

Female Genital Mutilation: The Role of Education

Overview of the issue¹

Female genital mutilation (FGM), a form of gender-based violence, is known as a harmful traditional practice (OHCHR) and is a violation of human rights. The available data indicates that at least 200 million women and girls across 30 countries have undergone the practice (UNICEF, 2016). The practice of FGM is concentrated in Africa, Asia and the Middle East, however there have been reports of the practice in Europe, Australia and North America within diaspora communities (UNICEF, 2016).

FGM is described as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (WHO, 2016). The practice has no health benefits and has consequences in all aspects of a female’s life - including health and education. FGM can also act as a precursor to early/child marriage, which is also a violation of human rights and can even be considered slavery in some situations (Turner, 2016). It has been said by Nowak (2008), former Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, that “the pain inflicted by FGM does not stop with the initial procedure, but often continues as ongoing torture throughout a woman’s life.”

Although the prevalence of the practice has declined overall over the last 30 years, due to the rise in population growth there will be a significant increase in the number of women and girls subjected to FGM over the next 15 years (UNICEF, 2016). Reducing FGM is of global urgency and features within Sustainable Development Goal 5 (“Achieve gender equality and empower all women and girls”) under target 5.3, which states: “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation” (United Nations Department of Economic and Social Affairs, 2015).

Due to this, there is still much work to be done and education is integral to any strategy to reduce FGM, as it can play a key role in changing individual and societal views. It is claimed that basic education is a key method for eradicating FGM and that the topic should be integrated into curricula and teacher training (GIZ, 2011b). Data shows that girls and women with no education are significantly more likely to be in favour of the existence of FGM - for example, in Kenya, approximately 38% of women and girls with no education support the continuation of the practice, in comparison to approximately 6% of women and girls with secondary or higher education (UNICEF, 2013).

Furthermore, as FGM is a sociocultural issue, it is essential that social change takes place in order to change the attitudes and views of society as a whole and thereby change behaviours and end the practice (GIZ, 2011b). As a result, strategies should take an approach which target the whole of society, and not just women and girls, and not just those in school (GIZ, 2011b). It has also been identified that legal regulations against FGM alone are insufficient, and that where these are accompanied by culturally-sensitive activities that educate and raise awareness, reductions in the prevalence of FGM have occurred (WHO, 2008).

¹ This summary document gives an overview of the practice, highlights some consequences and suggests strategies for addressing the practice, with a focus on the central role of education.

Consequences of FGM

There are a range of short term and long term consequences associated with FGM, which can impact a female's entire life. Some examples of consequences and complications are below.

- **Health:** Short term health risks include severe pain, excessive bleeding, infections, urination problems and even death (WHO, 2016; UNFPA, 2016). Long term health risks include complications during childbirth, pain, menstrual problems and higher risk of HIV transmission (WHO, 2016; UNFPA, 2016).
- **Psychological:** It has been found that FGM may affect the psychological well-being of a victim for the rest of her life. This could include post-traumatic stress disorder, depression, fear and loss of trust in carers (FORWARD, 2012; WHO, 2016).
- **Early/child marriage:** In some areas FGM can be seen as a precursor to early/child marriage, and girls that have undergone the practice are viewed as grown up and ready for marriage (GIZ, 2011b; World Vision UK, 2014). For example, in some areas of Tanzania, bride price can only be necessitated if a girl has undergone FGM, whilst in Sierra Leone, the practice is typically paid for by a girl's future husband and family in advance of the marriage taking place (World Vision UK, 2014).
- **Education:** FGM can hinder and even end a girl's education due to the complications endured by girls following the practice including health issues, pain and distress, which can cause girls to be less focussed in school or absent and consequently perform poorly and drop out of school (GIZ, 2011b). It has also been stated that in some areas (for example Sierra Leone), girls are forced to drop out of school following the procedure as their parents have had to pay a high cost for the FGM ceremony and thereby cannot or are reluctant to continue paying for the education of their daughter (GIZ, 2011b). Additionally, early/child marriage can impact a girls' education and lead to the end of their schooling for numerous reasons - girls may become preoccupied with the role of a wife and lose interest in school, or may continue and drop out once they become pregnant (GIZ, 2011b). Women and girls with little or no education are less able to make positive contributions to society than those with education. Educated women and girls contribute to social and economic development, and can support the improvement of health and productivity in their families and communities as a whole (UNFPA, 2015).

Strategies for reducing FGM

To reduce FGM, strategies must be multi-sectoral and involve stakeholders at different levels (for example local and global) and from different sectors (for example health, education and justice, and also target all within society (for example individuals, communities, local leaders and governments) (WHO, 2008).

Within a multi-sectoral approach, education is critical as it can change play a significant role in changing individual and societal views on FGM and challenging social and gender norms.

At the individual level, education provides access to information, allows for informed decision-making and empowers individuals to make their own, independent choices. Schools and education

programmes offer an environment for teaching, learning and support, where knowledge and skills can help an individual address FGM.

Schools and government play an important role in ensuring implementation of targeted educational programmes, including teacher-training and curriculum development which address FGM and related issues. Policies that promote gender equality in education also lay a foundation for empowering women and girls and their decision-making capabilities and self-sufficiency.

Community-based and public education can also contribute to breaking the silence on FGM, raising awareness, allowing for open discussion and addressing stigma and potential ostracisation (for those that do not undergo FGM). Involving family members, traditional leaders, local authorities and the broader community in such initiatives is equally important in changing social attitudes and norms and for ensuring that the underlying drivers are addressed in appropriate ways. Additionally, such initiatives are also important in reaching girls who are out-of-school and therefore have no access to traditional school-based education.

However, it is important that strategies are community-led as this ensures that programmes are participatory, take into consideration the local context and that communities identify their own issues and solutions (WHO, 2008).

