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Intensifying global efforts for the elimination of female genital mutilations

Report of the Secretary-General

Summary

Pursuant to General Assembly resolution 69/150, on intensifying global efforts for the elimination of female genital mutilations, the present report provides information on the root causes of and factors contributing to the practice of female genital mutilations, its prevalence worldwide and its impact on women and girls, including evidence and data. It also provides an analysis of progress made to date by Member States, United Nations entities and other relevant stakeholders towards eliminating female genital mutilations. The report draws conclusions and proposes specific recommendations for future action.

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I. Introduction

1. In its resolution 69/150, the General Assembly reaffirmed that female genital mutilations[1] are a harmful practice and a form of violence against women and girls resulting in irreparable harm. It emphasized that empowerment of women and girls is key to breaking the cycle of discrimination and violence they face and for the promotion and protection of their human rights, including their right to the highest attainable standard of mental and physical health. The Assembly called upon States, inter alia, to adopt a comprehensive approach to eliminating female genital mutilations. Such an approach should include enacting and enforcing legislation to prohibit female genital mutilations and comprehensive prevention strategies, including advocacy and awareness-raising, and the provision of coordinated, high-quality multisectoral services for girls and women who have undergone female genital mutilations and those at risk.

2. In paragraph 26 of the resolution, the Secretary-General was requested to submit to the General Assembly at its seventy-first session an in-depth, multidisciplinary report on the root causes of and factors contributing to the practice of female genital mutilations, its prevalence worldwide and its impact on girls and women, including evidence and data, analysis of progress made to date and action-oriented recommendations for its elimination.

3. The present report is submitted in response to that request. It examines the latest developments from a multidisciplinary perspective, key challenges and opportunities, and the way forward to eliminate the practice of female genital mutilations. The report is based on information and submissions received by Member States[2] and relevant entities of the United Nations system,[3] and is informed by the latest research findings, evidence and data. It covers the period from 1 August 2014 to 30 June 2016.

4. To inform the deliberations at the seventy-first session of the General Assembly and, in partial contribution to the present report, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) organized a workshop on 29 June 2016 at United Nations Headquarters, with the participation of Member States and civil society, on accelerating the abandonment of female genital mutilations. Panelists included experts from civil society, namely, from the Population Council and Tostan, and from the United Nations system, namely, from the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and UN-Women. The presentations provided updated information on the data and current knowledge, including on root causes, persistent challenges and gaps, promising practices and lessons learned.

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[1] The term "female genital mutilations" is used in General Assembly resolution 69/150. The terms "female genital mutilation", "female genital cutting" and "female genital mutilation/cutting" are also used by stakeholders.

[2] Replies for the present report were received from Argentina, Australia, Colombia, Djibouti, the Dominican Republic, Finland, Greece, Ireland, Italy, Japan, Malawi, New Zealand, Norway, Peru, Sweden, Switzerland, Turkey and Uganda.

[3] Replies for the present report were received from the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF). This also included data provided by the United Nations Children's Fund that goes beyond the work of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change.

II. Global and regional normative developments

5. The 2030 Agenda for Sustainable Development (General Assembly resolution 70/1) specifically identifies violence against women and girls as a barrier to their enjoyment of their rights in many spheres. The 2030 agenda states women and girls must enjoy equal access to quality education, economic resources and political participation, as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels.

6. The elimination of female genital mutilations has been firmly rooted in the 2030 Agenda for Sustainable Development under Sustainable Development Goal 5 and target 5.3 on harmful practices, which have been clearly enunciated as barriers to the achievement of gender equality and women's empowerment. As such, the elimination of violence against women and girls, including harmful practices such as female genital mutilations, will make a crucial contribution, not only to progress towards achieving Sustainable Development Goal 5, but across all the Sustainable Development goals and targets.

7. The universal application and the human rights-based approach of the 2030 Agenda for Sustainable Development mean that all women and girls, regardless of their geographic location and circumstances, are entitled to a life free from violence and from undergoing harmful practices, such as female genital mutilations.

8. The 2030 Agenda reflects the strong political will of the international community to eliminate female genital mutilations and builds upon the existing global and regional normative frameworks. This strong political will was further evidenced at the Global Leaders' Meeting on Gender Equality and Women's Empowerment: A Commitment to Action, held in New York on 27 September 2015. At that meeting, several Heads of State affirmed their countries' adherence to existing international and regional human rights documents, including the Beijing Declaration and Platform for Action and the African Charter on Human and People's Rights, as well as their commitment to eliminating harmful practices, including female genital mutilations.[4]

9. During the reporting period, the United Nations and its intergovernmental bodies continued to address female genital mutilations as a human rights violation. The Human Rights Council, in its resolution 27/22, noted that the practice of female genital mutilations was a form of discrimination and urged States to condemn that practice, whether committed within or outside a medical institution.

10. In his 2016 report to the Human Rights Council, the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment observed that women and girls were disproportionally impacted by harmful practices, which were motivated in part by stereotypes about sex and gender-based roles and rooted in attempts to control individuals' bodies and sexuality. He also reaffirmed that female genital mutilations, child and forced marriage and honour-based violence, were forms of gender-based violence that constituted ill-treatment and torture (see A/HRC/31/57, para. 58).

