

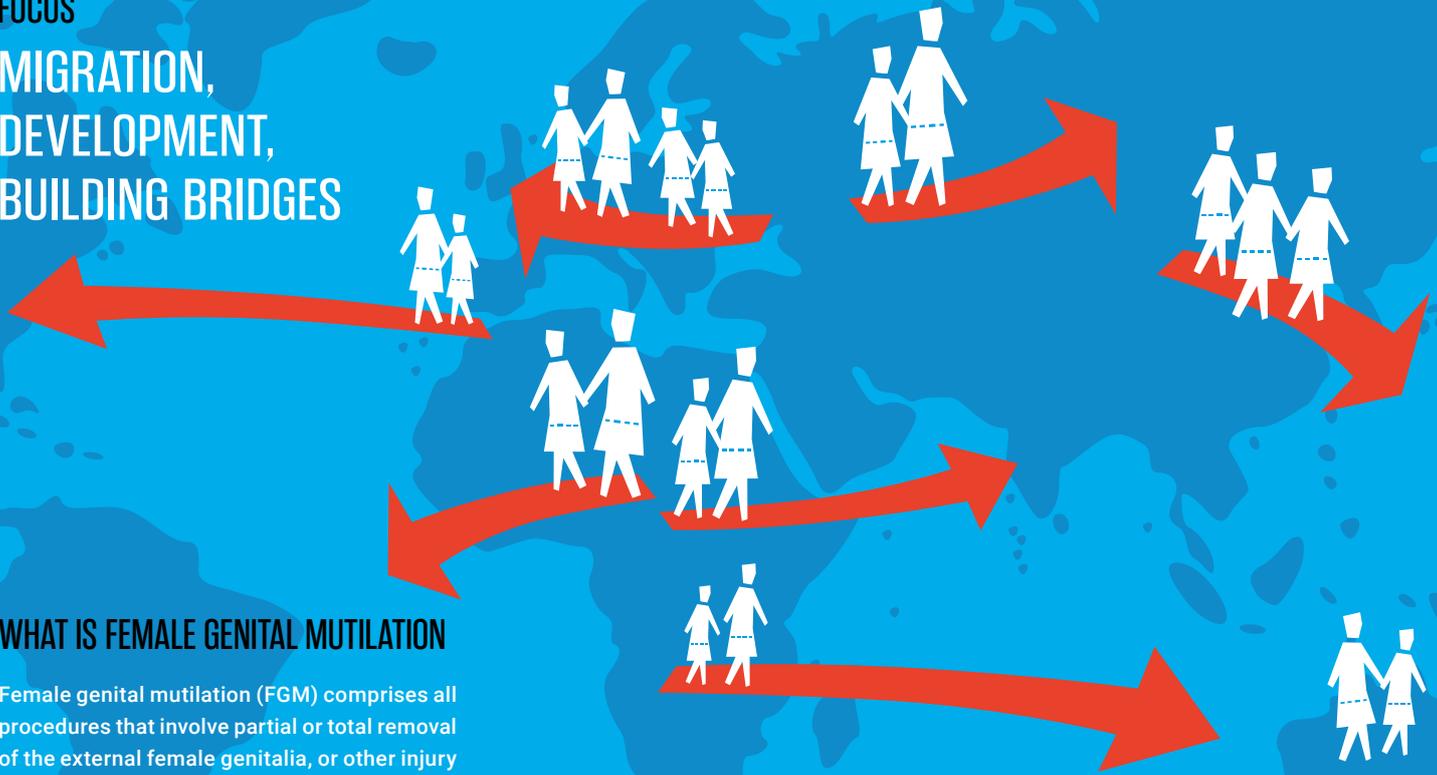


FACTSHEET 2 OF 4

FGM AND MIGRATION

FOCUS

**MIGRATION,
DEVELOPMENT,
BUILDING BRIDGES**



WHAT IS FEMALE GENITAL MUTILATION

Female genital mutilation (FGM) comprises 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 (World Health Organisation).

IS FGM A WOMEN'S RIGHTS ISSUE?

FGM is internationally recognised as violation of women and girls' human rights. FGM is part of wider patriarchal practices, rooted in gender inequalities and aimed at controlling women's and girls' sexuality, their bodies and their sexual and reproductive rights.

The practice denies women and girls their right to: physical and mental integrity; freedom from violence; the highest attainable standard of health; freedom from discrimination on the basis of sex; freedom from torture, cruel, inhuman and degrading treatment among other.



