

How FGM research and learning from ending foot binding inform collaborative working strategies to end FGM globally

Dr Ann-Marie Wilson, Founder/Executive Director, 28 Too Many



Introduction

28 Too Many is committed to sustainably eradicating female genital mutilation (FGM) in 28 African countries and the diaspora.

FGM is a harmful traditional practice which has existed for over 2000 years¹, affecting 125m girls and women in 40+ countries. It involves the cutting or removal of the external female genitals and is also sometimes known as female circumcision or female genital cutting (FGC). FGM is traditionally carried out by non-medically trained women and is often a highly dangerous procedure which can result in extreme pain, blood loss and even death. FGM also leads to life long physical and emotional problems and increases the risk of childbirth complications, fistula (incontinence) and infant mortality.

We believe in 10 years, our intervention could make a significant contribution to protecting 4.3 million girls at risk of FGM. This is life changing to girls, and could see a 10% reduction in 10 countries.

Background

FGM is an internally recognised human rights violation and severe form of violence against women and girls. It is a deeply entrenched practice which has become a social norm.

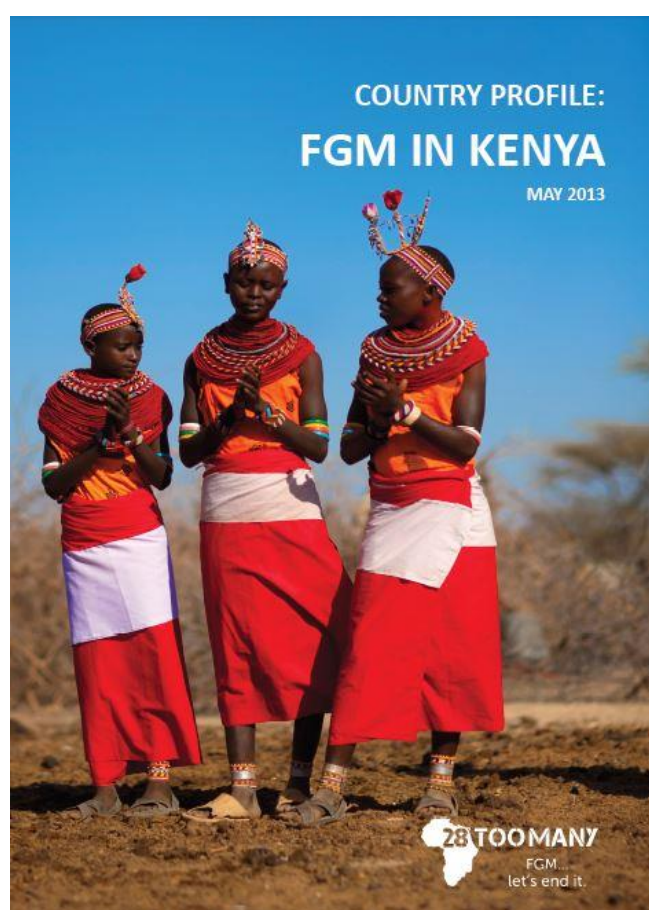
Research was undertaken on FGM in 4 East African countries to understand the contexts & prevalence, drivers and interventions to reduce FGM.

Learnings from the eradication of footbinding were applied to findings from research on FGM to inform future strategies to end the practice.

Methods

- Primary research on FGM practice, prevalence and actions to address it undertaken with:
 - Communities where FGM is practiced
 - Local and national NGOs.
- Secondary research
 - Literature review on anthropology, sociology, religion, law, health and education
 - Data on prevalence
 - Review of relevant reports by INGOs.
- Produced detailed country profile.
- Analysed common themes and trends within countries and across borders.
- Mapped the parallels between foot binding in China and FGM in East Africa to identify the factors which indicate successful changing social norms and ending a harmful traditional practice.

