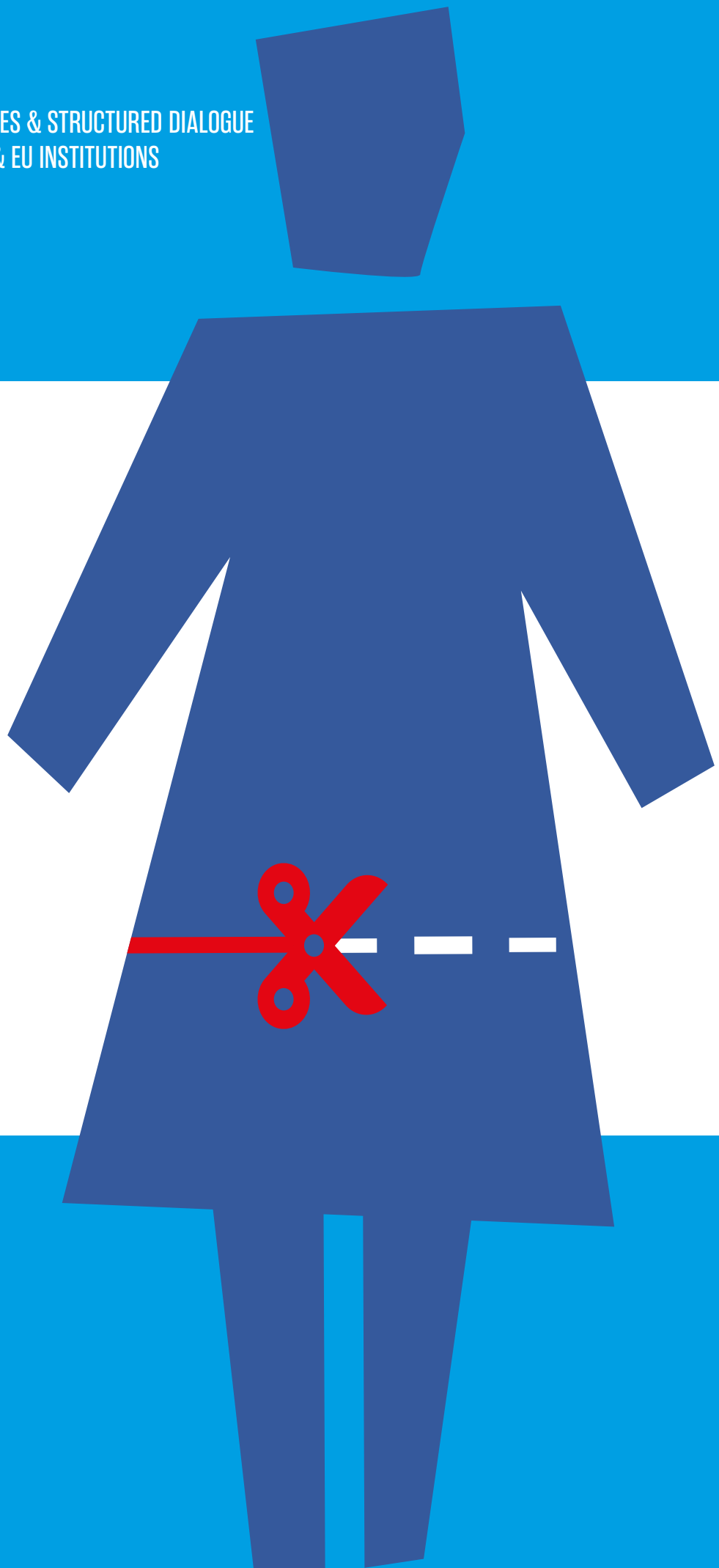END
FGM

COOPERATION, SYNERGIES & STRUCTURED DIALOGUE
AMONG CIVIL SOCIETY & EU INSTITUTIONS

POSITION PAPER

REPOSITIONING FGM AS A GENDER AND DEVELOPMENT ISSUE

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INTRODUCTION

This position paper reflects the views of the END FGM European Network, a Network represented by 11 organisations based in 10 European countries[1] which envisions a world where women and girls are empowered and free from all forms of gender-based violence, in particular female genital mutilation (FGM), where their voices are heard and where they can enjoy their rights and make informed choices about their lives.

