Protecting the Girl Child from Female Genital Mutilation

World Vision International’s Submission to the joint CEDAW-CRC General Recommendation/Comment on Harmful Practices

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Introduction to Female Genital Mutilation

Between 100 and 140 million girls and women worldwide have undergone female genital mutilation (FGM) or cutting, and over 3 million girls under the age of 18 across the African continent are at risk of being cut. While FGM is commonly performed on girls between 4 and 12 years, in some cultures the practice occurs as early as a few days after birth or just before marriage. FGM is commonly practiced in at least 28 African countries and a few others in Asia and the Middle East (as well as by immigrant populations around the globe). The practice occurs among all educational levels, social classes and many religious groups, although no religion mandates it.

Globally, female genital mutilation is recognized as a violation of reproductive health rights, but Africa has been identified as the region where the practice is most prevalent. The fight against FGM has gained momentum over the years and is informed by the International Conference on Population and Development Programme of Action, the “Cairo+5” and the United Nations Millennium Summit agreements. A specific focus on female genital mutilation is found in the UN General Assembly Resolution 56/128 on traditional or customary practices affecting the health of women and girls and in the protocol on the rights of women in Africa or Maputo protocol.

The UN CRC Article 24:3 calls upon, ‘states parties to take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.’ FGM is a traditional practice which is detrimental to girls’ health but it can additionally be the source of the denial of many other rights prescribed in the Convention on the Rights of the Child, including the right to protection (Article 19), the right to education (Articles 28 and 29) and freedom from sexual abuse (Art. 34; FGM is linked with early marriage which can be a sanctioned form of child sexual abuse).

Likewise, the Committee on the Elimination of Discrimination Against Women in its General Recommendation No. 14, from its ninth session recommends that ‘state parties take appropriate and effective measures with a view to eradicating the practice of female circumcision’. Both CEDAW General Recommendation No. 19, paragraph 20, and No. 24, paragraph 15 (d) and 18, recognize FGM as a violation of women and girls’ right to health. No. 19 also discusses FGM as a form of gender based violence and states that the perpetuation of this practice ‘helps to maintain women in subordinate roles and contribute to the low level of political participation and to their lower level of education, skills and work opportunities’ (paragraph 11).

Despite the great attention to FGM as well as a myriad of national legislation and programs to combat it, girls and women are still locked in this enduring practice. It is difficult to overcome on the local level due to deeply held cultural, social and, at times, political significance. The difficulty in eradication lies significantly in the fact that the practice is an identifying feature of many indigenous cultures, closely linked to a girl/woman’s social status. A recent World Vision study covering Senegal, Tanzania and Kenya, found the practice remains nearly universal in numerous surveyed communities, with a practice of FGM prevalence over 90 per cent.

World Vision believes that a girl child’s right to reproductive and overall physical health and protection should not be compromised in the face of ongoing harmful traditional practices (HTPs). Access to a safe physical and learning environment is critical to their well-being as well as that of future generations. We believe that the right for girl children to develop in a community of positive health and wellness is

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critical, and that the fulfilment of anti-FGM legislation, programming offering alternatives to FGM practices, as well as safe and quality educational opportunities for girls at risk must be ensured.

This paper discusses some of the recommendations, lessons learned and methods used by World Vision to encourage the abandonment of the harmful practice of Female Genital Mutilation. It is based on our more than 15 years of experience working on FGM and the rights of girls in African communities. This paper includes some helpful definitions, policy recommendations for the CEDAW and CRC Committees in order to help states fulfil their obligations to protect children's rights, and is supported by discussion of promising practices and issues of concern from WV's many years of experience in the field.