Country Research Findings



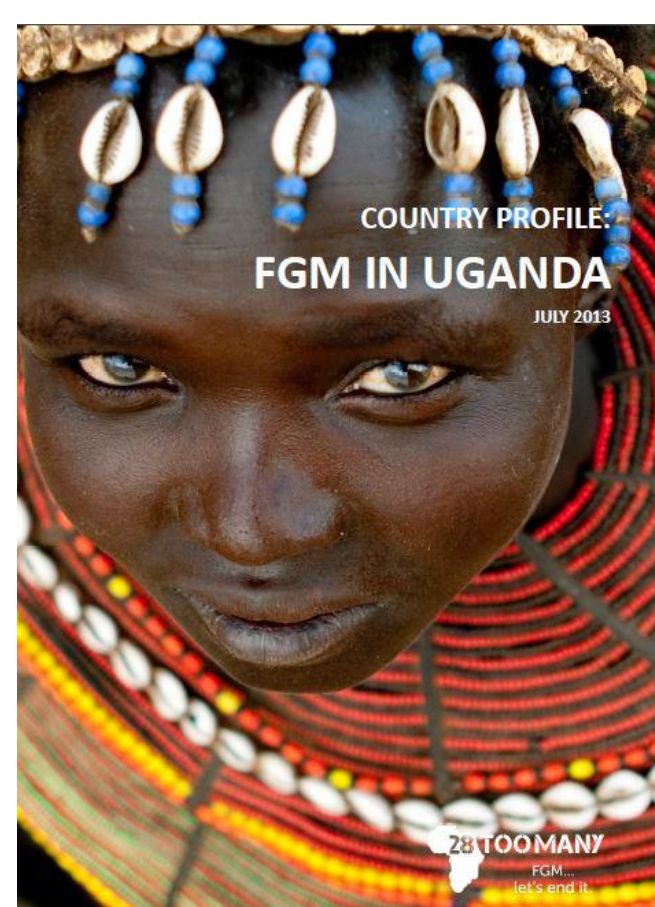
Cover photo © www.ericlafforgue.com

Kenya²

- FGM reduced from 38% (1998) to 27% (2008)
- Highest: Muslim Somali, Christian Kisii, and Maasai
- Education is key to reducing FGM
- 2011 Prohibition of FGM Act
- 3 successful prosecutions

Uganda³

- Rate increased 0.6% (2006) to 1.4% (2011)
- Highest: Karamoja (4.5%)
- FGM is going underground
- Entrenched where remote
- 6% of women are illiterate where FGM occurs



Cover photo © www.ericlafforgue.com

Ethiopia⁴

- Pressure from families to keep up traditions
- Power of community discussions
- Law is only part of the solution
- FGM reduced from 80% (2000) to 74% (2005) and now lower

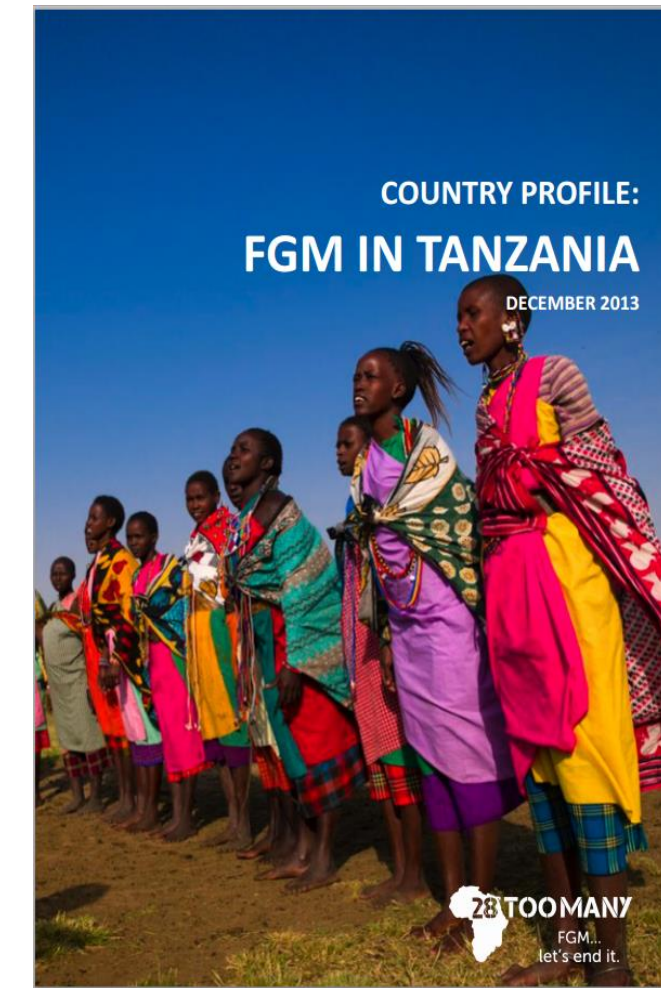


Cover photo © www.ericlafforgue.com

Country Research Findings Cont..1/2

Tanzania⁵

- 15% of women/girls have FGM
- 84% women/79% men believe it should stop
- 1998 Section 169a Sexual Offences Special Provisions Act Prohibits FGM
- Prosecution minimal
- 7 drivers: purity; tradition; pressure; sources of income; myth re: lawalawa (infection); marriageability; link to male circumcision