In this paper, the issue of FGM is addressed as a major violation of women's and girls' human rights. It highlights basic facts on combating the practice and includes lessons learnt and promising approaches in development cooperation. It provides an overview of the causes and the harmful consequences of the practice on women's and girls' lives and makes reference to the legal regime found in international, European and regional conventions, treaties and consensus documents, through the promotion of a human rights based approach, using empowering and non-stigmatising language.

This position paper aims to serve as an advocacy tool towards the European Union institutions and decision-makers for proper mainstreaming of and resourced action on FGM in Europe and beyond, as a gender and development issue.

Finally, the position paper addresses a list of specific recommendations to all institutions, with specific reference to the EU and its Member States, towards a vision where FGM is abandoned and all women and girls can enjoy their sexual and reproductive health and rights, free of coercion, discrimination and violence. The recommendations facilitate the exchange of good practices to develop policies and innovative approaches to end FGM in Europe and beyond.

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1   Associazione Italiana Donne per lo Sviluppo (AIDOS) Italy, Akina Dada Wa Africa (AKIDWA) Ireland, Associação para o Planeamento da Família (APF) Portugal, Equilibres et Populations (EquiPop) France, De Federatie van Somalische Associaties (FSAN) Netherlands, Foundation for Women's Health Research and Development (FORWARD) United Kingdom, Groupe pour l'abolition des mutilations sexuelles (GAMS) Belgium, INTACT Belgium, Lebendige Kommunikation mit Frauen in ihren Kulturen e.V. Germany, Mediterranean Institute of Gender Studies (MIGS) Cyprus, Kvinnointegritet (Female Integrity) Sweden.

FEMALE GENITAL MUTILATION [FGM]

The World Health Organization defines FGM as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2008)." FGM results in physical and psychological health consequences that vary according to the type of cutting and personal experiences (WHO, 2008). As such, FGM impacts on the sexual and reproductive health and rights of women and girls and on the enjoyment of their human rights. The current dominant discourse on ending FGM focuses on the social norm approach, does not fully recognise the gender dimension and the development context of this human rights violation. This position paper explores some of the implications of FGM in terms of gender, human rights and development, with the aim to provide a more comprehensive approach to addressing FGM.

A GLOBAL OVERVIEW OF FGM

According to the last UNICEF Statistical Overview (UNICEF, 2013), in the 29 countries in which FGM is concentrated and in which data are available, more than 125 million girls and women have undergone FGM. However, the actual figures remain unknown, since reliable data on the magnitude of the phenomenon in these population groups are largely unavailable. The practice is most common in the Western, Eastern and North-Eastern regions of Africa and prevalence rates vary significantly from country to country (from nearly 98% in Somalia to less than 2% in Uganda) and also within countries. Indeed, at least in the African countries affected, the variations in FGM prevalence can be better understood by the ethnic composition of the population, rather than by nationality.

In the past, FGM was commonly thought to be confined to Africa, while today there is evidence of the practice being performed also in other communities in Asia and the Middle East (including Indonesia, Iran, Iraq, India, Malaysia and Pakistan), as well as in Europe, North America and Australia, through migrant communities from FGM affected countries.

In the last decade, landmark international agreements, including the International Conference on Population and Development (ICPD) Programme of Action, the Beijing Platform for Action and the 2012 UN General Assembly Resolution (A/RES/67/146) have addressed FGM as a central issue to the promotion of gender equality and sustainable development. Some regional African and European instruments, such as the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) and the Istanbul Convention, also exist that specifically address FGM and are key to finding sustainable solutions to combat the practice.

These human rights agreements recognise the practice of FGM as a form of gender-based violence, as a violation of women's and girls' rights and as a violation of their sexual and reproductive rights. These latter are central not only to programmes specifically addressing FGM with prevention and support services, but also to any effective population and development policy. Within this framework, achieving sexual and reproductive health and rights for all is crucial to eliminating extreme poverty and to ensuring a positive impact on the growth of society, on the environment and on social cohesion.