**Definitions and general information**

- World Vision understands female genital mutilation (also known as female genital cutting) as the removal of part, or most, of the external female genitalia which can be classified into four main groups: clitoridectomy, excision, infibulation and other unclassified forms such as pricking.
- Female genital mutilation, also known as female genital cutting (FGC) or female circumcision is practiced in 28 countries in Sub-Saharan Africa, a few countries in the Middle East and Asia as well as among immigrant populations in Europe, North America and Australia.
- The practice is found within the religious traditions of Islam, Christianity, Animism, and Judaism; however the distribution of the practice does not follow the distribution patterns of these religions. For example, FGM is not practiced in Saudi Arabia, which is the "spiritual centre of Islam." This confirms that FGM is a cultural practice rather than a religious one even though the latter may be invoked to such an extent that over time it often appears as the overriding factor.
- In communities that practice FGM, it is nearly always performed as a puberty rite, generally referred to as a ‘Rite of Passage’ and a socialization process that marks the transition from childhood to adulthood.
- World Vision regards FGM as a violation of child rights and women’s rights as enshrined in the Convention on the Rights of the Child and the Convention for the Elimination of All forms of Discrimination Against Women.
World Vision has eight recommendations for the joint CEDAW-CRC General Recommendation/Comment on Harmful Practices concerning measures to be taken by State Parties, as well as international agencies and non-governmental organisations (NGOs) to ensure especially the promotion of the right to health and protection of a child’s physical development.

1. It is critical to develop FGM abandonment programs which are multifaceted as FGM is intertwined with both community social and cultural development. Such interventions should also be community-led so that the process of change is initiated from within. Since the process of behaviour change can be lengthy, these efforts must be sustained over a period of time. Recognizing that FGM abandonment is rarely a community priority, at best construed as a foreign ideology, FGM abandonment efforts should be integrated into a development program that is consistent with the needs and demands of the given community. By providing for other pressing needs in the community, people will be enabled to begin to “listen.” It is also critical that community members be provided with information on the harmful effects of FGM in order to draw their own conclusions. National level legislators should also keep this in mind when creating and monitoring anti-FGM laws and policy.

2. States should ensure that laws safeguarding the welfare of children are implemented and child protection systems are functional at the community level. Child protection systems should be strengthened at all levels and partnerships forged at the local level with community based organisations (CBOs), faith based organisations (FBOs), educators, community members and governments in order to ensure that children are safe in their communities.

3. World Vision supports the use of legislative force, especially through community-level child protection mechanisms such as Area Advisory Councils (AACs), which ensures that gender violence cases are prosecuted. This works as a deterrent force against would-be circumcisers/cutters at the grassroots level. It is important however that programs to eliminate FGM balance and seek synergies between legislative and judicial elements and grass-roots social change efforts which target local level incentives and drivers of FGM.

4. State and local level anti-FGM awareness messages and forums should be audience specific to make certain the vulnerable and target members of the community, e.g. girls, parents, opinion leaders, practitioners, church leaders and teachers, are reached at all times throughout the life cycle to ensure full participation and ownership of the strategies put in place to end the practice of FGM.

5. Anti-FGM advocacy projects should strive to be holistic in their approach to the practice by addressing crosscutting and related themes affecting the community such as gender roles and norms, HIV and AIDS awareness, girls’ education, early marriage prevention, and economic empowerment.

6. World Vision believes that rehabilitation and reintegration of girls who are rescued from FGM, into the family and community should be emphasized; Anti-FGM advocacy projects are not intended to destroy the family fabric and community cohesiveness but to strengthen it.

7. Awareness of the strategic uses of FGM language is important for programmatic success. The word “mutilation” reinforces the idea that the practice of FGM is a violation of the human rights of girls and women, and thereby helps promote national and international advocacy towards its
abandonment. However, at the community level in many countries the term can be problematic as local groups generally use the less judgmental word “cutting” to describe the practice. Parents, understandably, resent the suggestion that they are “mutilating” their daughters.

8. Programmes aimed at FGM-abandonment should identify the respected faith leaders and clergy of groups engaged in FGM and early marriage since they are the counselors and arbiters of moral opinion. One very successful approach used by World Vision, involving faith leaders, *Channels of Hope*, is a series of workshops that help faith leaders identify the cultural, religious and societal practices that increase HIV infection risk in their communities. Participants consistently cite early marriage as an issue that makes women and children more vulnerable and in turn, become champions for the abandonment of this practice.
Stories from the Field: Numbers tell a story
Many significant events have taken place across communities that have engaged in Alternative Rites of Passage. In the Tot community of Marakwet district, Kenya, the rates of FGM have reduced from 80% in 1999 to an estimated 57% in 2006. And in Mt. Elgon, Kenya, 88% of the community members now believe that the practice is outdated and should be discarded as opposed to an 80% prevalence rate of FGM at the inception of the project in 1999—an inspiring shift in thinking and behaviour.

