

Towards an African Future Without FGM/C

Female genital mutilation or cutting (FGM/C) is a harmful practice involving cutting, removing, and sometimes sewing up external female genitalia for non-medical reasons.^{1*} In some communities in Africa, FGM/C is regarded as an important tradition: a rite of passage from girlhood to womanhood. The tradition can be seen as a marker for strength and honor, as a religious obligation, or as a necessity to raise a girl properly and prepare her for marriage.²

The risks

FGM/C is a human rights issue as it violates a person's right to the highest attainable standard of health. It ignores the principles of equality and non-discrimination on the basis of sex, and the right to freedom from torture or cruel, inhuman or degrading treatment. At the same time, FGM/C is a serious health issue that can have severe consequences for a woman's physical and mental health, both on the short and long term.

- Immediate complications may arise during and after the procedure, such as infections (e.g., tetanus),³ severe pain, excessive traumatic bleeding, damage to adjacent organs, shock or death.⁴
- Long term consequences involve gynecological concerns (e.g. menstrual difficulties), obstetric complications leading to increased risk of obstructed labor and maternal mortality and psychological problems (e.g., depression, post-traumatic stress disorder etc.).^{5,6}

The practice can also be linked to major gender setbacks in society – girls drop out of school^{7,8} and are forced into early marriage⁹ – denying young girls the chance and right to achieve their full potential in societies and economies.

Numbers and trends

More than 200 million girls and women alive today have undergone some form of FGM/C in 30 countries across Africa and the Middle East.¹⁰ Figure 1 shows that the prevalence varies greatly between countries. Annually, more than three million girls are estimated to be at risk for FGM/C.¹¹

FGM/C has drawn increasing international attention in recent decades, including new laws prohibiting FGM/C in countries within and outside Africa. Twenty-four Sub-Saharan African countries criminalize FGM/C by

law.¹¹ Yet, the enactment of FGM/C legislation has had a limited impact due to lack of comprehensiveness and the sporadic enforcement of these laws.¹²

Still, there has been an overall decline in the prevalence of FGM/C over the last three decades. There is evidence of a large prevalence reduction among younger generations (aged 15-19 years)¹⁰ and lower prevalence among daughters of educated mothers in some countries.¹³ However, not all countries have experienced declines and continuity of investments is needed to ensure sustainability of positive developments.

The increase in the extent to which FGM/C is being carried out by health-care providers,¹⁴ also called 'medicalization', is another worrisome trend that undermines the successes achieved so far. Although some health-care providers propose medicalization of FGM/C to reduce the incidence of its complications, medicalization will not reduce the long term consequences of FGM/C. Moreover, as it has no benefit what so ever nor any medical indication, its performance violates the code of medical ethics.¹⁵

Certainly, if current trends continue, the number of girls and women undergoing FGM/C will continue to increase: 68 million before 2030.

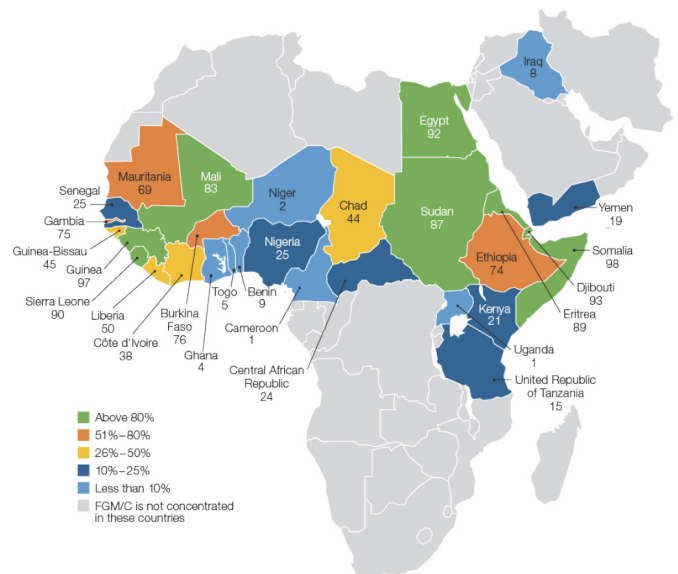


Figure 1. Prevalence of FGM/C Among Girls and Women Ages 15-49, by country¹³

Amref Health Africa is committed to end FGM/C in Sub-Saharan Africa by 2030

As an African health organisation, Amref Health Africa is committed to create a better future for girls and women, where they are empowered and their health is improved.¹⁶ With almost ten years of experience in addressing harmful traditional practices Amref has proven the success of its work. Through the Alternative Rites of Passage model, to date more than 15,000 girls in Kenya and Tanzania have maintained celebrations surrounding a transition into womanhood – without FGM/C.

Our efforts are aimed at Sustainable Development Goal 5.3 on the elimination of harmful practices. We believe our approach has direct positive effects on issues that are currently violating the rights of girls and women through the promotion of sexual and reproductive health and rights and ending child marriage. In this way, we also indirectly contribute to the achievement of the SDGs on the elimination of poverty and promotion of good health, quality education and gender equality.

Our approach

Understanding Dynamics

Together with communities, we develop community-led and -driven Alternative Rites of Passage, which are a cultural alternative to FGM/C – without any form of a cut. We understand that decision-making and practices in many communities involve more than just individuals and families, as they are embedded in group dynamics. That is why we work with communities in a constructive dialogue about the value of cultural practices and beliefs in order to find alternatives for harmful aspects.