Cover photo © www.ericlafforgue.com

Results

Key findings for Tackling FGM across Africa

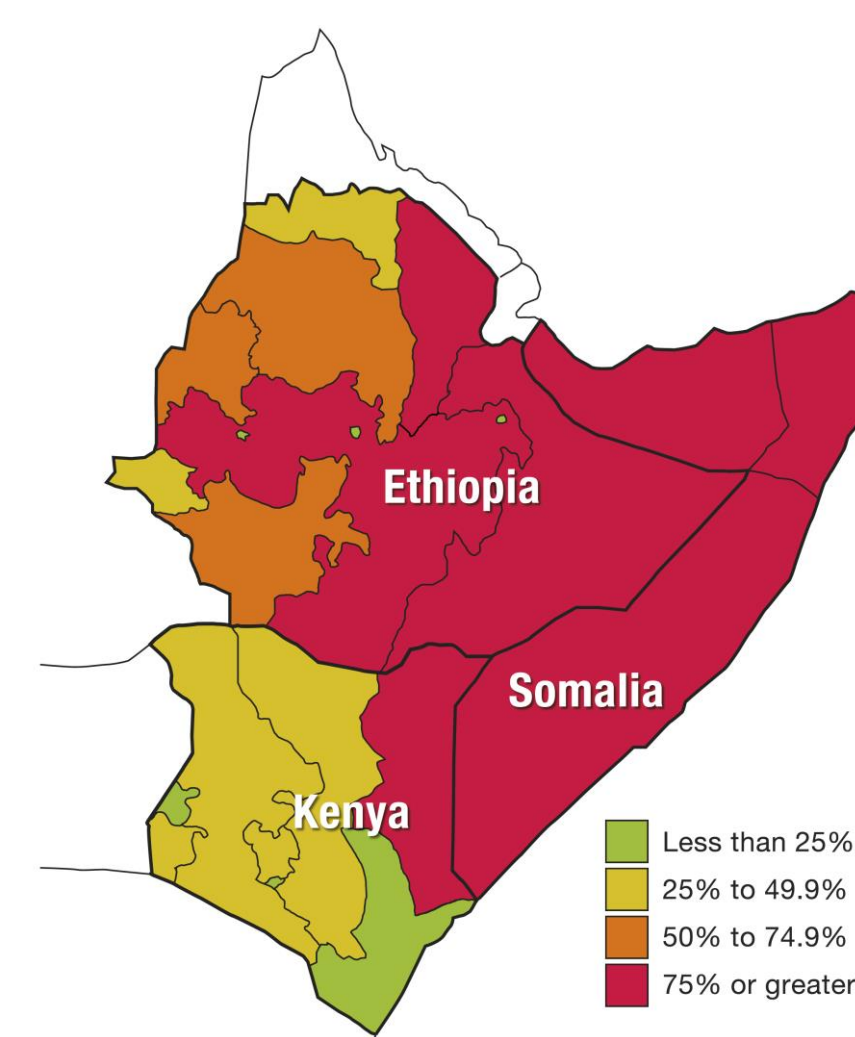
During 2013 research was completed and country profiles of FGM in four East African countries published, i.e. Kenya, Uganda, Ethiopia and Tanzania. Each Profile provides consolidated, contextualised information on FGM and the broader framework of gender equality and social change.

Overall:

- FGM remains significant despite laws against it in Ethiopia, Kenya, Tanzania & Uganda. FGM has reduced in Ethiopia (16% decrease in prevalence rate for 15-49 year olds from 1997 to 2007¹) and Kenya (10% decrease in prevalence rate in 15-49 year olds from 1998 to 2008⁶).

Prevalence:

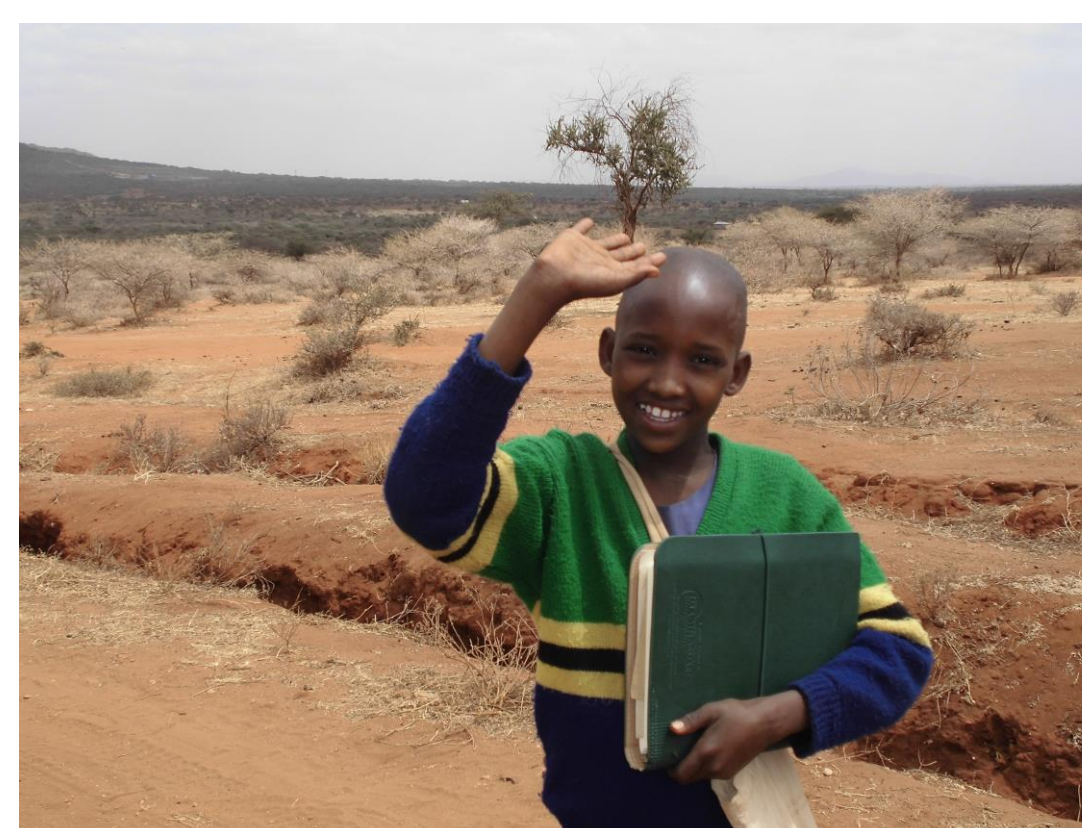
- Varied significantly by region.
- Incidence relates to ethnicity. For example, prevalence is high in ethnic Somalis (c.97% in 15-49 year olds^{6,7}) in Kenya, Ethiopia and is similar to the prevalence in Somalia rather than the national rates.



