Tackling FGM/C in the UK: Lessons from Africa

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The context of FGM/C in the UK, and what we can learn from best practice in development

The Department for International Development (DFID) has shown strong global leadership on the issue of Female Genital Mutilation/ Cutting (FGM/C) with a vision and a strategy to eliminate FGM/C within a generation. However FGM/C remains a significant problem here in the UK. The Royal College of Midwives estimates that 24,000 girls under 15 are at risk. The physical, emotional and psychological consequences of FGM/C are devastating for girls wherever they live, including the risk of severe bleeding, infections, infertility, and complications in childbirth. Studies have identified psychological trauma as a result of FGM/C including an increased likelihood of fear of sexual intercourse, post-traumatic stress disorder, anxiety, depression and memory loss[1].

World Vision works with the poorest and most vulnerable communities in over 100 countries world-wide, including countries with a high prevalence of FGM/C. From this experience we have learned that the practice of FGM/C, and attitudes in support of the practice, can indeed be successfully addressed. In resource constrained countries like Ethiopia and Niger, the prevalence of FGM/C has been significantly reduced. The prevalence of FGM/C among women aged 15-49 has reduced in Ethiopia from 73% to 57% over a ten year period from 1997-2007[2] whilst in Niger it has more than halved, between 1998-2006, from 5% to 2%[3]. In Ethiopia, awareness of the harmful effects of FGM/C increased from 33.6% to 82.7% over a ten year period (from 2000 to 2007)[4].

To date the UK has struggled to get to grips with the issue of FGM/C and despite legislation making it illegal to counsel, procure, aid or abet the practice of FGM/C on a British national or permanent resident, there has yet to be a single prosecution resulting from this legislation.

The calls to eliminate FGM/C in the UK are growing increasingly loud, leading to increased political attention and public awareness. This is a crucial moment to consider the lessons and best practice(s) learned overseas in eliminating FGM/C, and how these might shape the direction of the UK's approach to tackling it.

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[1] World Health Organisation, FGM Factsheet. 2013 http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/index.html

[2] Measure DHS 2013 http://www.measuredhs.com/publications/publication-FR179-DHS-Final_Reports.cfm

[3] UNICEF, 2013 http://www.unicef.org/wcaro/WCARO_Niger_Factsheet-11.pdf

[4] EGLDAM in 28 too many, 2013, Country Profile: FGM in Ethiopia http://28toomany.org/media/uploads/ethiopiafinal.pdf

Challenging social norms and attitudes in support of FGM/C

Our research with communities in Ethiopia, Somaliland and Niger reveals that social norms – beliefs, attitudes and behaviours shared by a community – are key to the continued practice of FGM/C.

The norms that endorse FGM/C may be founded in tradition, cultural and religious misconceptions, or adopted as a coping strategy, believed to be in the interests of girls and their communities.

Some of the attitudes, experiences and beliefs that drive FGM/C are shown in box one. What's key is that, in many communities, FGM/C is perceived as an important rite-of-passage into womanhood, and a necessary means to achieve respectability and promote girls' life chances – especially with regards to marriage. It can also be understood as a way to *protect* girls from the risks that many communities associate with pre-marital sex. In some countries, arranging FGM/C for daughters is perceived as an important responsibility of parenthood.

Box one: Reasons given by parents for FGM/C in Ethiopia

- "Many people believe an 'uncut' [sic] girl is unwanted and do not want to eat the food she prepares. We do not know why this is said – it has been passed down through the generations"
- "I don't want her to know it [FGM/C] is coming, but I am afraid God will punish me if I don't do it"
- "The community doesn't accept us – the elders and religious leaders don't have a place for uncut [sic] girls. How will they ever get married?"
- "We all know the effects of FGM/C but we know it's easier for a girl who has been cut to get married. Girls who have not been cut will feel bad, so what are we supposed to do?"

From focus group discussions with parents of girls in Ethiopia (World Vision UK, forthcoming report)

The norms and attitudes that drive FGM/C vary between, and even within, communities. So does the specific nature of the practice, its symbolic meaning and the age at which it is performed. The key point is that FGM/C is driven by more than a simple obedience to tradition, and must be understood in terms of its social significance to each specific community.

Since FGM/C is driven by complex social norms as opposed to lack of knowledge, it cannot be tackled by education alone. It requires more meaningful engagement with the beliefs, attitudes and norms of communities where FGM/C takes place.

