

WOMEN'S GLOBAL NETWORK FOR REPRODUCTIVE RIGHTS' **FEMALE GENITAL MUTILATION POLICY**

INTRODUCTION

Female Genital Mutilation or cutting refers to all procedures that intentionally alter or injure female genital organs for non-medical reasons¹. Till date no health benefits of **Female Genital Mutilation** have being identified, despite that fact **Female Genital Mutilation** remains a common practise in over 30 countries. Globally, approximately 130 million girls and women have undergone **Female Genital Mutilation**², at least three million females each year are "at risk" of undergoing some form of the procedure in Africa (Egypt, Sudan and Sub- Saharan Africa)³. **Female Genital Mutilation** is practiced in 28 African countries in the Sub-Saharan and North-eastern regions of Africa, Asia (Malaysia, India, Yemen, Oman) and in areas in Europe, North America and Australia among immigrant populations².

The age at which **Female Genital Mutilation** is done in most countries varies, but it is done typically around the ages of 7 to 10 years or just before puberty, in some cultures, at infancy, after the first childbirth or just before marriage⁴. **Female Genital Mutilation** is done for a myriad of reasons: to control women's sexuality (preserve virginity and discourage promiscuity), religious reasons, sociological and cultural reasons (better marriage prospects), aesthetic reasons (female external genitalia seen as dirty and ugly) and enhancement of male sexual pleasure⁵.

The procedure is usually carried out by traditional health practitioners, (male) barbers, members of secret societies, herbalists, and sometimes by a female relative. It is done with special knives, scissors, scalpels, pieces of glass or razor blades. Anaesthetic and antiseptics are not generally used except when carried out by medical practitioners⁴. It is important to note that though religion is cited as one of the reasons for **Female**

¹ Fact sheet on Female Genital Mutilation; World Health Organisation, February 2010

² Female Genital Mutilation: A Matter of Human Rights; Center for Reproductive Rights, 2006

³ Platform for Action Towards the Abandonment of Female Genital Mutilation/Cutting by The Donors Working Group on Female Genital Mutilation/Cutting, April 2010

⁴ Promoting Gender Equality: Frequently asked questions on Female Genital Mutilation; United Nations Population Fund

⁵ Female Genital Mutilation: The Facts by Laura Reymond, Asha Mohamud, and Nancy Ali; PATH

Genital Mutilation, it predates most religions like Islam and Christianity and is not encouraged by any religion.

There are four classifications of **Female Genital Mutilation** according to the World Health Organisation¹:

1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. All other operations on the female genitalia, including: Pricking, piercing, stretching, or incision of the clitoris and/or labia; cauterization by burning the clitoris and surrounding tissues

Female Genital Mutilation is usually traumatic, sometimes done in unhygienic conditions and has both short and long term consequences that affect a female's Sexual and Reproductive Health, among them include¹:

- severe pain
- shock
- haemorrhage (bleeding),
- tetanus or sepsis (bacterial infection)
- urine retention
- recurrent bladder and urinary tract infections
- cysts
- infertility
- an increased risk of childbirth complications and newborn deaths
- the need for later surgeries (episiotomy, reinfibulation,
- HIV infection
- death⁶
- anxiety, chronic irritability, feelings of incompleteness, depression, reduced sexual pleasure or libido⁷

⁶ Female genital mutilation and its prevention: A challenge for Paediatricians by Fabienne Jaeger, Marianne Caflisch & Patrick Hohlfeld: Eur J Pediatr (2009) 168:27–33

Women's Global Network for Reproductive Rights Position on Female Genital Mutilation

The Women's Global Network for Reproductive Rights is committed to the realisation of sexual and reproductive rights for all through transformative social change as reflected in our mission and vision. We see Female Genital Mutilation as an obstacle to the realisation of sexual and reproductive rights & health for all women. We also view it as a violation of human rights and an act that prevents reproductive justice for all women. We define the procedure as a form of mutilation because we recognise the serious long lasting harmful physical and psychological effects Female Genital Mutilation has on the lives of women and girls and view it as an act of violence against all females.

