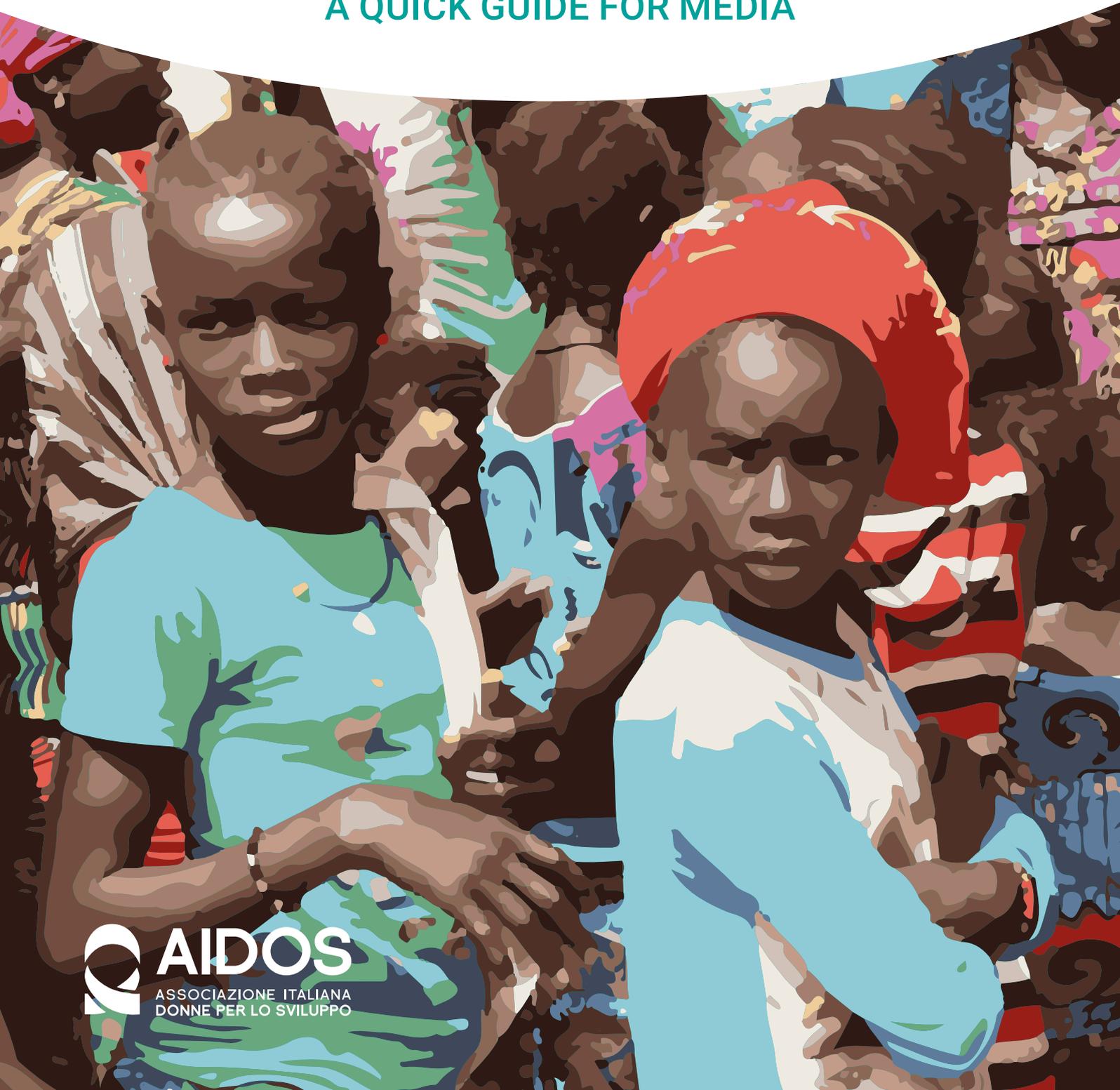


FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

A QUICK GUIDE FOR MEDIA



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TABLE OF CONTENTS

INTRODUCTION	6
LIST OF ABBREVIATIONS	7
FIGURES AND ESTIMATES: DISCLAIMER	7
1. WHAT DO WE TALK ABOUT WHEN WE TALK ABOUT FGM/C?	9
WHAT IS FGM/C?	9
WHY DO WE CALL IT FGM/C?	9
WHO IS SUBJECTED TO FGM/C AND WHEN?	10
WHERE IS FGM/C PRACTICED?	11
DOES FGM/C HAVE AN IMPACT ON GIRLS' AND WOMEN'S HEALTH?	12
DOES FGM/C HAVE AN IMPACT ON GIRLS' AND WOMEN'S HUMAN RIGHTS?	13
WHAT IS THE ROLE OF NATIONAL LEGISLATION?	15
2. FINDING THE RIGHT QUESTIONS	17
WHY IS FGM/C PRACTISED?	17
IS FGM/C A RELIGIOUS REQUIREMENT?	18
WHAT ARE THE LINKS BETWEEN FGM/C AND CHILD/FORCED MARRIAGE?	19
WHY IS FGM/C A GENDER ISSUE?	20
WHAT DOES GENDER EQUALITY MEAN?	21
WHY EMPOWERING WOMEN AND GIRLS MAY LEAD TO ENDING FGM/C	21
IS FGM/C DECLINING?	22
IS FGM/C CHANGING?	22
WHAT DO GIRLS AND WOMEN SUBJECTED TO FGM/C THINK ABOUT IT?	23
FGM/C AND MIGRATION: WHY IS IT IMPORTANT TO BUILD BRIDGES?	23
3. HOW TO REPORT ON FGM/C	27
DEFINITION	27
NEW LANGUAGE	29
CONTEXT	29
SENSITIVE BEHAVIOUR	30

YOUR KEY ROLE	30
SOME TIPS TO KEEP IN MIND	31
LINKOGRAPHY -----	33
COMMUNICATION, MEDIA, LANGUAGE	33
COUNTRY PROFILES	33
FGM/C AND EARLY AND FORCED MARRIAGE	34
FGM/C AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGs)	34
GENDER	34
GENERAL STUDIES - FACT SHEETS - FAQ	35
GOOD PRACTICES AND PROGRAMS	36
HEALTH	36
LEGAL INSTRUMENTS AND HUMAN RIGHTS	36
MIGRATION	37
RELIGION	38
SOCIAL CHANGE	38
STATISTICS	39
VIDEOS	39
WEBLIOGRAPHY – INSTITUTIONAL LINKS	40

INTRODUCTION

The media play a crucial role in the work towards the abandonment of female genital mutilation/cutting (FGM/C), because they contribute not only to disseminating information regarding the practice, but also to influencing people's perception of the subject itself.

FGM/C is a complex issue which involves particularly sensitive themes such as sexual and reproductive health, the role and status of girls and women in society and more widely the concept of gender equality, at times religion, different faiths and above all the human rights of girls and women. Therefore, communicating about this issue in a credible and useful way is not an easy task!

In this context, the media – whether this is TV, radio, the press or social networks – can promote positive changes in behaviour, allow girls and women who have been subjected to FGM/C to speak out, show that change is possible and that certain men and women have already made changes, in order to encourage people who are still reluctant to take a step to abandon the practice to do so.

These two Guides⁽¹⁾, which have been updated within the framework of the Abandoning FGM on FM!⁽²⁾ project, have the main aim to help radio professionals to produce audio-documentaries about FGM/C. They are designed to be a sort of toolbox for the concrete issues that these professionals can wonder about when they want to produce an audio-documentary on this subject.

However, the Guides can be used separately and by media professionals who do not work in radio. So the "FGM/C. A Quick Guide for Media" brings together the main questions that professionals may have regarding FGM/C and ~~are~~ therefore just as useful for the press/TV/ internet. Similarly, the "First Principles of Audio Documentary. Theory and technique for absolute beginners" guide could be used by radio journalists for producing an audio-documentary about a subject other than FGM/C.