Education strategies for reducing FGM

- **Promoting access to education for women and girls:** In addition to providing information on FGM and human rights, education empowers females and allows them to develop the skills and knowledge to lead independent lives. Consequently, education access for females should be promoted and facilitated (for example through female friendly environments where sufficient, safe toilet and hygiene facilities are provided).
- **Curriculum content:** By integrating FGM into formal and non-formal education, the topic is less of a taboo and girls and women can receive accurate information to allow them to make their own independent decisions. In addition to providing knowledge, sessions on the topic should be delivered in an open manner which allow individuals to exchange experiences and feelings in a safe environment.
- **Training of teachers, facilitators and youth workers:** Teachers, facilitators and youth workers should receive training so that they can educate young people and also support those at risk of undergoing the procedure, or those that have already undergone the procedure.
- **Communications and mass media campaigns:** Campaigns can raise awareness of the topics and provide accurate information and facts through popular mediums of communications, such as radio and television programmes and posters.
- **Distribution of information via religious and community leaders:** Due to their prominence within communities and the strong networks that they have, religious and community leaders that oppose the practice can inform and educate their communities on the dangers of FGM (GIZ, 2011a).

Other strategies for reducing FGM

- **Economic empowerment of women:** To address the gender inequality that FGM stems from, women's economic development and empowerment programmes should be implemented as these can help to change norms whereby women are dependent on others (WHO, 2008). Such strategies would enhance the economic status of women and will help to decrease the significance of a woman's marriageability, (which is a key issue which supports the existence of FGM) due to the availability of alternative options for stability and security (Ali, 2010).
- **Intergenerational and public dialogue and debate:** Provide opportunities for communities to discuss and debate the topic and increase awareness and understanding, through questioning and listening with the support of a trained facilitator (WHO, 2008; GIZ, 2011a). This dialogue and debate allows individuals to discuss their values, norms and traditions and any changes they feel should be made (WHO, 2008; GIZ, 2011a).
- **Alternative rites-of-passage ceremonies:** Alternative ceremonies incorporating symbolism and values related to the traditions and culture of communities can be used to signify coming of age, instead of the use of harmful practices (GIZ, 2011a; Ali, 2010).
- **Alternative employment for traditional excisers:** Due to the heavy reliance of excisers on FGM, it is essential to provide them with opportunities for alternative income, for example through training or loans, so that they can stop conducting the practice (UNICEF, 2008).

Programme examples

- **GIZ - Intergenerational Dialogue:** This bottom-up programme was developed first in Guinea and involves a series of consultations, meetings and workshops, as mentioned above. An evaluation conducted in 2009 shows the impact of the programme in Mali where 74% of those surveyed within the community stated that they have taken steps to end FGM in their community (GIZ, 2011c).
- **FORWARD - Africa, Europe and UK Programmes:** FORWARD's programmes aim to improve the lives of women and girls and address the issues of FGM, early/child marriage and obstetric fistula. In East and West Africa, it delivers a holistic programme to communities through local and women-led organisations, which involves capacity development, funding and the building of networks and associations (FORWARD, 2015a). Since 2012 FORWARD have been supporting the Sinyati Women's Group in Kenya and have provided financing for technical support and training programmes for women to help them campaign for the end of FGM and early/child marriage in schools and communities (FORWARD, 2015b). Over 19,000 community members in five countries were reached by FORWARD in 2014 through girls and women's networks (FORWARD, 2015a).
- **Tostan - Community Empowerment Program:** Tostan's programme involves a trained facilitator working with a community to deliver human rights-based education classes and empowering communities to make social change (Tostan, 2016b). Participants of the classes share knowledge with their networks and information is spread through a process known as organised diffusion, which helps to increase the impact of the programme (Tostan, 2016a). The use of this programme has led to public declarations of the abandonment of the practice in over 7,200 communities from Djibouti, Guinea, Guinea-Bissau, Mali, Mauritania, Senegal, Somalia, and The Gambia, and the programme has been marked by the governments of The Gambia and Senegal as the favoured method for addressing FGM (Tostan, 2016c).

Taking forward actions - the role of policy makers

- **Spearhead girls' education:** Promote education access for girls and women and promote female friendly education settings through policies.
- **National education strategy:** Devise and implement a national education strategy for all levels which incorporates the above points, with appropriate goals and monitoring and evaluation mechanisms. Monitoring and evaluation is essential so that changes in the prevalence of FGM are measured and policies and programmes can be guided by data.
- **Laws and policies:** Appropriate laws and policies should be implemented prohibiting the practice.

Taking forward actions - the role of education in the Commonwealth Secretariat

The Health and Education Unit (HEU) promotes sustainable social development and wellbeing for all, and is driven by the Commonwealth strategic framework as endorsed by its member countries, focusing on improved education outcomes through inclusive, quality and equitable education. Key components of HEU include:

- **Commonwealth Curriculum Framework for the SDGs:** This framework aims to promote the qualitative improvement of the human condition (social, economic, environmental) - with no one left behind - through education and learning. It will support countries to address all 17 SDGs through education and reinforce the connection between the SDGs through a holistic, life course approach, and is intended to serve as a guide to member states to review or develop their national curriculum. This framework will involve issues of gender equality and women's empowerment including FGM demonstrating how the topics can be integrated into curricula at all levels (early Childhood Education and Care, Primary Education, Secondary Education, TVET/Skills, Tertiary Education and Adult Education).
- **National policies:** The role of the Health and Education Unit at the Commonwealth Secretariat is to strengthen national policies in health and education.
- **Best practice:** Highlighting and promoting the sharing of best practices within the Commonwealth (e.g. through the Education Hub).
- **Collaboration:** We will promote collaborative approaches to address country capacity.

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