FGM AND MIGRATION

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The 2009 European Parliament resolution on FGM estimates that 500,000 women and girls are living with FGM in Europe and a further 180,000 girls and women are at risk of undergoing the practice each year (European Parliament, 2009). While there is a need for more data on the extent of the practice in Europe, many women and girls from FGM affected communities live in Europe. Some are migrant women and others are European citizens born in Europe from at least one parent with a migrant background. Some studies in Europe, including studies conducted in the UK, Norway and the Netherlands, indicate that second generation migrants born in Europe are less likely to be subjected to FGM, as families do not experience similar social pressure in Europe to that which they experience in their country of origin. However, families living in Europe continue to have strong ties, also through remittances, with their countries of origin and some may come under huge pressure to continue the practice of FGM. Moreover, many migrants feel their sense of identity is bound in upholding their ethnic social norms and values; this would explain the perpetuation of the practice in some communities.

Recent discourse on FGM is increasingly centred on the importance of "building bridges" between Africa and Europe. There is a general agreement that the link between communities in countries of origin and countries of destination impacts on the decision of whether or not to perform FGM. Despite this, the understanding of the practice is still very poor and needs to be further developed, both in terms of research and in identifying concrete actions and programmes.

REMEMBER

1 Systematic data collection is essential in all regions and countries where FGM is prevalent in order to develop and implement evidenced-based and targeted policy and programmes.

2 Since migrant communities living in Europe might play a role in the decision of whether or not to perform FGM, it is crucial to build bridges between the two continents in order to guarantee a policy response that takes into account all the elements leading to the perpetuation of the practice.

THE END FGM EUROPEAN NETWORK URGES THE EU INSTITUTIONS AND ITS MEMBER STATES TO:

1 Develop and support adequately resourced research and analysis on FGM, including the collection of comparable disaggregated statistical data in all affected regions and countries, from Europe to Africa, Asia and the Middle-East;

2 Support interventions aiming at building bridges between migrants living in Europe and communities in the countries of origin;