FGM IN THE CONTEXT OF MIGRATION

INTERNATIONALLY:

FGM is not confined to African and Middle East countries where it is mainly practiced, but can now be found in Europe, the USA, and Canada through migrant communities from affected countries and their descendants.

IN EUROPE:

FGM might affect migrant communities, and girls of the so-called "2nd 3rd generations", originating from countries affected by FGM. In that context, FGM also becomes an integration as well as an issue of gender based violence, health and human rights.

ESTIMATES & PREVALENCE

180,000 +
GIRLS ARE AT RISK OF UNDERGOING FGM YEARLY IN THE EU

125,000,000 +
MORE THAN 125 MILLION GIRLS AND WOMEN LIVE WITH FGM GLOBALLY

Under the 1951 Geneva Convention and its 1967 Protocol, FGM constitutes torture and cruel, inhuman or degrading treatment. FGM-related claims may also be assessed according to the Geneva Convention on the ground of belonging to a particular social group, religion, or political opinion. In the EU, women and girls affected by FGM are protected under the EU directive on the rights of the victims of crime and the directives on international protection in particular on qualification and reception conditions.

ADDRESSING FGM THROUGH DEVELOPMENT MEASURES

FGM affected communities in developing countries have often 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.

ADDRESSING FGM THROUGH MIGRATION MEASURES

Many migrant communities affected by FGM maintain strong ties with their countries of origin, where women and girls are sent to undergo FGM. This link often impacts the decision of whether or not to perform FGM. Empowerment of diaspora communities through their active participation in designing tailored approaches for combatting FGM both in the EU and the countries of origin is crucial for promoting abandonment of FGM.

ADDRESSING FGM THROUGH INTEGRATION MEASURES

FGM should be understood as a social norm: the abandonment of the practice is a choice influenced by complex cultural, psychological, social and emotional factors. Diaspora communities in the EU hold the potential for prevention and eradication of FGM. Comprehensive integration measures aimed at inclusion, intercultural dialogue and empowerment of women, are key in abandoning FGM.

BUILDING BRIDGES

The global dimension of FGM requires the development of transnational interventions, focused on building bridges between communities living both in Europe and in affected continents, particularly Africa.

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. Therefore, the global dimension of FGM requires the development of transnational interventions, focused on building bridges between communities living both in Europe and in affected countries.

WHAT NEEDS TO BE DONE?

- 1 Promote research on the prevalence of FGM in Europe in order to better understand the phenomenon in the context of migration and to identify concrete actions and programmes to eliminate FGM.
- 2 Support interventions aiming at building bridges between migrants living in Europe and communities in the countries of origin.
- 3 Enhance the capacity of reception systems to identify and meet the specific needs of women and girls asylum-seekers living with FGM.
- 4 Promote bottom-up community intervention programmes with a strong focus on inclusion of migrants in their design.

- 5 EU states must fully implement the EU directive on the rights of the victims of crime (2011), the directive on international protection on qualification (2013) and reception conditions (2015).
- 6 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).
- 7 Mainstream the abandonment of FGM in all development initiatives across several sectors (i.e. health, governance, education, culture and economic empowerment).
- 8 Ensure that FGM is clearly addressed in the post-2015 development framework and the sustainable development goals (SDGs).
- 9 Address the elimination of FGM in political dialogue with partner countries and regional mechanisms.

GOOD PRACTICE PROTECTING THE NEXT GENERATION

Protecting the Next Generation is a holistic project carried out by a French NGO Equilibres & Populations in Mali. The goal of the project is to implement a replicable pilot program and to demonstrate by proof in the field that social change is possible and sustainable as long as communities consider by themselves that FGM is an obstacle to their well-being. It includes educating and training human rights workers and defenders, and victims that have resulted in a large proportion of villages committing to abandoning FGM. Since 2009, the Malian diaspora living in France has been associated with the project.

Main Results: 125 out of 250 villages in the region have entered the FGM abandoned process. More than 900 women suffering from FGM related complications have been provided medical/surgical treatments. Medical doctors, health centres directors and matrons of the region have been trained to address FGM related complications.

A team of 15 medico-social workers are in contact with the communities. More than 500 migrants in the Paris region have attended awareness raising events. A team of 10 peer educators coming from the diaspora have been trained.

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