11. In its 2016 report to the Human Rights Council, the Working Group on the issue of discrimination against women in law and in practice with regard to health

[4] See http://www.unwomen.org/en/get-involved/step-it-up/commitments.

and safety noted that rural women were particularly vulnerable to harmful practices, such as female genital mutilations. It also stressed that such practices had a negative impact women's and girls' right to health, and that discrimination against women and girls leading to the violation of their right to health and safety denied their right to human dignity (see A/HRC/32/44, paras. 56 and 98).

12. In the 2014 joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices, the Committees noted that harmful practices such as female genital mutilations were often associated with serious forms of violence against women and children. They noted that States had a due diligence obligation to prevent, investigate and punish acts of violence against women, whether these acts are perpetrated by the State or occur in private, and that they should not invoke any custom, tradition or religious consideration to avoid these obligations. (CEDAW/C/GC/31-CRC/C/GC/18, paras. 7, 11 and 55 (b)).

13. The Committee on the Elimination of All Forms of Discrimination against Women expressed its concern during the reporting period to several States parties to the Convention on the Elimination of All Forms of Discrimination against Women regarding the continuing high prevalence of female genital mutilations. Although the Committee welcomed efforts made by States to eliminate the practice, it called for the prompt investigation, prosecution and punishment of perpetrators and appropriate access to social and medical services for girls and women who had been subjected to the practice. It also recommended, inter alia, that States strengthen awareness-raising and educational efforts to eliminate the practice (see CEDAW/C/TZA/CO/7-8, paras. 18 (b), 20 and 21 (b), (d) and (e), and CEDAW/C/LBR/CO/7-8, paras. 4 (b), 23 and 24 (c)).

14. In General Assembly resolution 60/2 (para. 3), Human Rights Council resolution 27/22 (preambular paragraph 6) and the recently adopted Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (General Assembly resolution 70/266) the linkages between health, violence against women and harmful practices and the vulnerability of women and girls to HIV were noted.

III. Context and measures reported by Member States, United Nations entities and other relevant stakeholders

A. Prevalence of female genital mutilations

15. According to the latest available data, at least 200 million girls and women in 30 countries with representative data on prevalence have undergone female genital mutilations, although the exact number remains unknown. In most countries, the majority of girls were cut before the age of 5.[5]

16. Available data from nationally representative household surveys show that female genital mutilations are highly concentrated in parts of Africa, as well as countries in the Middle East and South Asia, with wide variations in prevalence between and within countries. For instance, in Africa, the practice is prevalent in

[5] UNICEF, "Female genital mutilation/cutting: a global concern" (New York, 2016). Available from www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf.

Djibouti, Guinea, Sierra Leone and Somalia, with levels rising above 90 per cent among girls and women aged 15 to 49 years, while 1 per cent of girls and women in Cameroon and Uganda are affected.[6] Wide variations also exist within countries. In Uganda, the national prevalence rate is 1 per cent; however, in certain practicing communities within the country, female genital mutilations reach levels that exceed 80 per cent.

17. Female genital mutilations are also prevalent in Indonesia, and there is evidence that they are performed in countries such as Colombia, India and Malaysia, as well as in areas of the Middle East, such as Oman, Saudi Arabia, and the United Arab Emirates.[5] Some of the evidence is derived from small-scale studies, outdated studies or anecdotal accounts and indicates that there are large variations in the types of female genital mutilations performed, circumstances surrounding the practices and size of the affected population groups. However, for these countries there is no internationally comparative and standardized representative data on prevalence, as the topic of female genital mutilations has either not been included in nationally representative surveys on demographic and health topics, as recommended by the Friends of the Chair of the United Nations Statistical Commission on indicators on violence against women,[7] or the data has not been published.

18. The practice of female genital mutilations is also found in countries that are destinations for migrants from countries where the practice still occurs.[8] A report by the Office of the United Nations High Commissioner for Refugees (UNHCR) indicated that female asylum seekers in the European Union were also at risk of having been affected by the practice.[9] Again, some of the evidence for these countries and others that are not traditionally associated with the practice is derived from small-scale or outdated studies, and the topic of female genital mutilations has not been included in nationally representative surveys.

19. There has been an overall decline in the prevalence of female genital mutilations over the last three decades, with an adolescent girl today approximately a third less likely to be cut than 30 years ago. In Kenya, prevalence rates among girls aged 15 to 19 dropped from 41 per cent in 1984 to 11 per cent in 2014. In Liberia, prevalence dropped from 72 per cent in 1983 to 31 per cent in 2013. Not all countries have made progress, however, and the pace of decline, where it exists, has been uneven. The prevalence of female genital mutilations among girls aged 0 to 14 who underwent female genital mutilations from 2010 to 2015 is significantly lower than that for older age groups; however, this data reflects the girls' current status. Some girls recorded as not cut may still be at risk of experiencing female genital mutilations once they reach the customary age for cutting.[6]

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[6] UNICEF, "Female genital mutilation and cutting", UNICEF data: monitoring the situation of children and women. Available from http://data.unicef.org/child-protection/fgmc.html (updated in February 2016). Based on demographic and health surveys, multiple indicator cluster surveys and other nationally representative surveys.

