Health and Education’s contribution to FGM

Discussion Summary

This e-Discussion was conducted by the Commonwealth Health Hub and the Commonwealth Education Hub between 18 July and 19 August 2016
Introduction

Female Genital Mutilation (FGM) is globally recognized as a violation of the human rights of girls and women. It reflects deep-rooted gender inequality, and constitutes an extreme form of discrimination against women and girls. It is usually carried out on minors and as such is a form of child abuse. FGM also violates many other human rights including rights to security, to be free from torture and in too many cases the right to life.

FGM (sometimes called female genital cutting or circumcision) is described by the World Health Organisation (WHO) as a harmful practice comprising all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO/UNICEF/UNFPA, 1997). A number of terms are used to refer to the practice with “female circumcision” or “cutting”, being key among these. The Term FGM encompasses a broad range of procedures and practices including the use of herbs or chemicals and is the mostly widely accepted term among policy makers. The hub accepts that different terms are used in certain contexts and to describe the same or similar procedures and/or practices.

It has existed for more than 2,000 years, and is usually carried out on girls under the age of 14 but can be performed on girls of only a few days old, up to just before marriage. It is traditionally practiced by non-medically trained women, in unsterile conditions and without anaesthetic. FGM has no known health benefits and causes lifelong physical and psychological harm. It not only harms those who undergo the procedure but also affects family, community relationships and economic development.

It is widely acknowledged that there is no tool for development more effective than the education and empowerment of women. A lack of gender equality and girl’s education can suppress the voice of women who otherwise could contribute more fully to the well-being of the whole community. In parts of the Commonwealth where these harmful practices are widespread, the impact reverberates way beyond the individual and impacts negatively on the community. Aside from great suffering, FGM impacts negatively on women’s ability to fulfil their potential and reinforces cycles of discrimination and poverty.

Despite being illegal in most countries, more than 200 million girls and women alive today have experienced FGM and at least 3 million girls are at risk. One girl is cut every 10 seconds across the world. This fosters greater gender inequality and the abandonment of these practices is key to reaching developmental and education targets.

The discussion reached out to over 1500 participants, comprising representatives from Health and Education Ministries, development organisations, the private sector and academia. A total of ten responses were received from five countries across Africa, Caribbean and Europe.
For the first time, social media was used in the form of twitter polls as a vehicle to further extend the reach of the eDiscussions. In this occasion, a pilot approach was used to pose two questions with a selection of responses which participants could vote on. A total of 52 responses were received.

**Discussion Summary**

A number of themes developed as the discussion progressed:

1. Whole of community approach needed
2. Education and understanding why the practice happens is key
3. Dialogue with perpetrators
4. The power of story telling
5. Evidence building
6. Legislation
7. A human rights, gender equality and sustainable development issue

1. **Whole of community approach needed**

   Injustice to one is an injustice to all. Therefore, a change in views at a community level is required, necessitating attention to the real and perceived cultural aspects of this issue, and ultimately to shift social norms to make the practice unacceptable to communities. Understanding why one should not cut is key.

2. **Education and understanding why the practice happens is key**

   This is about the construction of understanding, not just providing facts, and is incremental, based on fundamentals acquired at a very young age, hence the need to involve education and schools. An open conversation is required to establish at what age it is necessary to introduce topics. These will range from the very broad such as human rights, and gender equality right through to quite specific information about FGM and the health and psychological factors as well as taboos and beliefs involved in the various forms this can take.

3. **Dialogue with perpetrators**

   Perpetrators as well as victims must be part of the solution. Just telling people about FGM may feel like doing something, but management of change is very difficult. Men as well as women must be involved to reach effective solutions.

4. **The power of story telling**

   Storytelling is a powerful way to connect, educate and involve people, either through film or other media, which have been successfully used to help shift social and cultural norms and tackle issues like FGM.
5. **Evidence building**

We need to recognise the importance of building the evidence base about the magnitude of this problem, being able to understand where to focus effort is key. Attention needs to be given to how, or if, health statistics are recorded on the complications of FGM providing data on the individual impacts as well as, costs to the community and wider economy. This information could help guide government support and expenditure to tackle the practice.

6. **Legislation**

Which countries have appropriate legal structures either as specific FGM laws or embedded in wider legislation? Where has this worked and where has it not worked and what are the reasons for this? It is often as valuable to learn lessons from failure as to blindly celebrate success. Enforcement of legislation is as important as the laws themselves.