Case Studies and Lessons Learned: Protecting the girl child from FGM

World Vision International is a child-focused relief development and advocacy organization working in nearly 100 countries with the poor and oppressed. World Vision has been working in nine African countries for over 15 years to address FGM in concert with other related issues that affect girls under the age of 18, including HIV and AIDS, early marriage, gender-based violence, girls’ education, etc. World Vision’s work towards the eradication of FGM encompasses both programmes and advocacy. This paper will give a brief explanation of some elements of our approaches to ending FGM, which have proven effective including:

- the establishment of Alternative Rites of Passage,
- strengthening intergenerational ties and mentorship through the Grandmother Project, and
- Training Children as Advocates Against FGM.

This paper also covers two particular concerns for which we are advocating for greater attention:

- the situation of early marriage and its links to FGM, and
- the need to further incorporate men and boys in anti-FGM messages and programmes.

Alternative Rites of Passage

Though the practice of female genital mutilation has numerous negative effects, it is viewed by many traditional societies as a rite of passage from girlhood to womanhood. It is seen as a critical and positive component in preparing the female for marriage and childbearing, as well as giving important recognition among one’s peers and community members. Therefore, giving the girl child a chance to move from various life stages without risking her physical and sexual health, and moving from traditional to Alternative Rites of Passage (ARP) can be lifesaving and life giving.

World Vision has developed a unique model to help communities practicing FGM to begin utilizing an alternative to cutting. Historically, advocates against FGM have always been faced by the void left in the absence of the traditional process of circumcision, seclusion and the pompous graduation of circumcised girls into “adulthood.” To fill this gap, World Vision offers Alternative Rites of Passage (ARP), which allow girls to be trained in a camp with a positive graduation event that provides an alternative to the traditional cut and seclusion.

The lessons incorporated into ARP empower its trainees with various tools related to life skills, positive relationships, and reproductive health. Time spent in the ARP training camps also specifically address the negative effects of FGM as well as the violation of child rights and the relationship between HIV and AIDS and FGM.

Salient impacts of the ARP include increases in school enrolment and retention of girls in danger of FGM, FGM abandonment and a change of attitude towards traditional practices and an embrace of Alternative Rites of Passage for the girls. World Vision research has shown that it is through a strong emphasis on the negative consequences of FGM and its relationship to the spread of HIV and AIDS, together with the other positive aspects of the Alternative Rite of Passage that contributed to many considerable reductions in FGM rates.

Grandmother Project

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The practice of FGM has been passed down by both men and women over many generations. In numerous societies, which continue to practice FGM, the wisdom and practices of the elderly have a strong place. World Vision, in partnership with the Grandmother Project (GMP), has been working in the Velingara area of southern Senegal through the Girl’s Holistic Development Project (GHD) to promote healthy and holistic development of girls through intergenerational dialogue that focuses on the revival of positive cultural values and practices, with grandmothers playing a central role. The basis for the approach is improved communication between generations and between members of the opposite sex. This perspective transforms grandmothers and community elders from being a source of the problem to being the solution.

Traditionally within these communities, it is primarily the women, and often paternal grandmothers, who frequently decide to practice FGM, when it will occur, who will perform the cut, and all other details of the FGM ceremony and isolation period. While traditionally the cut was performed on adolescent girls, currently it is performed more frequently on infants who cannot protest.

The grandmother-inclusive interventions developed by the GMP have been associated with improvements in maternal and child well-being in a number of settings. The three pillars of the strategy are:

- Grandmother-inclusion,
- Intergenerational dialogue,
- Use of participatory communication approaches based on adult learning and community development principles.