[7] *Guidelines for Producing Statistics on Violence Against Women*, United Nations publication (Sales No. E.13.XVII.7) (2014).

[8] A. Macfarlane and E. Dorkenoo, *Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates* (City University London and Equality Now, 2015).

[9] UNHCR, "Too much pain: female genital mutilation and asylum in the European Union: a statistical overview". Available from http://www.refworld.org/docid/512c72ec2.html.

20. Importantly, it is estimated that the global reduction in prevalence will be outpaced by the increasing population growth in countries where female genital mutilations still take place. While the proportion of girls aged 15 to 19 undergoing female genital mutilations may continue to decline at a global level, if current trends continue, their absolute numbers will be higher by 2030 than they are today.[10]

B. Root causes, contributing factors and consequences

21. Female genital mutilations are practices that are embedded in sociocultural systems. They reflect deep, cultural discrimination against women and girls and persist for a number of reasons, with both commonality and differences across countries and cultures.[11]

22. Female genital mutilations are practiced in the belief that they will guarantee a suitable marriage for a girl, uphold her chastity and beauty or family honour.[12] They are often linked to other harmful practices based on gender-based discrimination, including, for example, child, early and forced marriage, as these practices are associated with a woman's coming of age.

23. Female genital mutilations are also often believed to be a religious requirement. According to information provided by UNFPA and UNICEF, available data from Guinea, Mali and Mauritania suggest that significant percentages of girls and women, as well as boys and men, in these countries believe that the practices are mandated by religion and that, by undergoing these procedures, girls are purified. In addition, among practicing communities, there are various understandings of the negative consequences of not performing female genital mutilations, which include misconceptions relating to the anatomy of a woman's body or to the risk of death to babies born to uncut mothers.

24. Available data also indicate that there is a link between female genital mutilations and gender inequality. Where female genital mutilations are practiced, gender inequality also tends to be high.

25. According to the latest gender inequality index, published in the statistical annex to the *Human Development Report 2015*,[13] all of the countries in which the practice of female genital mutilations is prevalent and for which a 2014 value for gender inequality has been recorded rank at a high level of gender inequality — in the one hundred and tenth place or above, out of a total of 188 countries. Among them, Indonesia occupied one hundred and tenth place on the gender inequality index. All of the other countries in Africa or the Middle East in which female genital mutilations are practiced ranked at one hundred and eighteenth place or higher, reflecting high levels of gender inequality.

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[10] *World Population Prospects: The 2015 revision*, available from https://esa.un.org/unpd/wpp/Publications/.

[11] Bettina Shell-Duncan, Reshma Naik, and Charlotte Feldman-Jacobs, "A State-of-the-Art Synthesis on Female Genital Mutilation/Cutting: What Do We Know in 2016?" (New York, Population Council, 2016).

[12] See Jacinta K. Muteshi, Suellen Miller and José M. Belizán, "The ongoing violence against women: female genital mutilation/cutting", *Reproductive Health*, 13:44 (2016), available from http://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0159-3.

[13] Available from http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf.

26. According to information provided by UNFPA and UNICEF, demographic and health survey and multiple indicator cluster survey data indicate that, of all the factors assessed, the desire for social acceptance and avoidance of social stigma is the single largest factor influencing female genital mutilations. Individuals or families who choose to abandon the practice can face high social costs, including exclusion from society, for not conforming to the social norm.

27. While in some contexts, especially in more isolated settings, beliefs that female genital mutilations have some benefit are still common, the majority of girls and women, as well as men, believe the practice should end. According to available data, 67 per cent of women and girls and 63 per cent of men and boys oppose the continuation of the practice in their communities. In several countries, the data indicate that men and boys oppose female genital mutilations more strongly than women. In Guinea, the country with the second highest prevalence in the world, 46 per cent of men and boys believe that the practice has no benefit, compared with 10 per cent of women and girls.[5]

28. Much of this support for elimination, however, is still hidden or private, as individuals are reluctant to raise their voices until they have some assurance that the intention of keeping girls uncut is socially acceptable. Available data support this and also indicate that individuals may permit their daughters to be cut even if they would prefer not to. In some countries for which data exists, up to 58 per cent of cut mothers reported that, despite the fact that they did not support the continuation of the practice, they nonetheless had daughters who had been cut.[14] The fact that support for ending female genital mutilations is often hidden and not discussed is a factor that contributes to perpetuation of the practice, since individuals believe that others in their community still support it and that it continues to be required for social acceptance.

29. Analysis of data from demographic and health surveys and multiple indicator cluster surveys highlights the correlation between the practice and levels of education, household wealth and location. For example, in countries where female genital mutilations are practiced, it is more likely that a girl will be cut if her mother has little or no education. The data also indicate that the prevalence of female genital mutilations is lower among girls in the wealthiest households.[14] The relationship between prevalence and household wealth may reflect the interaction between wealth and other variables such as education, rural-urban residence and other indicators of socioeconomic status, all of which are also correlated with the exposure of girls and women to information and to the degree of opportunity they may have to discuss the practice.