7. **A human rights, gender equality and sustainable development issue**

Violence against women globally, is one of the most pervasive human rights violations and is a pandemic affecting all countries in the Commonwealth. Violence continues to be a major obstacle to the inclusive development of women and girls and of the communities and societies in which they live. A system wide approach to tackling FGM taking account of the many linked issues is more likely to be successful and have lasting impact. This is a core issue for gender equality, which needs to be tackled through a sustainable development approach.
Appendix I: Resources relating to this discussion

Below is a short list of key resources relevant to the discussion including those which came up in the discussion itself.

Organisations working on FGM

Film: Nancy, a one girl revolution: http://nancysgirlrevolution.com/

28 Too Many: http://28toomany.org/

The Commonwealth Girls Education Fund: http://cgefund.org/

Tostan - Dignity for All: http://www.tostan.org/

International Day of Zero Tolerance for Female Genital Mutilation, 6 February: http://www.un.org/en/events/femalegenitalmutilationday/

UNFPA and UNICEF programme: http://www.unfpa.org/female-genital-mutilation


Presentations on FGM

TALK AFRICA: Africa’s child marriages: https://www.youtube.com/watch?v=qpioyT0DxNA

Measuring Up As Men: Mobilizing To End Child Marriage In Kenya: https://www.youtube.com/watch?v=Nb--b4l_OZ8

Wanjala Wafula’s speech at the Intercultural Achievements Award, 3rd September 2014 in Vienna Austria: https://www.youtube.com/watch?v=6cnW0CwuIXE
Policy Briefs on FGM

WHO:
Female Genital Mutilation programmes to date: what works and what doesn’t:
http://apps.who.int/iris/bitstream/10665/75195/1/WHO_RHR_11.36_eng.pdf

Global strategy to stop health-care providers from performing female genital mutilation:
http://apps.who.int/iris/bitstream/10665/75195/1/WHO_RHR_11.36_eng.pdf

An update on WHO’s work on female genital mutilation (FGM) - Progress report:
http://www.who.int/reproductivehealth/publications/fgm/rhr_11_18/en/

WHO guidelines on the management of health complications from female genital mutilation:

UNICEF:
Abandoning FGM/C (Female Genital Mutilation/Cutting) in Ethiopia:

Young Lives:

Population Reference Bureau:
Ending Female Genital Mutilation/Cutting: Lessons from a Decade of Progress:

World Vision:
Ending Child Marriage by 2030 - Tracking Progress and Identifying Gaps:
Appendix II: The Discussion Question

Welcome to the Commonwealth Health Hub discussion

Discussion on Health and Education’s contribution to FGM (Female Genital Mutilation)

FGM is globally recognized as a violation of the human rights of girls and women. It reflects deep-rooted gender inequality, and constitutes an extreme form of discrimination against women and girls. It is usually carried out on minors and as such is a form of child abuse. FGM also violates many other human rights including rights to security, to be free from torture and in too many cases the right to life.

Female genital mutilation or FGM (sometimes called female genital cutting or circumcision) is described by the World Health Organisation (WHO) as a harmful practice comprising all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO/UNICEF/UNFPA, 1997). A number of terms are used to refer to the practice with “female circumcision” or “cutting”, being key among these. The Term FGM encompasses a broad range of procedures and practices including the use of herbs or chemicals and is the mostly widely accepted term among policy makers. The hub accepts that different terms are used in certain contexts and to describe the same or similar procedures and/or practices.

It has existed for more than 2,000 years, and is usually carried out on girls under the age of 14 but can be performed on girls of only a few days old, up to just before marriage. It is traditionally practiced by non-medically trained women, in unsterile conditions and without anaesthetic. FGM has no known health benefits and causes lifelong physical and psychological harm. It not only harms those who undergo the procedure but also affects family, community relationships and economic development.

It is widely acknowledged that there is no tool for development more effective than the education and empowerment of women. A lack of gender equality and girl’s education can suppress the voice of women who otherwise could contribute more fully to the well-being of the whole community. In parts of the Commonwealth where these harmful practices are widespread, the impact reverberates way beyond the individual and impacts negatively on the community. Aside from great suffering, FGM impacts negatively on women’s ability to fulfil their potential and reinforces cycles of discrimination and poverty.