The health risks of FGM/C are well documented, however communities that practice FGM/C may not be fully aware of them. Health messages against FGM/C compete with the social norms that endorse the practice. In Ethiopia, we found many women believed there to be positive health benefits, from the physical - "*the bleeding cleanses the girl; 'cut' girls are more hygienic*" - to the psycho-social - "*girls who have been cut are more obedient, good natured and are less hot-tempered*"[5].

People who contest the practices within communities can be the most powerful agents of change. The Local Government in Ethiopia work closely with informal institutions (faith communities, women's groups and funeral committees, for example) to create space for dialogue around the issue. They also

[5] Boyden et al, 2012, p. 518

build a network of informants that are essential for reporting FGM/C and building active child protection networks.

Box two: Changing attitudes on FGM/C in Ethiopia

"I was cut but I have two daughters and will not cut them. It's harmful. Girls can have problems in childbirth, and the government are taking action against it now; you can be arrested for that"

"As for me and my husband, we have decided not to have our girls cut. We don't need to do that. People say they will have a bad temper and be clumsy, but that's a myth"

From focus group discussions with parents of girls in Ethiopia (World Vision UK, forthcoming)

Lessons for the UK on social norms and social attitudes:

Our research found that the type of FGM/C practised and the social norms that underpin these can vary significantly within and between different country and regional contexts. In the UK, British Citizens, and British born girls are at risk of FGM/C. However most of these girls will also belong to Diaspora communities who have migrated from countries where FGM/C is more prevalent. Understanding the diversity of practices will help with targetting interventions aimed at preventing FGM/C and challenging the social norms that drive the practice.

There could be great value in identifying the individuals and leaders in communities who will be the most powerful agents of change; these people must be opposed to the practice of FGM/C and have the legitimacy within communities to bring people together and to challenge not only the practice(s) of FGM/C but the underlying social norms that drive it. From our research in Ethiopia we found that religious leaders' rejection of FGM/C can be a powerful symbol for the rest of the community.

"A religious leader not circumcising his daughter where that is a prominent practice is a much more powerful symbol than imprisoning circumcisers, or fining the family" - Community worker, Ethiopia

A research study involving children in the UK, Netherlands and Portugal who were at risk of, or affected by FGM/C, found that young people in Europe have difficulty challenging attitudes in favour of FGM/C from older generations because they want to maintain respectful relationships with their parents and elders[6]. This highlights the case for identifying adults who can work with children, amplify their voices and be role models who stand up against FGM/C.

Child Protection Networks: good practice models in tackling FGM/C

In Ethiopia promoting awareness of FGM/C has moved beyond the health and social care sectors. Designated Child Protection Officers in the police – many of them female – join up with schools, community groups and faith organisations to share information. Health extension workers also go beyond the clinical setting: supporting schools, women's groups and faith networks as part of joined up child protection networks. These protection networks are also trained to pro-actively identify girls at risk of FGM/C.

[6] Hemmings J, Khalifa S (2013), I Carry the Name of My Parents: Young People's Reflections on FGM and forced marriage, Create Youth Network

Across West Africa the Tostan model has been used to tackle a range of harmful traditional practices, including FGM/C. This model works with villages and community leaders towards self-declared abandonment of the practice, through discourse and dialogue exploring the harmful effects of FGM/C in each context, and the local values that endorse and sustain it. Interestingly Tostan now work with Diaspora communities in other European countries supporting Diaspora communities towards their rejection of the practice.

Legislation and enforcement

In Ethiopia, FGM/C is legislated for by central government[7]. Since FGM/C is a social practice, the nature of the practice and its drivers vary widely by region: between different ethnic communities, and rural or urban areas, for example.

Some communities have passed additional by-laws against FGM/C to account for this. The Government of Ethiopia's 5 Year Strategy on the Elimination of Harmful Traditional Practices - of which FGM/C is one of three key themes – has been launched at the national level, but is closely 'contextualised' at the regional and district levels, to ensure its effectiveness.

The National FGM Action Plan and Multi-agency Prevention and Awareness Campaign here in the UK gives statutory service providers the duty to report on suspicion of FGM. However there have been no prosecutions for FGM/C offences to date. This is likely due to a failure of reporting mechanisms – also a challenge in Ethiopia – because of the illegal nature of the practice.

As in the UK, the criminalisation of FGM/C has, in many cases, driven the practice underground in Ethiopia. Cases are often unreported where it is still endorsed by social norms. Furthermore, even children who are educated about their rights and oppose the practice are often reluctant to report FGM/C and risk bringing a criminal case against their parents, which can leave them conflicted and vulnerable[8].