30. According to information provided by UNICEF and UNFPA, factors that influence whether or not groups will continue to practise female genital mutilations and whether or not girls will be cut include the presence or absence of legislation criminalizing the practice, access to health care, psychosocial counselling, legal and child protection services, and whether the service providers uphold the practice or actively support its elimination. Some have argued that economic factors, including the income earned by cutters, also play a role in perpetuating these practices.

[14] UNICEF, *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change* (New York, 2013).

31. Female genital mutilations have multiple consequences for the individual, families, communities and wider society. There are serious short-term and long-term physical and mental health risks associated with the practice, including severe and chronic pain, bleeding, infections, trauma and other psychological and psychosomatic disorders. Women who have undergone these procedures have experienced a range of obstetrical problems, the most common being prolonged labour and/or obstruction, perineal tears, the need for episiotomies, post-partum haemorrhage and maternal and fetal death. Health consequences also tend to be more severe the more invasive the type of procedure.[12] Female genital mutilations also contribute to the perpetuation of gender inequality in other ways, including by limiting women's and girls' ability to participate fully in economic, social and political life.

C. Promising practices to eliminate female genital mutilations and lessons learned

32. Given the significant economic, social and health consequences of female genital mutilations, a comprehensive and multidisciplinary approach to responding to, as well as preventing, those practices is required. Such an approach includes the provision of coordinated, accessible and high quality responses for girls and women who have been subjected to the practice and the adoption of laws and policies, as well as comprehensive prevention strategies, with a focus on girls at risk.

33. In order for a comprehensive, multidisciplinary approach to ending female genital mutilations to be effective, coordination among, and engagement of, different actors is crucial. A broad range of stakeholders, including Governments, at both the national and the local levels, international and national non-governmental organizations, community and faith-based organizations, academic institutions and the media, need to be engaged in order to accelerate efforts towards abandonment of the practice.

34. In 2014, Burkina Faso introduced an innovative coordination structure, bringing together 13 ministries, women's rights and other non-governmental organizations, religious and community leaders, law enforcement officials and the judiciary, to oversee the implementation of its national legislation criminalizing female genital mutilations. Ethiopia also strengthened its coordination efforts by bringing together departments addressing child, early and forced marriages and female genital mutilations under the responsibility of one national coordination body, an approach that proved to be more effective for pooling financial and human resources than taking a "siloed" approach to addressing each issue.

35. Coordination between different agencies within the United Nations system is also appropriate and necessary in the application of a comprehensive and multidisciplinary approach. Coordination can support the development of approaches that reflect the national and global experience and lessons learned in promoting the elimination of female genital mutilations. To that end, since 2015, UN-Women has been collaborating with UNFPA and UNICEF in phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change to strengthen the interlinkages between gender inequality, violence against women and girls and harmful practices, such as female genital mutilations, in order to address the root causes of these types of violence, which are similar, and develop effective prevention and response strategies for their elimination. As part of this collaboration, UN-Women is developing guidelines to inform policies at the national level and a

training module on gender equality and female genital mutilations to accompany the UNFPA-UNICEF Manual on Social Norms and Change.

1. Legislation and policies

36. The criminalization of female genital mutilations through legislation is an important and positive step towards the abandonment of the practice. The adoption and effective enforcement of laws and policy measures are required to ensure access to justice for girls and women who have been subjected to female genital mutilations and provide them with the appropriate redress. They also demonstrate the lack of acceptance of these practices on the part of society, and send a clear signal that those who are responsible will be held to account.

37. Many Governments, often supported by United Nations entities, have sought to provide an enabling policy and legal environment towards elimination of female genital mutilations. The UNFPA-UNICEF Joint Programme has supported such efforts in 17 countries in which it operates.[15] In 2015, Nigeria passed the Violence against Persons (Prohibition) Act, which criminalizes female genital mutilations and other forms of violence against women and girls. It also entitles victims of violence, including female genital mutilations, to comprehensive medical, psychological, social and legal assistance. Also in 2015, the Zero Tolerance for Female Genital Mutilation Act was introduced before the United States Congress. The Act foresees the development of a multi-agency strategy on prevention and provision of services for those who have been subjected to the practice or who are at risk.

38. High-level political will is central in efforts to achieve the total elimination of female genital mutilations, as evidence shows that statements made by politicians condemning the practice are crucial in squarely countering support for the continuation of the practice.[16]

39. In 2015, in the Gambia, the adoption of the legislation criminalizing the practice was preceded by a presidential proclamation banning the practice, complemented by intensive awareness-raising efforts by the media and local non-governmental organizations. In 2014, the President of Sierra Leone declared a temporary ban on female genital mutilations in an effort to halt the spread of the Ebola epidemic in the country. This ban was complemented by an intensive awareness-raising campaign by the Government aimed at health-care workers, as well as the general public, in which the legal and medical implications of cutting during the epidemic were explained. As a result, new cases of female genital mutilations in Sierra Leone decreased dramatically. Efforts are ongoing in the country to build upon the momentum created by the State ban and eliminate such practices completely.

40. Several reporting States acknowledged new or strengthened legislation and policies aimed at eliminating female genital mutilations. Finland reported that provisions in its criminal code regarding extraterritoriality had been revised to provide for prosecution of citizens or permanent residents who perform the practice, regardless of whether the crime was committed in another country. Through its

[15] Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, the Sudan, Uganda and Yemen.