We recognise and respect the fact that culture is an integral part of society but oppose all harmful cultural practices. We recognise that Female Genital Mutilation might not be done to intentionally cause harm but its lasting harmful physical, sexual, and psychological effects make it an act of violence against all women, girls and hence the whole of society⁸. We believe that culture is not static but constantly evolving and call upon all community, religious and state leaders to oppose all harmful cultural practices against women especially Female Genital Mutilation. We believe that to effectively eradicate harmful cultural practices like Female Genital Mutilation, a cultural and gender sensitive approach needs to be integrated into preventive programmes with full community involvement and mobilisation.

We support commitments made by Civil Society, State Governments, International and National Institutions in the following treaties and declarations among others:

The Universal Declaration of Human Rights

The International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights

The Convention on the Elimination of All Forms of Discrimination against Women

The Convention on the Rights of the Child

⁷ In-Depth: Razor's Edge - The Controversy of Female Genital Mutilation: IRIN, March 2005

⁸ The impact of harmful traditional practices on the girl child by Berhane Ras-Work: United Nations Division for the Advancement of Women (DAW) in collaboration with UNICEF Expert Group Meeting , Florence, Italy, 25-28 September 2006

The Vienna Declaration and the Programme of Action of the World Conference on Human Rights

The Programme of Action of the International Conference on Population and Development

The Beijing Declaration and Platform for Action

The African Charter on Human and Peoples' Rights

The Addis Ababa Declaration

The Banjul Declaration

The Cairo Declaration for the Elimination of Female Genital Mutilation

The Declaration on "Zero Tolerance for Female Genital Mutilation"

The World Medical Association Statement on Female Genital Mutilation

The International Confederation of Midwives Statement on Female Genital Mutilation

We also support and commend State Governments that have criminalised **Female Genital Mutilation** in their countries and have started national programmes to address and prevent the practise of **Female Genital Mutilation**.

Women's Global Network for Reproductive Rights opposes all forms or attempts at medicalisation of **Female Genital Mutilation**. It goes against the fundamental practise of medicine and health care which is to "cause no harm". We believe that it will propagate and encourage the practise and have a detrimental effect on all the advancements made to eradicate **Female Genital Mutilation** by legitimising the practise.

Recommendations and Commitments

Women's Global Network for Reproductive Rights urges all individuals, civil society groups and State governments to work towards the eradication of **Female Genital Mutilation** globally. We believe that **Female Genital Mutilation** can only be eradicated by International collaborations and efforts with multi-pronged strategies.

Women's Global Network for Reproductive Rights urges all its members and partners to integrate preventive and educational programmes on **Female Genital Mutilation** into their work. We urge our members to use a cultural and gender sensitive approach to addressing this issue and work with community members and leaders.

Women's Global Network for Reproductive Rights demands that Ministries of Health, State Governments and International Institutions enforce existing laws against Female Genital Mutilation. We also encourage them to fund and revise the training curriculum for Health care professionals in order to provide training and facilities for rehabilitation of women and girls who were circumcised. There should be a focus on psychosexual counselling and maternal care during pregnancy and childbirth of women who were circumcised.

Women's Global Network for Reproductive Rights encourages State Governments to partner with civil societies to develop and integrate into the educational curriculum a "gender sensitive" subject that will address the harmful perceptions of gender roles in young persons. We believe that addressing perceived harmful gender roles within the educational system is an effective strategy for addressing harmful cultural practices.

Women's Global Network for Reproductive Rights commits to engaging in partnerships with member organisations to support capacity building activities and workshops for its members on Female Genital Mutilation and other harmful traditional practices against women.

Women's Global Network for Reproductive Rights commits to addressing Female Genital Mutilation and other harmful practices against women and women's rights defenders in its programmes, campaigns and "call for action". We also commit to encouraging joint campaigns and actions among our members against Female Genital Mutilation.

Women's Global Network for Reproductive Rights recognises that legislations against Female Genital Mutilation are not enough to address the societal norms that encourage the practise. We commit to supporting and encouraging grass roots initiatives that educate and address the underlying social norms that support the practise of Female Genital Mutilation.