3 Promote, design and implement projects and programmes that take into account the role of migrants in contributing to the abandonment of FGM and the differences between newly arrived migrants and those already settled in the country of residence.
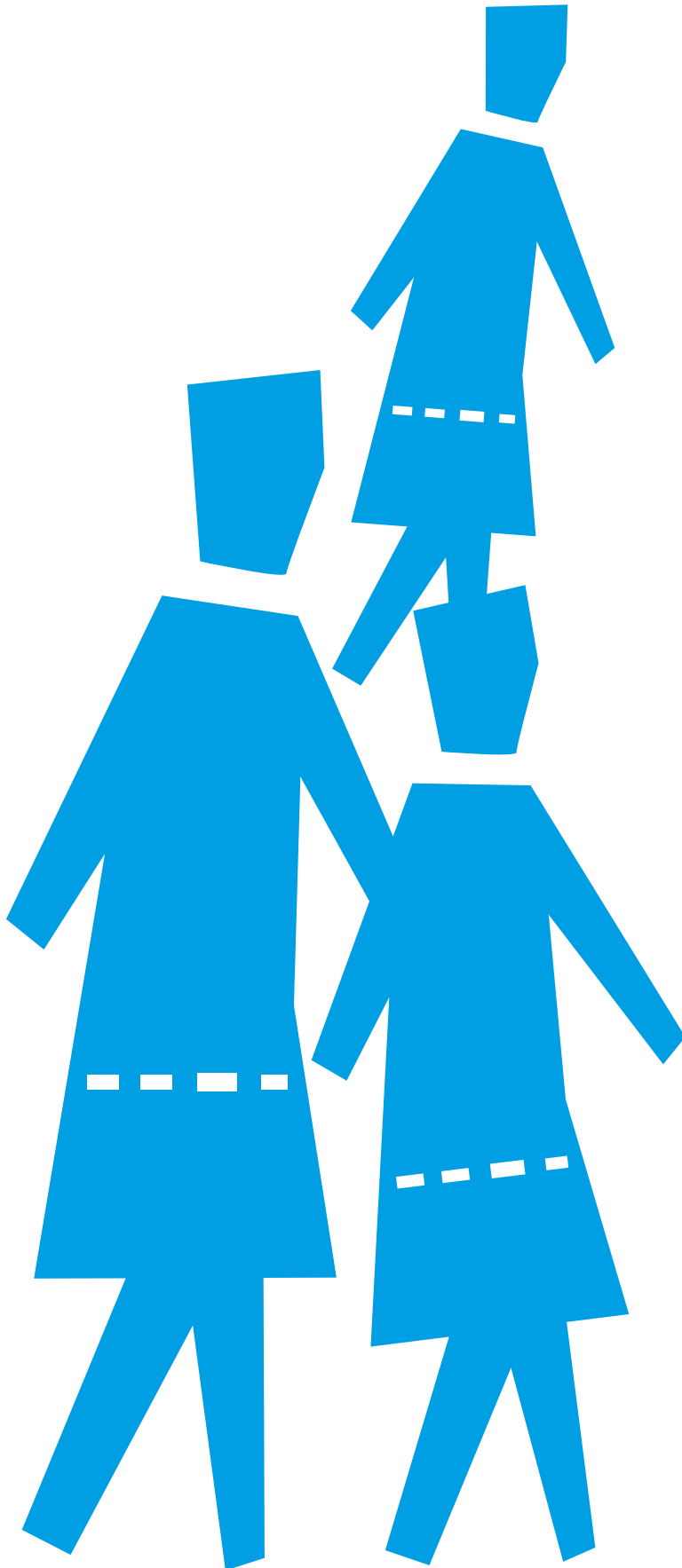
THE SOCIAL NORM APPROACH

In the past, global campaigns and efforts to tackle FGM focused mainly on the negative health consequences of the practice. The idea was that people would stop performing it if they were aware of the negative impact of FGM on girls' and women's sexual and reproductive health and well-being. However, studies carried out by UN institutions (UNFPA 2008) have shown that approaches focusing solely on the harm done by FGM had, in some countries, inadvertently resulted in the increased medicalisation of the practice. The medicalisation of FGM has been condemned by medical licensing authorities and professional associations, along with United Nations organisations.

Through intensified research, international consultations and the lessons learnt from more than twenty years of development projects, FGM is increasingly recognised as a violation of women's and girls' rights. More comprehensive approaches to tackling the practice were therefore adopted and implemented, which included a better and more holistic understanding of the phenomenon. In particular, in the past 10 years, campaigns to address FGM have focused predominantly on the 'social norms approach'.

FGM and the theory of Social Norms

Social norms are defined as the customary rules that govern the behaviour of groups and societies. They have to do with what communities believe is morally right and how they expect their members to behave and act. It is now widely acknowledged that FGM functions as a self-reinforcing social convention or social norm (UNICEF, 2013). In societies where it is practiced, FGM is a

socially upheld behavioural rule. Families and individuals uphold the practice because they believe that their group or society expects them to do so. Evidence suggests that FGM is broadly linked to the social status, respectability and honour of girls and their families (UNICEF, 2013). The social obligation to conform to the practice is strengthened by the prospect that if they do not conform they will face social sanctions, including social exclusion, criticism, ridicule, stigma, or difficulty in marrying their daughters. The latter, in particular, represents a dominant concern for a girl and her family, in a society where being a wife and mother is often the only way to become a full and recognised member of the community and where FGM defines the gender identity of women. It is also inextricably linked to securing a girl's economic security into adulthood. From this perspective, not conforming would bring greater harm, since it would lead to shame and social exclusion.

Experience in the field has shown (UNICEF, 2013) that individual commitment to abandon the practice is not sufficient to be sustainable in any meaningful way. The decision to continue the practice is conditioned by the behaviour of others in the community and also by the perceptions and expectations of what others think, often reinforced by family and social pressure.

According to the social norm perspective, for FGM to be abandoned in a community as a whole, social expectations have to change within families, but also across families. This can only happen if a significant number of families within a community make a collective and coordinated choice to abandon the practice, so that no single girl or family is disadvantaged by the decision (UNICEF, 2008). For this to succeed, it is essential that members of the community are aware of and trust the intentions of their peers.

The importance of peer groups should not be underestimated, as evidence shows that only when information comes from someone similar to oneself, is one willing to accept it (Johansen, Diop, Laverack, & Leye, 2013).

The continuum of violence

According to the recommendations of the UN Child's Rights and CEDAW Committees, "social norms are interconnected, meaning that harmful practices cannot be addressed in isolation, but within a broader context based on a comprehensive understanding of how the practices are linked to other cultural and social norms and other practices" (CRC/CEDAW Joint recommendations, 2014, §58).

This is why it is crucial to address FGM as part of the continuum of violence that a woman may experience during her life, in conjunction with other possible harmful practices such as child/forced marriage. "Violence against women is often a cycle of abuse that manifests itself in many forms throughout their lives" (UNICEF, 2000). FGM and child/forced marriage may be part of this continuum as they are due to dominant social norms related to a girl's sexuality and enduring gender inequalities. Both practices are believed to enhance the likelihood of both premarital virginity and marital fidelity, which are considered moral and honourable. Communities who practice FGM are more likely to practice child marriage and, in some FGM affected communities, FGM is carried out during puberty and marriage is arranged immediately afterwards.[2]

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2 For more information on the linkages between FGM and Child Marriage refer to: World Vision, Exploring the links: Female genital mutilation/cutting and early marriage, Research paper, May 2014
http://9bb63f6dda0f744fa444-9471a7fca5768cc513a2e3c4a260910b.r43.cf3.rackcdn.com/files/4814/0068/7160/Exploring_the_links_FGM_cutting_and_early_marriage.pdf

REMEMBER

1 FGM is a social norm and all efforts to end the practice should take into consideration the social function it serves within the communities and the importance of social expectations for their members.

2 Changing individual attitudes towards FGM will not be sufficient to reach long-term and global abandonment. Unless we understand the roots of the social importance of FGM for those who perpetrate it, we will not be able to achieve our goals (Toubia, 2003).

3 Changing social norms is a non-linear and long-term process that requires coordinated and integrated efforts for the change to be sustainable. There is a need for a holistic collective or community-based approach, based on a human rights perspective that must include the active participation of all relevant stakeholders, especially women and girls (CRC/CEDAW Joint recommendations, 2014, 60).

THE END FGM EUROPEAN NETWORK URGES THE EU INSTITUTIONS AND ITS MEMBER STATES TO:

1 Develop and promote holistic, multi-spectral, long-term interventions that take into consideration social and cultural norms and that involve the whole community in Europe and in the countries of origin;

2 Develop a policy framework on violence against women and girls which includes FGM and mainstream the issue in existing internal and external policies on gender equality and children's rights;

3 Explore the linkages between FGM and other forms of GBV, in particular child marriage.

FROM A SOCIAL NORM TO A DEVELOPMENT APPROACH TO FGM

Gendered power relations and FGM

While the social norm approach provides a better understanding of the social mechanisms that lead to FGM, there is also a need to better understand the decision-making processes and gendered power dynamics surrounding the practice. This is meant to better inform prevention and protection policies addressing FGM.

To understand this phenomenon, FGM needs to be understood as a social norm based on gender relations, in particular on "silent power negotiations" between women and men in affected communities. In this regard, FGM is directly linked to gendered power relationships, to the status of women and girls in a given society and their level of empowerment or agency (Toubia, 2003).