[16] UNFPA, *Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation* (New York, 2014).

National Development Plan (2014-2018), Colombia developed strategies to address female genital mutilations and harmful practices affecting indigenous girls and women. To address the gravity of female genital mutilations, Djibouti introduced penalties for those found guilty of performing the practices, including fines and imprisonment.

41. The effectiveness of legal sanctions against female genital mutilations depends upon their effective and widespread dissemination. The UNFPA-UNICEF Joint Programme reported that the publicity surrounding the new national law criminalizing female genital mutilations in Nigeria brought to light the fact that the public in three Nigerian states were not aware that female genital mutilations were already criminalized in those states. Greater efforts are now under way to broaden awareness of national and state laws.

42. There is a clear need to strengthen dissemination and implementation of relevant legislation criminalizing female genital mutilations. Public awareness must be raised regarding the unacceptability of the practice. In 2014, the National Population Council and the Office of the General Prosecutor in Egypt, supported by the UNFPA-UNICEF Joint Programme, trained law enforcement agents, prosecutors, judges and forensic medical experts on female genital mutilations. According to reports from the Joint Programme, legal actions instigated against individuals implicated in cases involving female genital mutilations increased more than fourfold, from 115 in 2014 to 498 in 2015, across the 17 countries it supports. This suggests that the implementation of new legal provisions in those countries is increasingly being accepted and that progress is being made towards the acceptability of not cutting girls.

43. Several reporting States (Argentina, Dominican Republic, Greece, Peru and Turkey) indicated that they had no specific national legislation criminalizing the procedure. They referred, instead, to their general legal frameworks protecting women from violence, which could be extended to cases involving female genital mutilations, such as prohibiting individual citizens and foreigners, as residents in their countries, from being subjected to violence, torture or inhumane or degrading punishment and treatment.

44. Where community support for female genital mutilations is still strong, enforcement of legislation criminalizing the practice may prove difficult. Persistent attitudes and behaviours support the practice, including an unwillingness among judicial and security forces to penalize offenders and hold them fully accountable. It is evident from reports of the UNFPA-UNCIEF Joint Programme that States have made efforts to enforce existing legislation. Eritrea convicted and fined at least 155 practitioners and parents, while in Kenya, enforcement of legislation criminalizing female genital mutilations resulted in 20 practitioners being arrested and arraigned.

45. Challenges to enforcement remain, however, and, as noted by Uganda, take a long time to be processed, with few cases reaching the courts, as many women and girls face community pressure to drop their legal actions. In Kenya, there have been reports of individuals crossing borders to perform these practices elsewhere. According to information provided by UNFPA and UNICEF, in Guinea, there have been accounts of girls undergoing female genital mutilations at younger ages and in hidden settings, possibly to avoid detection by security personnel or by community members who have taken a stand against these practices, or both.

2. Support services and responses

46. A comprehensive and multidisciplinary approach to providing services enables girls and women who have been subjected to female genital mutilations and those at risk to access a wide range of support services, such as psychosocial, legal, police, health-care and shelter support. The provision of adequate health care allows them to access sexual and reproductive health services, psychosocial counselling and urgent treatment for the health consequences associated with the practice. Strengthening the capacity of service providers, including health personnel, social workers and shelter staff, to respond to the needs of girls and women who have undergone female genital mutilations is essential for providing support for positive change on a large scale and for the well-being of women and girls. Support services can also play a major role in promoting the abandonment of the practice by providing information on the consequences of female genital mutilations and ensuring that the attitudes, beliefs and behaviour of service providers support the abandonment of the practice. In some cases, this may involve introducing essential changes, through awareness-raising and training, in the institutions that provide support, for staff who consider female genital mutilations acceptable.

47. A persistent challenge hampering the accelerated abandonment of female genital mutilations is weak reporting and surveillance systems within the health sector. The UNFPA-UNICEF Joint Programme reported that in Egypt in 2014 new national medical guidelines for managing gender-based violence cases, including female genital mutilations, were developed. These included providing services to girls and women who had been subjected to such practices and reporting cases to the authorities. New Zealand developed a handbook for health professionals on how to care for clients, including refugees, affected by female genital mutilations. The United Kingdom of Great Britain and Northern Ireland commissioned six new e-learning training sessions on female genital mutilations containing practical advice for health-care professionals, and in 2016, it published multi-agency statutory guidance on female genital mutilations for those with statutory duties to safeguard children and vulnerable adults.[17] In Norway, all girls and women who come from countries where female genital mutilations are practiced are asked whether they have any special health problems which require attention. In the United States of America, the Department for Health and Human Services has recommended health screening services to newly arrived refugees, and patients can access comprehensive health care at community centres.

48. In 2016, the World Health Organizations (WHO) issued new global guidelines on the management of health complications from female genital mutilation.[18] The guidelines aim to improve care for those subjected to the practice and focus on preventing and treating obstetric complications, treating depression and anxiety disorders and attending to female sexual health.

49. The WHO guidelines also caution against the so-called “medicalization” of female genital mutilations, which remains a significant problem. According to information provided by UNFPA and UNICEF, medicalization is on the rise in some

[17] Available from https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation.