Despite being illegal in most countries, more than 200 million girls and women alive today have experienced FGM and at least 3 million girls are at risk. One girl is cut every 10 seconds across the world. This fosters greater gender inequality and the abandonment of these practices is key to reaching developmental and education targets.
What are the social and historical reasons for FGM being practiced in your country?

1. What policy responses are effective in reducing the health and wider social burden of FGM? Both to seek to reduce the practice itself as well as dealing with the consequences?
2. FGM is often mistakenly seen as a positive health intervention by those involved. How should the education and health systems work to deal with this issue?
3. FGM is a complex issue affecting all in society not just the women directly affected. What other issues do you see as connected to this issue and how could dealing with them be part of the solution?

A short version of the film, Nancy, a one girl revolution is available online for more information. This film was made to amplify the impact of the change one girl demanded for herself! It opens discussions on the many barriers that girls face to education such as FGM, child marriage and bride price. In oral traditions in particular storytelling can be used to dismantle taboos, shift social norms, inspire young girls and parents to know their legal rights, encourage opinion formers to speak up and promote awareness of health issues as well as the benefits of girl’s education. Nancy demonstrates that change is possible and that the desire for it is rising from within the women themselves at the grassroots.

Information on this eDiscussion may be found on the Health Hub website.

Discussion Moderator: Louise Robertson

Louise is an independent consultant and campaigner for girls’ and women’s rights. For the last four years she worked with anti-FGM organisation 28 Too Many, helping to establish it internationally and managing communications and campaigns.
Appendix IV: Discussion transcript in full

Moderator's comment

As Christine Alfons says, education plays a major role in reducing entrenched harmful practices. What is the key, as she says, to understanding what will turn the tide against continuing this practice?

It is helpful that we speak about the language used. There are multiple terms in use and different terms are more or less acceptable under different circumstances. Female genital mutilation or FGM is most commonly used at international level including by WHO, the UN and most INGOs. There is a view that female genital cutting or FGC should be used, particularly by US organisations. In some cases, the terms are combined into FGM/C.

Past experience has found that FGM is by far the most widely used term in discussions with other NGOs, policy makers, etc. At grassroots/community level, there are local terms for FGM and it is recommended that those working directly with communities reflect this. However, with more awareness campaigns and a greater emphasis on tackling FGM in many countries the term FGM is now often used in the most remote villages.

This is very different from how the topic would be discussed with individual girls or women where either local terms or "cut" or "circumcised" are more often used as understandably many survivors do not like to be described as mutilated on an individual basis.

Views on this can get quite heated on both sides, with some claiming "mutilation" is offensive to survivors and others that "cutting" is not an accurate description and does not reflect the true harm. There are survivors and experts who take either of these views although the majority support FGM.

Overall, I think it is appropriate for the Hub discussion to use FGM to be consistent with the WHO and as it is the most widely used terminology internationally. The opening statement includes that it is also know by other terms and refers to cutting and female circumcision to clarify that these are all the same practice.

Christine Alfons, Kenya

To end FGM is not one person's initiative but educating the whole community and changing their perspective about FGM as a harmful cultural practice is key to see unison abandonment of FGM. Changing people's culture is hard but through education we can. Understanding why we should not cut is key.

Moderator's comment

Catherine makes a very good point. Education is critical in tackling FGM but this needs to be within a wider strategic approach in order to eliminate the practice. In countries such as Kenya where the national prevalence rate of FGM is declining this is being achieved in a multi-faceted way based on legislation against FGM supported by a national action plan which includes health, social care, education, criminal justice, local government, development and civil society. This approach is mirrored in countries where FGM is a concern in diaspora communities. For example, the UK Government has worked with professionals and anti-FGM NGOs to develop multi-agency guidance as part of their efforts to tackle FGM. There are many challenges in ending a deeply rooted traditional practice such as FGM and it is only by all of society working together that we can make the necessary progress.
Interesting read. It is so sad to learn that this very unacceptable practice still occurs in some countries in today’s world. This must be stopped, as the article alluded to primarily through education and dialogue. I believe for this practice to stop, it will take a concerted effort of all policy makers and stakeholders of health care, education, social development and governmental departments along with the community to put an end to this very disturbing and meaningless cultural practice.

**Moderator’s comment**

As Sara Nason says, storytelling is one of the oldest and most powerful ways we have to communicate and is often used by campaigners in the fight against FGM. Telling stories allows us to share emotions and experiences and helps the audience to imagine themselves in the position of the characters in the story and to share their feelings.

There are many different ways to tell stories and modern technologies are providing exciting new opportunities which are increasingly being used by campaigners. We now see large scale international, multi-media initiatives such as The Guardian’s End FGM global media campaign and also local activists are sharing news and ideas on social media platforms.

In many cases traditional storytelling remains the most powerful way to take messages into the heart of the community. An example is seen in West Africa where some traditional travelling storytellers known as griots are working with anti-FGM organisation and using their skills to educate and inform about the practice.

Another example is in Kenya where a group of young Maasai formed a cricket team, the Maasai Cricket Warriors, and use their sport to take stories about ending FGM, early marriage and other challenges facing the Maasai to schools and community groups. A documentary film, WARRIORS, has been made about these young people and through this they have shared their story with an international audience as well as increasing the momentum for change in their home villages.

This rich diversity of storytelling is a way we can amplify messages about FGM, educate on what is working to end it and accelerate change.

Sara also asks about the role of governments in providing health statistics and other data on the impact of FGM. Storytelling is a powerful way to engage people’s emotions but this must be done in conjunction with accurate research and information. To effectively tackle FGM we have to understand it and have reliable information on which to build effective strategies and programmes. FGM is often shrouded in secrecy and can be regarded as taboo. There are also many myths and misconceptions about FGM which can be addressed through education based on clear, evidence based information on the health and social consequences of FGM.

**Sara Nason, United Kingdom**

Nancy A One Girl Revolution, is the story of Nancy, a young African Suffragette, leading a movement to end FGM and child marriage. Her story so far has been filmed over five years, during which time she resists being cut and is then sponsored through school by a charity, originally founded by the British Suffragettes. At only 21 years old Nancy is already an experienced campaigner who has saved many other girls from FGM. She has been invited by the United Nations Population Fund (UNFPA) to address the First Ladies at the United Nations and received the Bianca Jagger Human Rights Award for Courage. Yet this is still only the beginning of her story and Nancy is committed to continue her campaign until all girls live free from FGM.

As a film maker, I believe that storytelling is a powerful way to connect and educate people. I hope this film can be used as a tool to help inspire change and that other campaigners see Nancy as a role model for the power of education to bring about change. I hope that in this discussion we can identify other examples of storytelling, either through film or other media, which have been used to help shift social norms and tackle issues like FGM.
I am also interested in what else needs to be done to support change. Should governments do more to record health statistics on the complications of FGM and would data on the impact, costs to the community and on government expenditure help in securing funding to tackle the practice?

**Moderator’s comment**

There are no health benefits to FGM. It is recognised as a human rights violation and form torture under international law. The Head of the United Nations Population Fund, Dr Babatunde Osotimehin recently described FGM as child abuse and called for an immediate end to the practice. As pointed out in this post, education needs to be at the heart of strategies to end FGM. We need to educate families and communities to make sure they are aware of the harm caused by FGM and that it is not necessary for health, religious or any other reason. We must educate law makers and professionals in health, social care, education, the police and other agencies who all need to be aware of FGM and their responsibilities in ensuring the safety of all girls. One of the challenges facing those working to end FGM is to ensure accurate information and education programmes reach out into all communities including those in remote, rural locations. Investment in local organisations who can run community based projects and supporting grassroots activists is necessary to help overcome these barriers. The FGM country profile reports produced by charity 28 Too Many provide details of organisations working locally as well as the national and international agencies who run anti-FGM programmes.

**Lubowa, via the Education Hub portal**

This is all about the selfish men who practice FGM. they believe in ensuring their sexual pleasures and they believe that the girl remains a virgin. Am trying to dig deeper and see if there is anything the girl benefits and so far I have not found out anything and I think I need to be more educated if there is anything positive in FGM. Let’s try to educate our communities that FGM has no place in this world. Education will play a very big role in reducing and eradicating FGM.

**Moderator’s comment**

Our thanks to Kellyn for her contribution. She makes a good point that it is important that both men as well as the women need to be included in effective efforts to eliminate FGM.