A 2011 evaluation of the project shows that the GHD Project has increased communication between generations and increased social cohesion within families and the community at large. As a result, the evidence finds positive changes in attitudes regarding female genital mutilation and early marriage, a significant decrease in teenage pregnancy, and positive changes in actions undertaken by families, communities and schools to promote appreciation of positive cultural values and traditions on the part of young and adolescent children.

Training Children as Advocates Against Female Genital Mutilation

Training children on the health consequences of FGM has been instrumental in the dissemination of messages against FGM within many African communities where World Vision works. These youth are instrumental in maintaining and sharing the information they learn in children’s committees.

Stories from the Field:

Inter-generational communication

In Hawa Balde, Senegal, many grandmothers are now feeling that they are valuable members of the society, and they are more confident and proud of their role. One woman expressed her position, “Before it was as though the grandmothers were inside of a room and the door was closed, and they communicated very little with others. Now with the project it is as though the door was opened and now we can easily interact with, and communicate with everyone.” The elderly men are also feeling empowered and valued as they create new bonds with their families and support their wives in positive ways. Grandfathers are more frequently present in community meetings; there is open communication between grandfathers and the youth and a sharing of knowledge.

amongst their peers. In addition to knowledge management and information sharing, child participation also includes:

- Child-to-child radio programmes where children express their views on how to enhance their overall well-being
- Use of television channels to air messages on child rights
- Use of advocacy subcommittees in addition to the children’s committees

Stories from the Field:

Power of information
“My friends tried to talk to me to become an adult through undergoing the cut, but my parents were supporting me to say no to it,” explains a young African girl. “At school, me and my sister were strong opponents of FGM. We had a teacher who talked to us every Thursday about the dangers of FGM. We would perform poems and dramas to get our message across.”

Research carried out by World Vision in 2008 revealed that a project in Tanzania had created awareness on the negative effects of FGM in 160 schools through the children’s committees. Although the children had received training only once in 2007, they were found to be knowledgeable on negative consequences of FGM and child rights. They have likewise, created awareness on FGM among the other school children, their parents, and out-of-school children within their neighbourhoods. These youth have been instrumental in monitoring FGM activities within the schools and households and have reported suspicious cases of FGM to the authorities within their villages. This monitoring has acted as a deterrent to the harmful practice for fear of being found out and reported. Of particular interest is the production of the Tumaini Newsletter that includes contributions from school children in which they express themselves: addressing the topical issue of FGM and related health concerns within their communities. In the newsletter, children have an opportunity to prepare stories that draw on their knowledge of children’s rights, FGM and early marriage. In this way the children have become astute advocates and agents of change; reaching their fellow students, parents and the community at large.

Early Marriage Links to FGM

Every day, an estimated 3,500 girls will marry before reaching their fifteenth birthdays. Another 21,000 girls each day marry before the age of 18. Their total is expected to reach up to 100 million within the next decade. While the practice of early marriage occurs worldwide, including in the world’s wealthy and developed nations, it is most common in Sub-Saharan Africa, South Asia, and part of Central America. It is most prevalent in communities and households where the starkest poverty mixes with cultural traditions and lack of education limits a girl’s perceived value and potential.

FGM and similar rites of passage are clearly linked to early marriage in many African contexts, such as the Maasai communities of Kenya and Tanzania. A Maasai girl is typically considered mature after FGM has been performed, usually between the ages of 7 and 14, and is then quickly married in order to fetch a dowry. It is apparent then, that communities which practice FGM often push their children into early marriage.

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Stories from the Field:

Peer Role Models
In Kenya’s Rift Valley, it is common for girls in their early teen years to undergo FGM as part of the ceremonies marking their initiation to womanhood and as a precursor to early marriage. Teresa Cheptoo, a former WV sponsored child, refused to be one of these girls. Her own mother, who had undergone the cut at the age of 14 and was married at 15, cautioned her against the risks. Teresa and her family found support for their stand against FGM through an Alternative Rite of Passage program. As an offshoot of existent World Vision advocacy clubs, Teresa established Anti-FGM/Early Marriage Advocacy Clubs and helped recruit about 200 girls and boys in 13 schools to educate the community.
marriage. It is also common that men in these communities demand the girls they marry have undergone FGM or that they do so before marriage. A proverb from Mali says, “A girl of the same age who gets married quickly and has a child quickly will have more luck in life.” In cultures where early marriage and childbearing are associated with success and respect, social pressures push girls to have children early.