Women from FGM affected communities have understandable reasons for complying with the social norm of FGM and with other gender-related social norms. Living within a strongly patriarchal society means that their power of negotiation is extremely limited. The lack of choice over their own lives means that cutting their daughters and complying with other social norms, especially those linked to sexuality and the economics of reproduction, is essential to maintaining these silent power negotiations (Toubia, 2003). Therefore, women are extremely reluctant to give the little power they have away, unless they are offered equal or a larger benefits than what they already have (Toubia, 2003). This might help explain why in contexts where the practice remains a norm, women still continue to perform FGM, irrespective of their knowledge of the negative health consequences of the practice, or the fear of criminal sanctions, in contexts solely focusing of the criminalisation of the practice.

It is crucial that actions aimed at informing women of the harmful effects of FGM should be accompanied by alternative tools for self-empowerment and the creation of a safer social environment for girls and women. This will enable them to make free and informed choices on whether or not to abandon the practice. To bring about change in women's beliefs and attitudes, and to lead to their decision to end FGM, opportunities must be created that take into account their practical and strategic gender needs. This approach provides women with livelihood options, such as opportunities for developing leadership and decision-making skills, and the ability to exercise their legal, economic and social rights. "Empowering women and girls through education and economic opportunities has shown great promise in convincing communities to abandon the practice." (Population Reference Bureau, 2013)

FGM as an issue of sustainable development

Women, men and families in FGM affected communities have higher priorities than the abandonment of FGM, such as access to health, education, sanitation, agricultural improvement and food processing, among others. It is crucial to incorporate the abandonment of FGM as a key element in achieving development objectives in these areas. Evidence suggests that when

addressed within broader development programmes, FGM prevention interventions are more effective and well received by affected communities, because such programmes assist them in overcoming other pressing issues and challenges that affect their daily lives and access to basic needs.

Rather than developing programmes focusing exclusively on the prevention of FGM, the most effective interventions –both financially and in terms of decreasing prevalence rates – seem to be those that address the abandonment of the practice within broader development policies, programmes and projects. Such programmes and projects may focus on sexual and reproductive health and rights (including HIV/AIDS prevention and provision of SRHR services), as well as on safe motherhood, child mortality and health and women's empowerment, including access to education and economic opportunities. Others may integrate FGM into more comprehensive programmes on rural and industrial development and poverty reduction.

FGM is a global human rights violation that cuts across Africa, the Middle East, Asia, North America and Europe. The global dimension of FGM requires the development of transnational and transcontinental interventions, focussed on building bridges between communities living both in Europe and in affected continents, particularly Africa. Programmes should favour a bottom-up approach, promoting the direct involvement of the whole community and involving all relevant stakeholders, including men, young people, community leaders, policy makers, and the media.

More importantly, FGM must be integrated within a broader development policy framework that includes a gender and women's rights perspective. The current SDG process provides an opportune time for this to be addressed. As it stands, The Final Proposal Paper (July 2014) published by The Open Working Group (the group tasked with overseeing the SDG process) includes a target to end FGM and all other harmful practices within the goal to "achieve gender equality and empower women and girls" (Open Working Group, 2014). It is critical that this target is retained and reflected in the final framework.
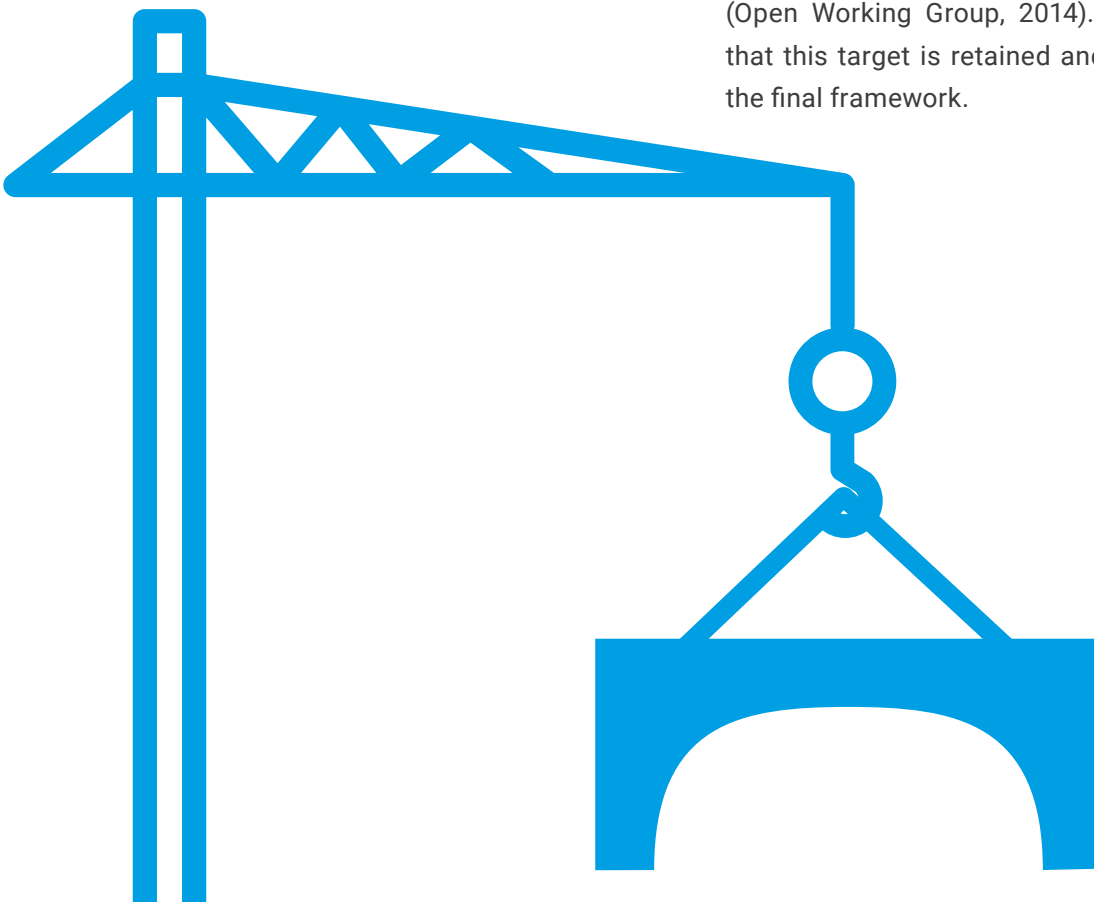
REMEMBER

1 The reasons behind the perpetuation of FGM are linked to unbalanced gender power relations and lack of empowerment of girls and women in their families/communities.

2 Women may protect and practice FGM as they use it as a power-gaining tool. They forego their sexual organs in exchange for social acceptability, material survival (marriage) and other freedoms.

3 By changing women's consciousness, material conditions and decision-making ability, we shift their power base away from the need for FGM.

4 Women will not abandon the practice, unless they gain an equal or stronger power of negotiation within their communities (e.g. through education, access to healthcare, access to justice, access to property, economic opportunities, political leadership etc.).

5 Empowerment of women and women's involvement in their community and country development is therefore crucial in the process of abandoning the practice.

6 Community support and consensus needs to be built around women in order to effectively rebalance the power base. Men in particular need to be involved and take ownership of the process.

7 A comprehensive approach to the promotion of sexual and reproductive health and rights (SRHR) and access to SRH services and control of life choices is essential to promote gender equality and overall development.

8 An in-depth knowledge of the communities and the challenges they are facing is crucial in order to adapt the efforts made and maximise results.

THE END FGM EUROPEAN NETWORK URGES THE EUROPEAN COMMISSION TO:

1 Ensure that the future qualitative EU research on FGM examines the impact of migration on women's and girls' empowerment and how it affects the perpetuation of the practice

THE END FGM EUROPEAN NETWORK URGES THE EUROPEAN COMMISSION, THE EUROPEAN EXTERNAL ACTION SERVICE AND EU MEMBER STATES TO:

1 Address the elimination of FGM in political dialogue with partner countries and regional organisations and discuss how to best implement the commitments taken in international and regional treaties as well as in partner countries' national legislation;

2 Address the issue of FGM in dialogue with stakeholders relevant to national policy on this sensitive issue. It is imperative that women's civil society organisations and human rights activists already working on ending the practice of FGM be included in these dialogues, together with girls and women directly affected by the practice, community leaders, religious leaders, teachers, health workers and government officials both at local and national level;

3 Ensure that FGM is integrated with measurable resources and actions in the new EU Plan of Action on Gender Equality and Women's Empowerment in Development (GAP).

4 Mainstream the abandonment of FGM in broader development policies, programmes and projects across several sectors, including health, governance, education, culture and economic empowerment, using a comprehensive, integrated and human rights based approach.

5 Ensure that FGM is properly addressed in the final discussions on the post-2015 development framework and clearly appears in the sustainable development goals (SDGs).

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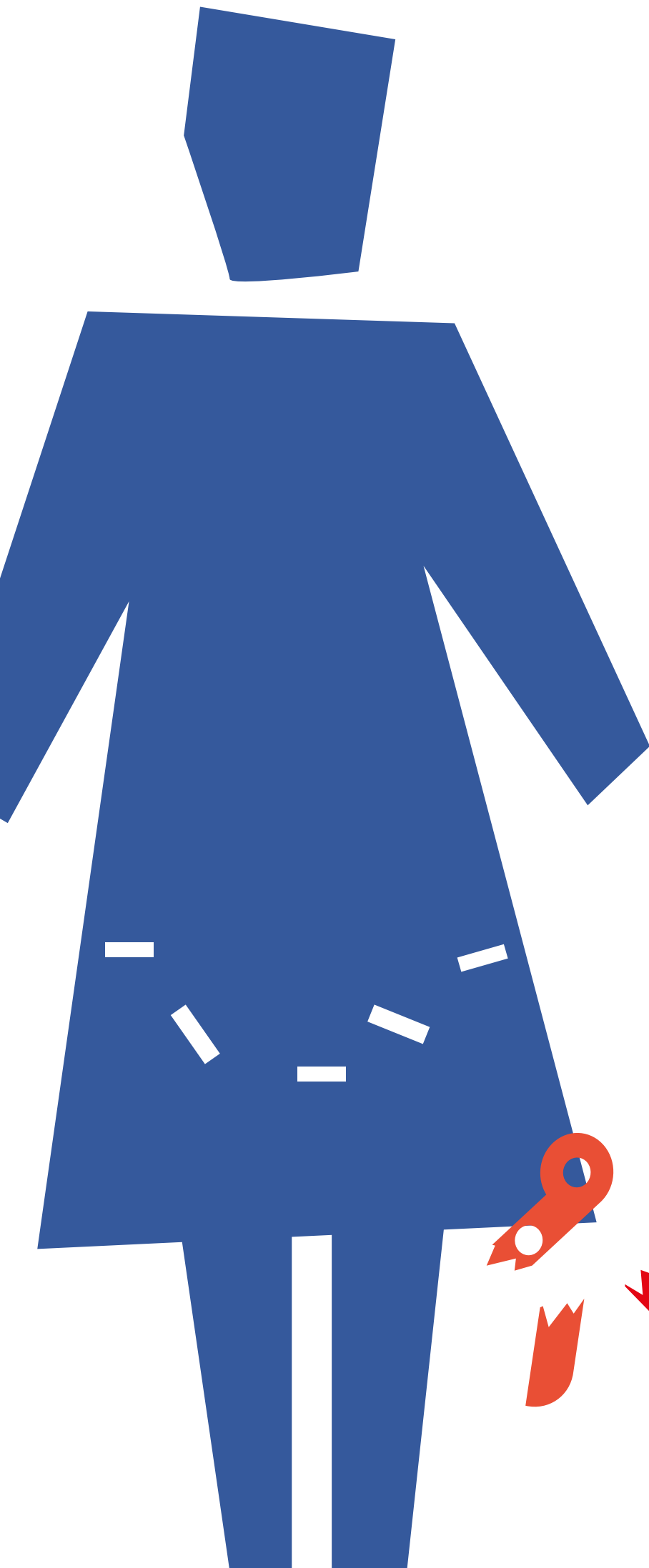
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