FGM is an extreme form of gender based violence and discrimination against girls and women, however it is often seen as a women’s issue and traditionally is often carried out by women. Research shows FGM is often prevalent in highly patriarchal societies and many FGM survivors say that they were told that FGM would make them ready or suitable for men and marriage. This conflict where women who have undergone FGM and yet continue the practice is detailed in many articles and books on the subject. Women continue FGM because it has become a social norm and families believe this is the only way their daughters can be accepted and the only way to ensure they can make a good marriage. One of the barriers to ending FGM is that many mothers and fathers believe it to be in the best interest of their daughters and this is best addressed by men and women working together to bring about change.

**Kellyn George, Dominica**

I am 100% against all practices that cause bodily harm and forced injury to any individual. This is especially true for FGM because it seems overwhelmingly traumatizing to the individual for the rest of her life. One key component that is being overlooked here are the men and the male perspective that is the driving force for this practice. Often, in women’s health and reproductive health, the men are key contributors to actions that affect women’s health. Although, FGM is not practiced in Dominica, and the wider Caribbean, from these discussions I can only suggest that the Fathers, and the potential husbands are invited to discussions in an effort to make them aware of the hurt, pain, and trauma these practices are inflicting upon their family members.
**Moderator's comment**

Our thanks to Brennen Wood for their contribution. Through the sustained and organised efforts of all Commonwealth communities the burden of FGM could become a thing of the past.

**Brennen Wood, The Bahamas**

FGM is not practised in my country so I cannot even fathom the necessity or rationale for it. However, to paraphrase Martin Luther King an injustice to one is an injustice to all. These kinds of inhumane practices will continue unless every man woman and child around the world cry out with a loud indignation STOP!

**Moderator’s comment**

Our thanks to Ruth for her contribution. Ruth is right, it is important to share experience of what works, but equally as useful is to learn from approaches that may not have been so successful to avoid repeating mistakes.

**Ruth Hamman-Dina, The Commonwealth**

I think, if not all, probably the majority of policy makers in Commonwealth countries agree that tackling FGM and wider gender issues is important. The problem is knowing what works to tackle this problem? How many countries actually have laws in place and is there any evidence that introducing legislation is effective? It would be interesting to know more about this and particularly to see where, there are successes, to understand what the reasons for this success might be and equally, where there are failures, to understand the reasons there as well?

**Moderator’s comment**

As Jagravi highlights education is a vital part of strategies to end FGM, in particular supporting girls to attend school and continue to secondary education. Nancy Tomee’s story as shown in Sara Nason’s documentary is a powerful testimony of how education is not only transforming Nancy’s life but leading to a much bigger change in her community.

**Jagravi Upadhyay, United Kingdom**

I am a trustee of the Commonwealth Girls Education Fund (CGEF) - a charity that supports the secondary education of girls across the Commonwealth. As filmmaker Sara Nason has so poignantly highlighted, FGM is one of the major barriers to girls’ education. However, we at the CGEF believe that education is the key to eventually eradicating the practice of female circumcision. Educating communities on the dangers of FGM and getting more men involved in the discussion is essential.

**Moderator’s comment**

As the Commonwealth SG states, the 2030 Agenda for Sustainable Development and launch of the new sustainable development goals is indeed an opportunity for the world to refocus and renew efforts to tackle gender inequality and violence against women and girls. Anti-FGM campaigners fought hard to make sure that there was a specific target to tackle harmful practices including early, child and forced marriage and FGM, under Goal 5 which is to achieve gender equality and empower all girls and women. Over 200 million girls and women have undergone FGM and 3 million more are at risk each year so ending this practice is essential if countries are to meet the gender equality goal.

As other contributions to this discussion have highlighted FGM is a global issue, affecting girls and women in many Commonwealth countries and therefore both national and international efforts are necessary to
make progress against FGM. It is good that there is a strong focus on addressing these issues across the Commonwealth and working together there are opportunities to share knowledge and encourage action in its conferences, networks and initiatives such as this eDiscussion. It is important that the Commonwealth leadership is committed to empowering girls and women and providing platforms for them to speak out and fully contribute in all levels of its decision making.

As things currently stand one girl undergoes FGM every 10 seconds. There is a lot of hard work ahead to change this but already attitudes are shifting and with the support of a growing number of national governments and international organisations such as the Commonwealth, there are good reasons to be optimistic that FGM can be eradicated. The SG is right when she says that this a time when we can achieve transformational change in our societies. It is up to all of us individually and collectively to make this happen.