[18] *WHO Guidelines on the Management of Health Complications from Female Genital Mutilation* (Geneva, 2016), available from http://www.who.int/entity/reproductivehealth/topics/fgm/management-health-complications-fgm/en/index.html.

communities in Guinea-Bissau, Kenya, Somalia and the Sudan. With the support of the UNFPA-UNICEF Joint Programme, States have made efforts to address the issue of medicalization. For example, Somalia is preparing an anti-medicalization strategy to accelerate efforts towards elimination of female genital mutilations. The Ministry of Health of Indonesia lifted a regulation that allowed medical personnel to perform female genital cutting on young girls. Egypt is considering integrating information on the health consequences of the practice into university curricula in order to raise awareness of and encourage the elimination of medicalization.

50. Several States reported improvement in management information systems and data collection, and in the development of tools and guidelines to improve the quality of the services provided throughout their countries. Greece and Sweden undertook mapping and assessment of health policies and violence prevention programmes, respectively, related to female genital mutilations. Finland reported that it was working to improve the awareness among asylum seekers, including health-care professionals, of the consequences of female genital mutilations and available services. In the 17 countries in which the UNFPA-UNICEF Joint Programme operates, the capacity of 13,700 service delivery facilities was strengthened as a result of training and the development of tools and guidelines to prevent female genital mutilations.

51. Many States face challenges to their goal of strengthening health and protective services and systems relating to female genital mutilations. In many cases, such services and protocols fall under sectors unrelated to work on female genital mutilations. Those sectors are themselves facing financial and human resource capacity constraints. For example, girls and women who have undergone or are at risk of female genital mutilations often have to seek the support of local non-governmental organizations, which are the main providers of services related to female genital mutilations.

52. In addition, service providers in many States are underresourced and mostly located in urban settings, and thus face challenges in terms of long-term sustainability. However, Kenya, for example, reported integrating female genital mutilations interventions in other government development programmes, such as those focusing on preventing child, early and forced marriages and HIV/AIDS prevention, as well as maternal and child health programmes, with a view to supporting sustainability and strengthening efforts towards elimination.

3. Prevention

53. The adoption of a comprehensive and multidisciplinary approach to eliminating female genital mutilations ensures that the root and structural causes of that harmful practice are addressed through multiple prevention strategies implemented at all levels of society so as to stop the violence from happening in the first instance. The approach includes changing social norms through grassroots education, advocacy, awareness-raising and community mobilization, as well as the specific engagement of key change agents.

54. A multidisciplinary and holistic approach to eliminating female genital mutilations should be informed by a social norm change perspective which takes into consideration the specific cultural context and broader social networks in which the practice occurs. Lessons learned from the UNFPA-UNICEF Joint Programme and the Tostan holistic community empowerment programme demonstrate that in

applying this approach consideration must be given to the fact that individuals and communities who have practised female genital mutilations for generations may not perceive them as a harmful practice or as a problem, and they may have their own justifications for continuation of the practice. In their cultural context, the practice is consistent with their vision of doing the best for the girl who undergoes it and for her family.

55. It is therefore important to emphasize that while female genital mutilations should not be tolerated, a respectful approach should be central to engagement with communities that practice female genital mutilations to uphold their local traditions and culture. A nuanced understanding and an approach that builds on the core positive values inherent in those traditions, such as doing the best for girls and families, are essential so as to engender trust and make progress towards abandonment of the practice.

56. States are increasingly building on existing support, including from the UNFPA/UNICEF Joint Programme, to promote the abandonment of female genital mutilations and achieve their complete elimination through community mobilization. Making visible the support that exists within the country for ending female genital mutilations, for example through public declarations by influential actors in the community, contributes to motivating communities to consider abandoning and, eventually, eliminating the practice. This process gains strength when the support for ending the practice becomes evident across similar communities within a country.

57. Social norm change increasingly underpins national strategies and informs interventions towards the elimination of female genital mutilations with the engagement of communities, civil society organizations, including traditional and faith-based leaders and organizations, as well as men and boys, youth and women's groups. Mobilizing communities and influencing the process of social norm change by engaging key change agents has been acknowledged as crucial in efforts leading to abandonment.

58. In the Arab States, the UNFPA-UNICEF Joint Programme supported the establishment of a faith network across Djibouti, Egypt, Somalia and the Sudan and a joint declaration pledging cooperation between faith-based organizations in those countries. Building on those efforts, as well as a long-standing collaboration with the Al-Azhar University, Somali leaders and influential religious scholars from Egypt and other Arab States collaborated on a declaration that distances Islam from the practice and calls on the Government to ban all forms of female genital mutilations in Somalia.

59. An evaluation from the UNFPA-UNICEF Joint Programme noted that in Kenya alternative rites of passage, as a form of public declaration, were used effectively by community leaders to encourage the empowerment of girls and their resistance to female genital mutilations. Girls were provided with an orientation on a wide range of topics, including relationships, sexuality and gender-based violence, as well as information on available support services. Research indicates, however, that there is no guarantee that initiates of alternative rites of passage will not undergo female genital mutilations in the long-term, especially if their families and the wider community remain unconvinced that girls can become women without

being cut.[19] As the example in Kenya demonstrates, long-term training and mentorship and support for girls is required before and after such ceremonies, so as to avoid stigmatization as a result of not undergoing female genital mutilations.

60. Younger generations are important change agents for speaking out in favour of ending female genital mutilations, as they are the majority in the countries in which such practices are prevalent. Younger persons are also typically open to new ideas and less bound by tradition than their elders. They can also provide innovative programmatic guidance. Interactive techniques, including social media, music, dance, film and theatre, are being used by States to engage and reach out to young people. The Y-PEER network in Somalia, supported by the UNFPA-UNICEF Joint Programme, for example, uses Facebook and Twitter, which has proven to be an effective way of mobilizing young people to discuss sensitive issues, such as female genital mutilations, that they cannot talk about publicly in other settings.

61. Working with men and boys helps accelerate progress in preventing and eliminating harmful practices such as female genital mutilations. Men and boys can be powerful change agents as they can challenge the deeply rooted inequalities and social norms that perpetuate men's control and power over women and violence against women and girls.

62. In many settings, men and boys have been left out of the conversation on female genital mutilations, and the practice is still often considered to be an issue strictly related to women and girls. However, when exposed to the realities of the practice, young men and boys in different countries are increasingly in favour of keeping girls intact and are demonstrating a greater willingness to speak out against the practice. For instance, in Somalia, groups of men are collectively proclaiming, including through social media, their willingness and, in some cases, their preference, to marry girls and women who have not undergone female genital mutilations.

63. Government and civil society groups use the media and awareness-raising campaigns extensively to promote their initiatives and key messages. The media play an important role in raising awareness of the negative consequences of female genital mutilations, and in presenting testimonials about the benefits of ending the practice. For example, Italy launched a national campaign for immigrant parents to make them aware of the risks to which they expose their children. Guinea-Bissau and Portugal joined forces with civil society to launch the "Right to live without female genital mutilation" campaign, at airports in both countries. According to the UNFPA-UNICEF Joint Programme, in 2014 and 2015, over 45,000 media reports and articles focusing on the different aspects of female genital mutilations and its abandonment were produced by international and national media.

64. A global media campaign, launched by the Secretary-General in 2014, has helped to draw global attention to and accelerate support for the elimination of female genital mutilations. *The Guardian* has partnered with several United Nations agencies on capacity-building and awareness-raising initiatives in several African countries, working with political, mainstream media and social influencers to build strong relationships with those interested in changing the landscape on female

[19] Daisy Nashipai Mepukori, "*Is alternative rite of passage the key to abandonment of female genital cutting?: a case study of the Samburu of Kenya*", Honours thesis, Duke University, 2016.

genital mutilations and empowering grassroots activists to tell their stories and reach wider audiences through traditional and social media platforms.

4. Data collection and research

65. The generation of new evidence, including new data, is important for informing laws, policies and programmes aimed at eliminating female genital mutilations. For example, the European Institute for Gender Equality published a report in 2015 entitled "Estimation of girls at risk of female genital mutilation in the European Union".[20]

66. In the United Kingdom, it became mandatory in 2015 to collate and submit anonymous details to the Department of Health every month regarding the number of patients treated who had undergone female genital mutilations. It also established a specialized unit to coordinate cross-government policy on female genital mutilations, collect and disseminate best practice and provide outreach support to local areas. Djibouti found an innovative way to use routine medical check-ups in schools to collect data on the prevalence of female genital mutilations through systematic examination for physical evidence of cutting. This has helped to desensitize the discussion around female genital mutilations and redefine them as a medical issue. In the Gambia and Mauritania, an indicator on female genital mutilations was included in the countries' health management information systems in order to generate routine administrative data.

IV. Conclusions and recommendations

A. Conclusions

67. The significant body of data on female genital mutilations drawn from nationally representative household surveys indicates that the prevalence of the practice is decreasing, although progress has been uneven across countries. In addition, the current rates of decline are likely to be negated by rapid increases in the population of many of the countries where the practices occurs.

68. Notwithstanding the growing evidence, data weaknesses have resulted in gaps in understanding of the nature, prevalence and trends in female genital mutilations. For example, there is limited and often inaccurate information on the extent of the practice in specific regions, such as Asia and the Middle East.

69. Research suggests that rural girls and those whose mothers did not receive education are more vulnerable to female genital mutilations. Area of residence and education may, however, be correlated with other underlying factors that combine to influence vulnerability to female genital mutilations.

70. Data reveal that many individuals, even in countries with a high prevalence of female genital mutilations, support putting an end to the practice. Many of those opinions, however, are still kept private because of continued fear that expressing such opinions and not performing female genital mutilations will be deemed socially unacceptable, thereby perpetuating the belief that female genital mutilations

[20] Available from http://eige.europa.eu/rdc/eige-publications/estimation-girls-risk-female-genital-mutilation-european-union-report.

are still necessary for social acceptance. The hidden nature of the support for ending the practice slows down the process of abandonment.

71. States continue to articulate high-level political commitment to ending female genital mutilations. This has led to a deepening of international norms and the enactment of national legislation criminalizing the practice in several countries. However, enforcement of national legislation remains weak, and its dissemination within countries is still insufficient. In some countries in which laws have been adopted criminalizing female genital mutilations, there is evidence of movement across borders for the purpose of performing the practice in other countries where it is not criminalized.

72. States, often supported by entities of the United Nations system, have adopted a number of promising practices to integrate both preventative and response measures in their strategies to address female genital mutilations. Many have engaged a broad range of actors, including the media, as part of community mobilization to change social norms. However, overall, the number of platforms for discussion on female genital mutilations and their abandonment is insufficient. Such platforms could make it clearer that the practice is no longer supported by many people.

73. There are still gaps in the provision and dissemination of information on available services and procedures in different settings for girls and women subjected to female genital mutilations and those at risk. Limited information has been provided regarding the impact and plans for long-term sustainability of the measures undertaken. In addition, the trend towards medicalization remains a challenge. Furthermore, increased international migration has resulted in the transfer of the practices and also of girls and women who have been subjected to female genital mutilations to countries not usually associated with the practice.

B. Recommendations

74. **The practice of female genital mutilations and other harmful practices, such as child, early and forced marriages, that are linked to and constitute violence against women and girls, hinder the achievement of gender equality and the empowerment of women and girls, which are critical for sustainable development. As a matter of priority, therefore, States should adopt a comprehensive and multidisciplinary approach to eliminating female genital mutilations to address the social, cultural and economic roots of the practice.**

75. **The adoption of a comprehensive and multidisciplinary approach to eliminating female genital mutilations includes not only the enactment of legislation criminalizing the practice, the provision of appropriate support services and comprehensive prevention strategies, but also coordination. As such, States should ensure the engagement of all relevant sectors of Government, such as the justice, security, health, social services, including child protection, and education sectors, and closer coordination and collaboration with different actors, including United Nations entities and civil society.**

76. **States should enact legislation, and/or enforce and effectively disseminate information on existing legislation, including extraterritorial laws, for citizens**

practising female genital mutilations in other jurisdictions, and hold those who practice to account. States should not invoke any custom, tradition or religious consideration to avoid these obligations and should ensure that legislation and national strategies on the elimination of female genital mutilations are implemented through national action plans, cross-sector policies and programmes.

77. **States should provide coordinated, accessible and high quality girl- and women-centred services for girls and women at highest risk, especially those in rural areas. These include psychosocial counselling and support, shelter and safe accommodation, legal counselling, police support and health care, including sexual and reproductive health services. In particular, in order to address the trend towards medicalization of the practice, States should ensure, through awareness-raising and capacity-building, that health-care professionals and local authorities recognize and provide relevant services to girls and women who have undergone female genital mutilations and that they do not themselves perform female genital mutilations.**

78. **In the context of a comprehensive and multidisciplinary approach, States should ensure that the government, civil society and the media continue and intensify efforts to provide information and raise awareness about the harmful effects of female genital mutilations and the fact that this practice still exists, as well as about national and international levels of support for eliminating the practice. To that end, States should organize activities that make the movement to end female genital mutilations more visible.**

79. **States should adopt comprehensive prevention strategies, including advocacy, awareness-raising and community mobilization, with a broad range of key stakeholders, in particular, faith-based organizations and religious institutions, men and boys, women and girls, youth, civil society, women's organizations and the media, to help change existing norms, attitudes and behaviours that condone and justify gender inequality, violence against women and girls and harmful practices such as female genital mutilations.**

80. **Given the changing incidence of female genital mutilations, States should intensify and scale up efforts to eliminate the practice, focusing, in particular, on those populations that have not yet been targeted by current national efforts.**

81. **In order to ensure that a comprehensive and multidisciplinary approach is applied to future interventions to eliminate female genital mutilations, States, the United Nations system and other stakeholders should strengthen the monitoring and evaluation of the impact of ongoing interventions at the national, subregional and regional levels, to help share, consolidate and expand promising and effective approaches. Promising practices should be allocated additional resources and scaled up.**

82. **Recognizing that increased migration in recent years has resulted in the movement of many girls and women who have undergone female genital mutilations, as well as those who perform the practice, States should institute measures tailored to the needs of migrant and refugee girls and women who have experienced or are at risk of undergoing female genital mutilations in their destination countries.**

83. **States, with the support of the United Nations system and other partners, should institute and improve data collection on the incidence of female genital mutilations and associated factors, including through standardized methods that allow for the comparability of such data and for the measurement of the implementation of target 5.3 of the Sustainable Development Goals, including in those countries that have not been traditionally associated with the practice. Where it is relevant and applicable, States should include questions on female genital mutilations in surveys on demographic and health topics, as recommended by the Friends of the Chair of the United Nations Statistical Commission on indicators on violence against women.**

84. **States should engage academia, research consortia and national institutions to increase research and support the generation of new evidence, over time, to inform the development of laws, policies and programmes. In particular, States should undertake an analysis of the strategies and enabling factors that have led to the adoption of laws criminalizing female genital mutilations, including the degree to which legislation was aligned with or deviated from existing social norms, as well as an analysis of the social dynamics that have favoured an acceleration of the abandonment of the practice.**

85. **Given the association between gender inequality, overall violence against women and girls and female genital mutilations, States, with the support of the United Nations systems, civil society and academia, should work to identify and build synergies between interventions aimed at achieving gender equality and those aimed at addressing violence against women and harmful practices, such as female genital mutilations.**