Though the legal framework is key to eliminating FGM/C, it is not sufficient to ensure that cases are reported, prosecuted and future offenses prevented. The police work pro-actively at the community level to ensure that communities are informed of the law on FGM/C, and to establish reporting mechanisms through service providers and trusted community members. Despite challenging resource constraints – the police we met with spoke of lacking even the transport to gather evidence when cases are reported – Ethiopia is making regular prosecutions for FGM/C.

As in the UK, where the practice is underground it is difficult to identify cases of FGM/C in advance. It is much easier to prosecute FGM/C retrospectively than to intercept and prevent it. Even when the prosecution rate is low, prosecutions do act as a deterrent - especially when the victim and their families are known. Effective prosecution then has a public information role:

"Raising awareness of the law is more effective overall than enforcing it. The risk of prosecution is a deterrent, especially in local cases" - Public prosecutor, Ethiopia.

[7] The 2005 Criminal Code in Ethiopia makes specific reference to FGM, with penalties involving significant fines and imprisonment.
[8] 28 Too Many (2013) Country Profile: FGM in Ethiopia http://28toomany.org/media/uploads/ethiopiafinal.pdf

"It [FGM/C] is still happening here, in secret. Lately one girl bled so much that the community found out and reported them to the police, who took action and prosecuted the parents. People have been more careful since that happened" - Parents' focus group discussion, Ethiopia

This shows that a strong legal framework is necessary but not sufficient to eliminate FGM/C. Where effective police and prosecution systems exist, they cannot perform without effective reporting mechanisms.

To strengthen reporting and information sharing the police in Ethiopia work closely with informal institutions – faith communities and community groups. The Police, Bureau of Women and Youth Affairs (social services), education and health providers form 'child protection committees' and train them to identify, report and respond to FGM/C. This creates a network of informants and 'safe people' that girls at risk of FGM/C can approach.

Communities that endorse harmful traditional practices like FGM/C will often have their own informal justice mechanisms. Through outreach work with the communities, the police in Ethiopia build trust to encourage future reporting of the practice. In this way, awareness raising and justice mechanisms work together to prevent, identify and prosecute FGM/C practice, rather than simply driving it underground.

When prosecutions are successfully brought to court, the ongoing care and protection of the girl survivors must be prioritised. Their care arrangements must be sensitively investigated, especially when parents are prosecuted.

FGM/C in minority communities

Different issues arise when addressing a harmful traditional practice such as FGM/C where it is practised by the majority of the population, and where FGM/C is practised only by minority communities. In the UK FGM/C is almost exclusively practised by Diaspora communities and this is relevant because professionals are often unfamiliar with the issue and may lack knowledge and confidence to address FGM/C appropriately. Politicians and professionals have also been criticised for a lack of political will to address this issue, which may reflect a reluctance to criticise a 'cultural practice' or fear of appearing racist or xenophobic.

Across Africa, there are a number of countries where FGM/C is practised only within some regions and/or ethnic groups, such as Niger. This brings additional challenges getting political support and co-ordinating services to tackle the practice when only a minority of the population is at risk, as in the UK.

Tackling FGM/C as a minority practice requires a real understanding of the social norms that drive the practice within at-risk groups. Engaging with civil society has been key to understanding and challenging FGM/C in Niger. Working with traditional and religious leaders from at-risk groups has helped to tackle the social norms and beliefs that drive the practice whilst use of community media and local languages has also been key in targeting anti-FGM/C messaging to groups in which it is practised[9] (UNFPA, 2013b). In addition to a legal ban in 2002, the government has mainstreamed awareness of FGM/C into local statutory services, training judges, police officers and social workers. As a consequence, the rate of FGM/C in Niger more than halved, from 5% to 2%, between1998-2006.

[9] UNFPA, 2013, Female Genital Mutilation/Cutting in Niger factsheet http://niger.unfpa.org/docs/Publications/Depliant_MGF_Anglais.pdf

Conclusion

The substantial reductions in FGM/C achieved by Ethiopia and Niger should encourage campaigners and policy makers in the UK that change is possible. The key is to understand FGM/C as rooted in social norms that must be meaningfully understood in order to be challenged effectively.

Lessons from Ethiopia and Niger show the importance of creating space for dialogue and discussion within the communities in which the social norms are reproduced, and especially those with leadership and decision making power – such as faith leaders, community leaders and parents.

Joined up action between the health, education and justice mechanisms, with non-formal institutions has helped to develop effective Child Protection Networks that safeguard girls through identifying and reporting those at risk of FGM/C. These measures enable legislation against the practice to offer substantive protection from FGM/C, which the UK is also striving to achieve. Together, these lessons offer real hope and practical guidance towards eliminating FGM/C in the UK.

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