Baroness Patricia Scotland, The Commonwealth

The recent adoption of the 2030 Agenda for Sustainable Development and the COP21 agreement makes this an opportune moment for collective and strategic international action to change the course of the 21st century by addressing key development challenges, such as the feminisation of poverty, enduring inequalities based on gender, and violence against women and girls. In each of the Sustainable Development Goals (SDGs) women have a critical role to play, and many of the targets recognise the centrality of gender and women’s empowerment as dynamic forces for innovative change and lasting solutions.

At the inaugural Commonwealth Women’s Forum in Malta in November 2015, participants asserted the central role of gender equality in charting the rationale for SDGs, and called for the swift implementation of actions necessary to achieve sustainable development. In support of this, we will convene the 11th Commonwealth Women’s Affairs Ministers Meeting which will take place in Apia, Samoa, with the theme: ‘Gender Equality Through Sustainable Development in an Inclusive Commonwealth’.

We are living through times in which an unprecedented number of women are moving into the highest offices in politics, business and civil society. I want to make sure that we take decisive action to draw on that huge pool of female talent now available within the Commonwealth and beyond.

As our Commonwealth Charter makes clear, justice demands that women have the right to equality in all areas. This must be embedded within legal systems, upheld in both law and practice, and realised at every level of economic and political activity. Advancing women’s political participation and leadership and economic empowerment are two critical building blocks for achieving the SDGs.

Violence against women and girls is one of the most pervasive human rights violations and is a pandemic affecting all countries in the Commonwealth. For more than 30 years I have been active in exposing its malign impact and in working for its elimination. Violence continues to be a major obstacle to the inclusive development of women and girls and of the communities and societies in which they live.

Legislation is being enacted in an increasing number of Commonwealth jurisdictions to protect women, and there are laws criminalising domestic violence, sexual assault and sexual harassment, forced and child marriage, sex trafficking, female genital mutilation (FGM), honour and dowry-related crimes, and maltreatment of widows. These provide the basis for intervention, but unless laws are applied rigorously and systematically the reality for many women and girls continues to be that society still condones violence against them. Radical legislative reforms and implementation action plans are needed to ensure that women’s rights and dignity are realised and protected at all levels.

I believe we have the ability through this Commonwealth Hub eDiscussion, together, to make sure the voice of women is better heard and to chart a new equality pathway. I hope that the many experts in this group - as experts, practitioners, leaders and decision-makers will share with us their advice and guidance. We can, through the Commonwealth, take collective practical action to ensure that the Commonwealth will deliver transformational change in our societies.
Moderator’s comment

Thanks for this contribution pointing out that FGM is part of a much wider issue of gender inequality. In societies where FGM is prevalent, the rights of girls and women are often denied in many ways including early, forced marriage and the lack of education for girls. Menstruation taboos and other traditional beliefs can also be linked to FGM practices and these are often very deeply held, acting as significant barriers to change.

Education is vital to tackling the issue and as this post comments anti-FGM programmes need to be strategic, placing FGM in context and empowering community members. Work in schools is very important and there are many good examples of programmes aimed at young people, both boys and girls. Many programmes run sessions with children of all ages, using age appropriate materials and working with boys and girls separately and together. It is equally important that adults are included such as in the innovative Grandmother Project in Senegal and Sierra Leone which unlocks the power of older women to improve the lives of women and children. In order to change the social norms that underpin FGM the whole community needs to be engaged.

Sue Tunnicliffe, United Kingdom

Is not the issue one of communities? And what about menstruation, also causing great problems to girls still in a number of countries and taboos and beliefs surround that too. Learning also is part of the responsibility for communities, are schools that effective is bringing about change? It might make just feel better thinking we have ‘told’ people, discussed it, but management of change is very difficult. It is about construction of understanding (not just being told facts), and is incremental, based on fundamentals acquired by the youngest. And at what age is “education” in these issues envisaged delivered by whom and in mixed classes? Are words being used in blanket terms and no real project proposal for strategy thought through?
Appendix V: Results of Twitter Polls

The first Twitter poll asked which approached worked best in approaching this complex issue. A total of 24 votes were received with over half (54%) of participants choosing education and awareness as the most effective approach.

The second poll focussed on barriers to implementation of solutions to the FGM issue. A total of 28 votes were received with over half (57%) identifying perceived cultural threat as the key barrier.
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