Vision and Power of African Change

We target different levels of local, national and international influence, creating community partnerships and social mobilization for change by working with women, girls, boys and men who hold significant power. We bring together a wide range of partners, using their strengths, including in funding, expertise and outreach. These partners include the Anti-FGM Board in Kenya, UNFPA, UNICEF, WHO and Women Deliver. By increasing awareness and gaining momentum for girls' and women's (health) issues, we are creating a pan-African movement against FGM/C.

Holistic Strategy

To be successful, our strategy addresses the entire ecosystem in which FGM/C thrives. We focus on the legal environment, community systems and traditional practices, education, health system strengthening, psychosocial support, data and research. Today, we have become the leading African health organization,

partnering with and empowering those at the heart of communities, particularly women and children, to bring about lasting health change and a future without FGM/C.



Ambassador for change

Having escaped FGM/C at the age of eight, Nice Leng'ete is an important Global Ambassador. With over five years' of experience in alternative rite of passage (ARP) for girls in Kenya's pastoralist communities as a project officer for Amref in Kenya, she plays a key role in the fight against FGM/C, ensuring that girls and women transition to womanhood without undergoing the cut. She educates her community, including Maasai cultural elders, traditional birth attendants (TBAs), mothers and girls, chiefs and church leaders on the negative effects of FGM/C. She has even overcome the challenge of convincing young Maasai men ('morans') to abandon the practice. Recently, Nice was elected as Women Deliver Young Leader 2018.

We all have a role to play to end FGM/C by 2030. Interested in joining the movement? Please get in touch with us!

Contact

Amref Health Africa in the Netherlands:
Schuttersveld 9
2317 XG Leiden
+31 (0)71 - 576 9476
info@amref.nl
www.amref.nl

Read Our Vision to End FGM/C by 2030:

<https://view.publitas.com/amref-flying-doctors/amref-our-vision-to-end-fgm-c-by-2030/>

Literature

1. World Health Organization. Female genital mutilation. Fact sheet. Accessed on: January 2018. Available online: <http://www.who.int/mediacentre/factsheets/fs241/en/>
2. El-Shawarby, S., & Rymer, J. (2008). Female genital cutting. *Obstetrics, Gynaecology & Reproductive Medicine*, 18(9), 253-255. doi:10.1016/j.ogrm.2008.07.005
3. Lavazzo, C., Sardi, T. A., & Gkegkes, I. D. (2013). Female genital mutilation and infections: A systematic review of the clinical evidence. *Archives of gynecology and obstetrics*, 287(6), 1137-1149.
4. Berg, R. C., Underland, V., Odgaard-Jensen, J., Fretheim, A., & Vist, G. E. (2014). Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis. *BMJ open*, 4(11), e006316.
5. Reisel, D., & Creighton, S. M. (2015). Long term health consequences of Female Genital Mutilation (FGM). *Maturitas*, 80(1), 48-51.
6. Chibber, R., El-Saleh, E., & El Harmi, J. (2011). Female circumcision: obstetrical and psychological sequelae continues unabated in the 21st century. *The Journal of Maternal-Fetal & Neonatal Medicine*, 24(6), 833-836.
7. Magangi, M. (2015). Effects of female genital cutting on school attendance and retention of primary school girls in Kuria west district, Kenya. *African Journal of Education and Human Development*, 1(1).
8. International Center for Research on Women. (2016). Leveraging Education to End Female Genital Mutilation/Cutting Worldwide. Accessed on: March 2018. Available online: <https://www.icrw.org/wp-content/uploads/2016/12/ICRW-WGF-Leveraging-Education-to-End-FGMC-Worldwide-November-2016-FINAL.pdf>
9. Young Lives and Save the Children. (2014). Child Marriage and Female Circumcision (FGM/C): Evidence from Ethiopia. Accessed on: February 2018. Available online: https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PolicyBrief-21_Child%20Marriage%20and%20FGM%20in%20Ethiopia.pdf
10. United Nations Children's Fund. (2016). Female genital mutilation/cutting: A global concern. Accessed on: March 2018. Available online: https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf
11. UNFPA (2018). Female genital mutilation (FGM) frequently asked questions. Accessed on: February 2018. Available online: https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#banned_by_law
12. Muthumbi, J., Svanemyr, J., Scolaro, E., Temmerman, M., & Say, L. (2015). Female genital mutilation: a literature review of the current status of legislation and policies in 27 African countries and Yemen. *African journal of reproductive health*, 19(3), 32-40.
13. Shell-Duncan, B., Naik, R., & Feldman-Jacobs, C. (2016). *A State-of-Art-Synthesis of Female Genital Mutilation/Cutting: What Do We Know Now? Evidence to End FGM/C: Research to Help Women Thrive*. New York: Population Council.
14. United Nations Children's Fund. (2013). *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*. New York: UNICEF.
15. Serour, G.I. (2013). Medicalization of female genital mutilation/cutting. Accessed on: February 2018. Available online: <https://doi.org/10.1016/j.afju.2013.02.004>
16. Amref Health Africa. (2017). Our vision to end FGM/C by 2030. Nairobi: Amref Health Africa. Accessed on: January 2018. Available online: <https://view.publitas.com/amref-flying-doctors/amref-our-vision-to-end-fgm-c-by-2030/>