so many ways, it should be totally eliminated, and its medicalization should be firmly resisted by all professionals. The actions taken by the relevant authorities, civil society and UNICEF demonstrate progress but they are still too slow. Interdisciplinary exchanges are an important force for spreading awareness and identifying what actions will be most effective. Exchanges in the HIFA-EVIPNet forum and interviews with experts show that the combined actions of the various stakeholders should produce meaningful results (experience in a number of countries already demonstrates this) provided there is powerful drive towards mass literacy in all the countries concerned.
2 – Summary of the discussions

The following actions were carried out during the week dedicated to FGM discussions:

- Presentation and discussion of different approaches, actions and existing initiatives;

1 – FGM is a complex phenomenon requiring a multidisciplinary approach.

The approach to FGM should include medicine, psychology, sociology, anthropology, theology, economics, law, and even philosophy.

2 – The States Members of the United Nations adopted a resolution in 2012, strengthened by another in December 2014, incorporating the consequences of FGM into the international diagnosis code. Medical and psychological treatment should thus be covered by health insurance.

3 – Changes in social behaviour require approaches borrowed from the social sciences, for example sociology, psychology and anthropology.

4 – Inter-religious dialogue and debate in Islamic schools are absolutely essential. We know fatwas exist, but these do not carry the same weight throughout the Muslim world. The practice is first and foremost traditional and is occasionally conflated with religion, adding to the confusion. FGM is not specific to one religion and is viewed differently within the same religion according to geographical or ethnic factors. For example in the Muslim world, some authorities such as Al Azhar University are clearly opposed to the practice.

5 – The economic impact of the practice should be considered and discussed. To date, a WHO study gives a rough idea of the obstetric costs in six African countries and UNFPA puts the cost of obstetric complications at US$ 3.7 million, but this is an underestimate. There are no data on the costs of other treatments, whether medical or psychological.

In 2014 UNFPA published a poster illustrating the situation if the rate of reduction remains unchanged. "Currently, the annual rate of reduction (ARR) of FGM/C is 1%. If this rate remains unchanged, it would take 60 more years, until 2074, to achieve our goal. (...) If current prevalence remains unchanged, in the year 2030, 8 countries will have more than 800 000 girls that have experienced some form of FGM/C."

6 – Fill in data and information gaps. Another economic approach would be to explore the economic loss to society, if we consider that women with severe health consequences have reduced working capacity and that girls with no primary or secondary education can contribute less to the well-being of society. In the last analysis, unfortunately, economic arguments will sway politicians much quicker than humanitarian considerations.

7 – The situation in other regions of the world: Thanks to the EIGE report, the situation in Europe (28 EU Member States plus Croatia) is somewhat better documented. Nevertheless, the report also indicates that better ways must be found to estimate the rate of prevalence in Europe. (Els Leye et al.: Towards a better estimation of prevalence of female genital mutilation in the European Union: interpreting existing evidence in all EU Member States, 2014; https://biblio.ugent.be/publication/5686504)

- Presentation and discussion of the various determinants and factors associated with female genital mutilation.
1 – The persons affected or concerned are almost never heard from. The introduction of heavier penalties simply drives practitioners further underground and gives the erroneous impression that the rate of prevalence has gone down.

2 – The rate of reduction of the practice in relation to population growth. In Mali, for example, estimated net population growth is approximately 3%, whereas the ARR of female circumcision is not, it seems, of the same order of magnitude. It is therefore perfectly possible that the number of affected women and girls will increase year on year in Mali.

Accordingly, the annual number of potential cases should be provided in addition to the prevalence rate in order to visualize the change in the number of women and girls affected and better assess the relevance of the strategies deployed to address the problem.

The rate of population growth also correlates with the rate of access to education in the general population, so questions need to be asked about the importance of educational strategies as a structural determinant in the decision to abandon female circumcision.

Circumcision is linked to poverty too, so it is also important to think about better resource allocation. Political will is therefore required, as is the need to take account of all prejudices that impede the eradication of circumcision.

It would be really interesting to compare literacy rates and the rate of reduction of circumcision practices by language area (English-/French-speaking).

- Presentation of national situations and miscellaneous case studies.

Reginald Nalugala, a researcher in the field of human development at Tangaza University in Nairobi (Kenya) said in the English-language HIFA forum that the debate on FGM in Kenya has evolved and that national television stations had covered a demonstration against FGM organized by a group of Masai women from Samburu, who nevertheless pointed out that if they encouraged their daughters to stop practising FGM, they would not find husbands. This illustrates the problem at the community level. He also mentioned that, while leading a student seminar on development, he was impressed by one Masai girl who had undergone the rites of passage accepted among the Masai without being circumcised. He said that what concerned mothers most of all in such cases was that their daughters would not find husbands.

Kenya has strong education policies that exercise a powerful structural effect upstream, and has witnessed a spectacular reduction in the rate of FGM. Has it been the very steep reduction in illiteracy that has enabled the various stakeholders to collectively recognize the dangers of circumcision, thereby facilitating initiatives in this area? And conversely, in countries where the reduction of illiteracy has not been so marked, is reluctance and resistance to FGM initiatives much stronger? Is there perhaps a link between high levels of literacy, ease of adoption of initiatives to prevent FGM, and the effectiveness and speed of such initiatives?

Is there a lack of political will to tackle FGM head on, or is there a lack of political will to invest in education, which will fundamentally change people’s mindsets and create the political will to address the problem of FGM directly?

Is the involvement of the media or the launching of awareness campaigns in rural and urban areas helpful in preventing female circumcision? It may be that photographs alone do not suffice, they fail to have the expected impact and no longer generate the necessary degree of anxiety among young girls. Will they influence the practitioners themselves? What are the reasons for this ancient ritual, the relationship between the sexes, culture and religion?
The fear of meddling with traditions that partly define cultural identity is so deep-rooted that, by itself, the "health consequences" argument will not suffice to change attitudes towards tradition. This argument tends to veer in the direction of the medicalization of circumcision, which is totally counterproductive.

Two nongovernmental organizations are doing excellent work to promote an end to female circumcision in Africa: Tostan and Equilibres & Populations.

In West Africa, the work of these two organizations uses on a human-rights approach to education. Their long-term goals are implemented in the field by locally recruited personnel familiar with the local languages and the social fabric of the communities involved.

Tostan for example is implementing a capacity-building or empowerment programme. This is a three-year project with a non-exclusive focus on female circumcision. The goal is to persuade the various communities involved (women and men, adolescents and adults) to discuss human rights, broaden their knowledge of health and hygiene, and learn to read and write in their native language. Facilitators lead informal education classes several times a week, which aim to build trust and encourage women and young girls to express themselves in a public forum. The participants gradually come to see circumcision as a violation of their human rights and understand the harmful effects of this practice on their health.

"Organized dissemination" of knowledge is initiated through public discussion events in villages or between the communities. The goal is to build consensus between the various communities, for whom female circumcision is a very powerful social norm. It should be remembered that, in a context in which sometimes more than 90% of girls and women are circumcised, it is very hard for a single family to abandon the practice, at the risk of the daughters being ostracized.

In this process, public declarations of abandonment of FGM are a particularly dramatic moment. The various communities gather for a festive ceremony to announce their decision to abandon the practice and thus demonstrate that the social norm is changing. This step is the culmination of the process, naturally. It is rare that the entire community is convinced of the need to stop FGM. But it does mean that a critical mass has reached a tipping point. Education and awareness efforts should continue. A comparative study by UNICEF is attached: "The dynamics of social change. Towards the abandonment of female genital mutilation/cutting in five African countries" : http://www.unicef-irc.org/publications/pdf/fgm_insight_eng.pdf

This study sheds light on the various methodological approaches used by associations to promote the abandonment of FGM.

Government investment remains essential and the work of NGOs at community level needs to be supported by a network of health services to which rural populations do not always have access. National education also has a role to play in raising awareness. Although the law cannot resolve all the issues by itself, it can provide protection. Governments should demonstrate their commitment side by side with NGOs and civil society.

Senegal and Mali have instituted national plans to address the issue of FGM.