Variations in prevalence of within and across national borders (adapted from PRB 2010)

Education:

- In Kenya 53.7% of girls with no education are cut. This reduces to 19.3% for girls who receive secondary level education. Similar trends for FGM prevalence and girls' level of education were reported in Ethiopia, Tanzania and Uganda.



Tanzanian schoolgirl © 28 Too Many, 2012

Interventions:

- Successful interventions to end FGM tend to be community based, cooperative and inclusive (Kenya and Ethiopia^{2,4}). Where programmes and laws are felt to be imposed on a community the practice continues underground (Sabiny and Pokot in Uganda; Masaai and Chagga in Tanzania^{3,5})

Learning:

- 12 success indicators were identified from the learning from ending foot binding & successful programmes to end FGM.

Table 1 Success Indicators	
	Model: End foot binding
A1	Pledge society membership
A2	Marriageability
B1	Advantages of not doing
B2	Disadvantages of doing
C1	Rest of the world does not do
C2	Host nation loses face
	Model: End FGM
a	Non coercive
b	Community awareness
c	Collective decision
d	Community affirmation
e	Inter-community diffusion decision
f	Supportive environment

Conclusions

Success in ending FGM requires individualised action plans featuring:

- Inclusive approaches encouraging collaboration at all levels within practising communities to shift relevant social norms
- Recognition of anthropological rather than national drivers
- Collaboration between countries & across borders to ensure sustainable ending
- Long term funding for a broad range of culturally relevant interventions suitable for particular communities including:
 - Education, especially ensuring girls' access to education
 - Resources for sexual and reproductive health education
 - Tackling the medicalisation of FGM
 - Improvement in managing health complications of FGM
 - Increased law enforcement and equipping of enforcement agencies
- Encourage a positive role for faith-based organisations and religious leaders
- Advocacy in country and internationally, including effective use of media.

Actions

28 Too Many continues its work to:

- Produce 28 in-depth FGM research profiles (4 per year).
- Share best practice and models of change.
- Commission bespoke research.
- Convene innovative regional anti-FGM networks:
 - support local anti-FGM programmes
 - share knowledge
 - develop good practice
 - facilitate partnerships.
- Advocate internationally to raise awareness on FGM and encourage sustainable change to end this practice.



FGM discussion group in Tanzania © 28 Too Many, 2012

References

- Lightfoot-Klein, 1991
- 28 Too Many Country Profile: FGM in Kenya (May 2013)
- 28 Too Many Country Profile: FGM in Uganda (July 2013)
- 28 Too Many Country Profile: FGM in Ethiopia (October 2013)
- 28 Too Many Country Profile: FGM in Tanzania (December 2013)
- NCTPE/EGLDAM Survey 1997 and 2007
- DHS Survey 1998 and 2008-9

Contact

For further information:

www.28toomany.org

Email: annmarie@28toomany.org



Further Research Information



How the methods used to eliminate foot binding in China can be employed to eradicate female genital mutilation
Journal of Gender Studies, Vol 22 Issue 1 (2013)

<http://www.tandfonline.com/doi/abs/10.1080/09589236.2012.681182#.UkqWzIakovk>

Acknowledgements

With grateful thanks to the 28 Too Many Research/Core Team & our Partners:

