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## **Reaching the tipping point against female genital mutilation**

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Female genital mutilation, also known as female genital cutting, is a deeply rooted cultural practice in more than 28 African countries, parts of the middle east, and pockets of Asia. Annually, an estimated 2 million girls come of age in such areas.<sup>1</sup> Support for the practice in communities is broad-based. Mothers, mothers-in-law, fathers, and religious and community leaders defend the practice on the basis of a girl's future role as wife and mother. Reasons cited for support include its role as a rite of passage into womanhood, marriageability, curbing sexual desire, and protecting virginity. It is not condoned by any major religion but often has socioreligious significance. Despite its cultural entrenchment, a gradual reduction is occurring in a number of countries, even without targeted interventions.<sup>2</sup> The challenge is to identify successful approaches to accelerate the decline.

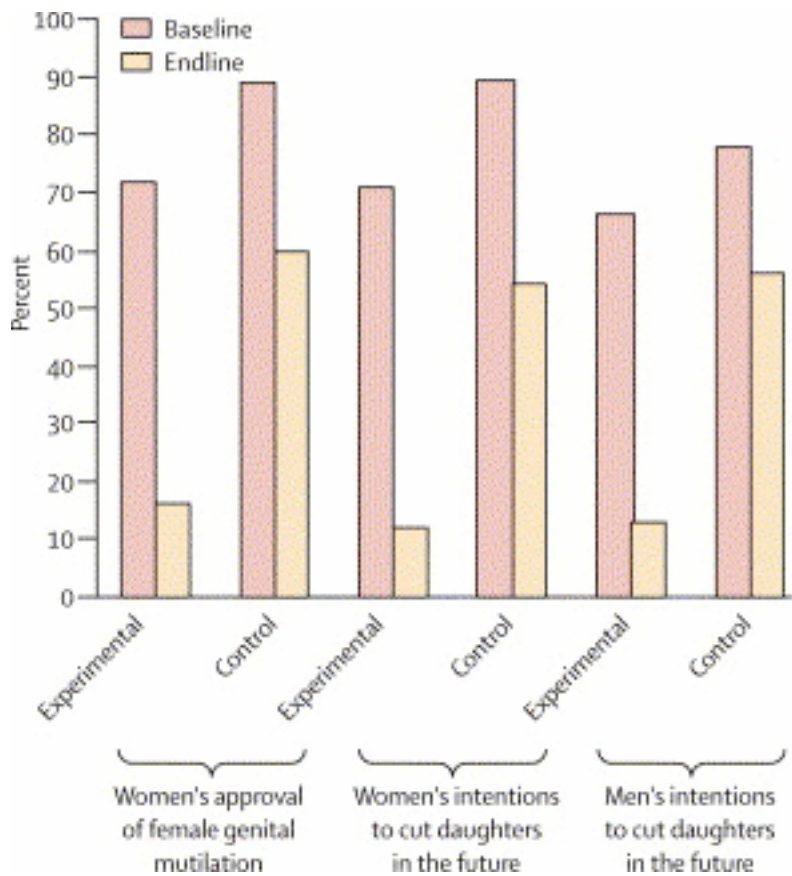
Infections that occur after female genital mutilation in childhood might affect the internal genitalia, causing inflammation, scarring, and subsequent tubal-factor infertility. In today's issue of *The Lancet*, Lars Almroth and colleagues<sup>3</sup> did a case-control study in Sudan enrolling 99 women with primary infertility not caused by hormonal or iatrogenic factors, to investigate the possible association between female genital mutilation and primary infertility. 48 had adnexal pathology indicative of previous inflammation. The authors conclude that primary infertility was associated with the actual anatomical extent of female genital mutilation, and not whether the vulva had been sutured or closed.

How can we best address this harmful practice? Like all efforts to change broad social norms, the most effective approach to eradicating

female genital mutilation seems to be multifaceted, intervening at many strategic points throughout society, and promoting a different norm publicly. Efforts to eradicate female genital mutilation must address a range of community stakeholders, health professionals, and policymakers. Work has been undertaken at community and national levels, and change has begun.

Several interventions designed to change community norms and reduce female genital mutilation have been effective. Sensitising the community about female genital mutilation by local leaders, together with providing locally appropriate alternative rites of passage for girls to substitute for mutilation has had a positive effect on attitudes and behaviours. A programme in Kenya covering three districts, with a combination of advocacy by religious and other community leaders, and an alternative rite designed for the specific sociocultural context was effective in accelerating a decline that is already occurring.<sup>4</sup> Another successful approach, the “positive deviance” approach, identifies women and men who oppose the practice despite prevailing norms and uses them to raise awareness of the issue and advocate for change.<sup>5</sup>

Another successful community-based intervention implemented by Tostan in 90 villages in the Kolda region of Senegal includes a basic education programme for women that addresses hygiene, human rights, literacy, community problem-solving, and health. As women learn about health issues and their rights, they focus on female genital mutilation. A key feature is the “public declaration” opposing female genital mutilation, which includes men, women, religious leaders, and other stakeholders. The programme had a significant effect on community attitudes towards female genital mutilation, leading to a dramatic decrease in the number of parents who intend to have their daughters cut (figure).<sup>6</sup> This programme was replicated in Burkina Faso with similar results, and is being implemented in several other countries.<sup>7</sup>



**Figure.** Change in social norms about female genital mutilation: 20 villages in Senegal, 20036

There are, however, several approaches which are ineffective or incomplete. Activities aimed at getting providers of female genital mutilation to stop performing the procedure by giving them alternative livelihoods have not been successful because they have not addressed community demand.<sup>8</sup> Similarly, laws criminalising female genital mutilation, while important policy statements, are not sufficient because they do not address demand. Laws can have more impact when complemented by multifaceted community programmes.<sup>9</sup>

Concern about physical complications from harsh and unsanitary conditions has led to some communities using trained medical

personnel to perform the procedure. But in some cases this has led to support of female genital mutilation by the medical establishment<sup>10</sup> and tends to perpetuate the practice. Also, attention to the adverse health consequences of infibulation, the most extreme cutting, have resulted in some communities undertaking less severe cutting rather than ceasing the practice.<sup>11</sup> Medical providers can play an important role, however, in advocating against female genital mutilation and treating women appropriately who have had the procedure. Work by Jones et al in Burkina Faso and Mali showed an important role for training medical providers to identify the increased health problems caused by female genital mutilation, including bleeding, internal scarring, vaginal narrowing, and complications during childbirth.<sup>12</sup>

The finding by Almroth et al that the severe form of female genital mutilation impairs fertility, if substantiated, provides a new and potentially potent argument against the practice. The importance of future fertility is deeply embedded in traditional social fabric. Mothers, mothers-in-law, prospective fathers, and community leaders are all invested in fertility. Infertility is a social concern as well as a biological one. It threatens the basic structures of traditional society, marriage, and the family. The way to overcome female genital mutilation is through multiple strategic approaches with various different messages, which collectively tip the weight of public opinion. Legitimate concern about impairment of fertility can certainly weigh in heavily and help achieve the attainable goal of ending female genital mutilation.

We declare that we have no conflict of interest. The views expressed do not necessarily reflect those of USAID.

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