World Vision addresses the issue of early marriage along with FGM through the aforementioned Alternative Rites of Passage as well as various educational programmes seeking to help communities better understand the negative effects of marrying too young and the cut.

**Men and Boys in Anti-FGM Messages and Programmes**

Research has shown that FGM is often practiced due to notions of girls’ and women’s sexuality and control over it, whether that means ensuring virginity and purity before marriage or fidelity afterwards (Masterson and Swanson 2000). Moreover, male control and subjugation of women is frequently cited as an underlying factor for continuation of the practice. Because FGM holds such cultural and marital significance, anti-FGM activists increasingly recognize that to end the practice, it is necessary to work closely with local communities, especially the males. This will ensure that the girls who have chosen ARP will find husbands who are willing to marry them. Thus, World Vision strongly believes in and supports the inclusion of men and boys in anti-FGM programming, and working alongside them throughout the long-term process of cultural and attitudinal change.

**Additional Promising Practices Addressing Female Genital Mutilation**

*Child helplines:* World Vision Kenya is a key member of Childline Kenya which is a network organisation that runs a toll-free child helpline where children and any person with an issue affecting children can call and report cases of abuse, receive counselling and/or referrals. Through popularization of this helpline, girls in danger of facing FGM or early marriage can report the matter for assistance.

*Alternative Income Generating Activities:* The majority of circumcisers cite economic gain as the reasons for circumcising girls. To eliminate this reason, the World Vision Kenya’s Anti-FGM advocacy team, together with other stakeholders, has trained many circumcisers on alternative income generating activities. This has led to the development of business plans by some of the ex-circumcisers who benefit from small grants for start-up businesses. The forces of supply and demand have a way of ensuring that circumcisers going out of trade due to retirement, attitudinal shifts or otherwise are easily replaced. To ensure that former circumcisers refrain from the trade through income generating activities, they are encouraged to form groups that help keep vigil on one another thereby discouraging a return to old practices.

*Rescue centres for traumatised girls:* These comprise of dormitories and classrooms built by World Vision Kenya and enable girls who are in danger of being forced or coerced to submit to FGM to

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4 Female Genital Cutting: breaking the silence, enabling change. Julia M. Masterson and Julie Hanson Swanson. ICRW and CEDPA. 2000.
continue with their education in a safe environment. Additionally, World Vision Kenya, in partnership with provincial government officials, seeks to reconcile these girls with their parents following family sensitization on the effects of FGM.

Child Officers and Area Advisory Councils: There is evidence of renewed government commitment to ensure the safety of children in Kenya through recruitment of child officers in every district who will work with the Area Advisory Councils at the district, divisional and locational levels to help in the prosecution of child abuse cases. The use of legislative force especially through community child protection systems, such as Area Advisory Councils helps ensure that gender violence cases are prosecuted, serving as a deterrent force against would be mutilators (circumcisers). World Vision Kenya therefore forges partnerships with community based organisations, faith based organisations, community members and the government of Kenya to ensure that children are safe in the communities where we work.⁵

**Conclusion**

Despite the fact that FGM is a violation of child rights and detrimental to women and girls’ health and safety, World Vision’s experience suggests that FGM is a highly entrenched cultural practice among the communities in which it is practiced. Apart from its role in graduating female members of the community from ‘girls’ to ‘women’ it serves other social functions which help to maintain the identity and cohesiveness of the community. To change such a functional cultural element is not only a challenging and daunting task but can also be one that is full of frustration.

In spite of the challenges, with the gains made in the various projects such as communities that are highly sensitized to the dangers of FGM, role models, rescue centres, ARP graduates, and support groups, male involvement, among other sustained efforts through time will ensure success. A bright future is visible in the fight against female genital mutilation.
Works Cited:


*Female Genital Cutting: breaking the silence, enabling change.* Julia M. Masterson and Julie Hanson Swanson. ICRW and CEDPA. 2000.