



USAID
FROM THE AMERICAN PEOPLE

ISSUE BRIEF

Working to Eradicate Female Genital Mutilation/Cutting

Female genital cutting (also known as female genital mutilation and female circumcision, or FGM/C) is a traditional cultural practice that ranges from nicking to total removal of the external female genitalia. Worldwide, between 100 million and 140 million women have undergone FGM/C.(1) It occurs predominantly in Africa but has also been documented in Asia and the Middle East and in African immigrant communities in Europe, North America, and Australia.

The reasons for conducting FGM/C, which is generally carried out between infancy and the teen years, encompass beliefs about health, hygiene, women's sexuality, rites of passage to adulthood, and community initiation rites. However, the practice harms women's health, causing serious pain, trauma, and frequently severe physical complications such as bleeding, infections, or even death. Long-term complications may include recurrent infections, infertility, and difficult or dangerous childbirth that can result in the death of the mother and infant.(2) Citing the findings from a recent World Health Organization study, Associate Professor Emily Banks of the Australian National University notes that "where around 5.0 percent of babies born to women without FGM were stillborn or died shortly after delivery, this figure increased to 6.4 percent in babies born to women with FGM. In many parts of Africa, death rates are even higher, and the impact of FGM is likely to be even greater."(3)

It is widely recognized that FGM/C is a harmful traditional practice that directly violates the health and human rights of women, resulting in considerable demand on USAID and other donors to support those working toward its abandonment.

USAID's Program and Approaches

In September 2000, USAID officially incorporated eradication of FGM/C into its development agenda. The Agency has an official policy and strategy on FGM/C and has supported projects in many countries, including Egypt, Ethiopia, Guinea, Kenya, Mali, Nigeria, and Burkina Faso. FGM/C projects are culturally sensitive and integrated with health, economic, social, and democracy and governance programs. The Agency also pursues regional, national, and local coordination among international donors, governments, and community leaders.

USAID works with community and religious leaders; women and women's groups; and men and youth to improve the quality and effectiveness of abandonment efforts and to improve conditions that will lead to FGM/C abandonment. USAID supports:

- Research to identify effective FGM/C abandonment programs
- Raising awareness of the issue at the international, national, and local level
- Integrating FGM/C projects into existing development programs in a variety of sectors
- Training of medical providers in the health consequences of FGM/C
- Collaboration among organizations addressing FGM/C



- Increasing donor support of FGM/C
- Government efforts to pass policies and legislation that prohibit the practice

Country-Specific Programs

Demedicalization of the practice

- **Kenya** – A study was conducted to understand the role that health providers play in the practice of FGM/C among the Abagusii community in western Kenya, where the practice is almost universal. The study found that trained health providers had replaced traditional practitioners as the main performers of FGM/C following many years of anti-FGM/C campaigns that highlighted the health risks. Efforts to discourage FGM/C by emphasizing its negative health consequences resulted in families seeking trained medical professionals to carry out the procedure rather than to the abandonment of the practice. This study changed the way FGM/C was addressed in the community. New approaches are being used to present FGM/C as violating human rights and national laws, as well as threatening girls' and women's health. The active participation of health staff in advocating against the practice is essential to reducing their perceived support for its continuation, and the Ministry of Health is being called upon to strengthen supervision in these districts.
- **Mali** – USAID helped the Ministry of Health develop and pilot a national training curriculum for primary medical providers to increase their capacity to identify, treat, or refer FGM/C complications, and educate and counsel clients and community members on the negative aspects of the practice. A network of trained providers was created consisting of extension workers from nongovernmental organizations and community and religious leaders. The network planned a community abandonment strategy and identified appropriate messages that were implemented in 97 villages of Bougouni district. During the five-month program, 4,140 group talks and 476 private counseling sessions were conducted. The percentage of men and women who said they were in favor of abandoning FGM/C increased from 15 to 62 percent, and the percentage who intended to have FGM/C performed on their daughters decreased from 81 to 33 percent.

Community mobilization and education

- **Ethiopia** – Between 2000 and 2002, an operations research project among Ethiopia's Afar people assessed the effectiveness of community-based programs designed to increase knowledge about the harm FGM/C causes and to communicate positive FGM/C-related attitudes and intended behavior among the intervention communities. USAID partners integrated FGM/C interventions into existing community-based reproductive and primary health care information and service delivery activities. The behavior change effort led to a more than 100-fold increase in the proportion of respondents expressing support for FGM/C abandonment and an intention not to cut their daughters in the future. Also in Ethiopia, USAID supported collaboration with the Ministry of Health and the National Committee on Traditional Practices to educate communities on the harmful effects of FGM/C. The program focused on women and community leaders to understand the motives of "FGM/C demanders," respond to their concerns, and provide them information on the negative impact of FGM/C. In the project area, more than 2,250 people participated in FGM/C activities. A national Anti-FGM/C Women's Leaders Team was established, and a member of that team drafted a law against FGM/C that the Ethiopian parliament passed in July 2004.

Collective abandonment of FGM/C

- **West Africa** – In West Africa, USAID supports Tostan, a participatory education program that works village by village to teach democracy, problem solving, and basic mathematics and literacy. Tostan also incorporates essential health education, including information about FGM/C. The program empowers the entire community. As a result of this multidimensional approach, thousands of villages in Senegal, Burkina Faso, and Guinea have publicly abandoned FGM/C and other harmful traditional practices upon completion of the Tostan program.

For more information on USAID's work on FGC, please visit http://www.usaid.gov/our_work/global_health/pop/techareas/fgc/index.html

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(1) World Health Organization (WHO). (2000). Fact sheet No. 241; <http://www.who.int/mediacentre/factsheets/fs241/en/>. (2) WHO Study Group on Female Genital Mutilation and Obstetric Outcome. (2006). Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *The Lancet*, 367,1835-41; <http://www.who.int/reproductive-health/fgm>. (3) WHO. (2006). June 2 press release; <http://www.who.int/mediacentre/news/releases/2006/pr30/en/index.html>.