AIDOS

1. "First Principles of Audio Documentary. Theory and technique for absolute beginners" (AIDOS 2016) and "FGM/C. A Quick Guide for Media" (AIDOS 2016).

2. Implemented by AIDOS in partnership with Tostan, AMWIK and Audiodoc, supported by the UNFPA-UNICEF Joint Program on FGM/C.

LIST OF ABBREVIATIONS

CEDAW:	Convention on the Elimination of All Forms of Discrimination against Women
CSO:	Civil Society Organization
DHS:	Demographic Health Survey
FGM/C:	Female Genital Mutilation/Cutting
HTPs:	Harmful Traditional Practices
IAC:	Inter-African Committee on Traditional Practices Affecting the Health of Women and Children
MDGs:	Millennium Development Goals
MICS:	Multiple Indicator Cluster Survey
NGO:	Non-governmental organization
SDGs:	Sustainable Development Goals
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization

FIGURES AND ESTIMATES: DISCLAIMER

Figures, data and trends related to FGM/C are quickly evolving, luckily often showing a decrease in the percentages and a constant change in attitudes and behaviours. It is therefore essential for a good reporter to check for updates and make sure not to use inaccurate data. The figures contained in this guidebook aim to give an idea of the global framework in 2016 and should not be used for reports without checking that they still apply.

In addition, there is a lack of data regarding FGM/C prevalence in many countries, and – even in areas where it is collected in a systematic way – it is estimated data (see “How is data collected?”). Please remember to always highlight that you are talking about estimates.



1. WHAT DO WE TALK ABOUT WHEN WE TALK ABOUT FGM/C?

An Overview

WHAT IS FGM/C?

The World Health Organization defines female genital mutilation/cutting (FGM/C) 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⁽³⁾”.

WHY DO WE CALL IT FGM/C?

Female genital mutilation/cutting is also known as “female circumcision” or “female genital cutting (FGC)”. In addition, in communities where the practice is typical, several different words are used and these are often linked to notions of purity, beauty, cleanliness, etc. In most West African countries, the term “excision” is used, because it is a common French word, while in African Anglophone countries “circumcision” is the commonly used term.

“The term ‘female genital mutilation’ was adopted in 1990 by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, and in 1991 the World Health Organization (WHO) recommended that the United Nations adopt it as well. However, objections have been raised because the term also expresses judgment and condemnation of what has always been a practice in many communities. In an effort to become more culturally sensitive, the term ‘female genital cutting’, or FGC, is now widely used among

3. World Health Organization (WHO). (2014). Factsheet no 241 - Updated February 2016 (available at <http://www.who.int/mediacentre/factsheets/fs241/en/>).

researchers and various international development agencies. In 1999, the UN Special Rapporteur on Traditional Practices called for “tact and patience” regarding this area and drew attention to the risk of “demonizing cultures under cover of condemning practices harmful to women and the girl child.” UNICEF and the United Nations Population Fund (UNFPA) currently use a hybrid term, female genital mutilation/cutting or FGM/C. This is intended to capture the importance of the term ‘mutilation’ at policy level and highlight that the practice is a violation of the rights of girls and women. At the same time, it recognizes the importance of using respectful terminology when working with practising communities”⁽⁴⁾.



Due to the extreme sensitivity of the topic, choosing what term to use is highly important. While discussing the subject inside a specific community, it is fundamental to choose terminology that your audience will understand and that will not offend people or make them feel judged.

WHO IS SUBJECTED TO FGM/C AND WHEN?

UNICEF estimates that at least 200 million girls and women alive today have undergone female genital mutilation in 30 countries⁽⁵⁾ (see “[Where is FGM/C practiced?](#)”). Global numbers - especially figures on FGM/C prevalence in America, Europe and Asia - are unknown due to the lack of reliable and/or updated data.

FGM/C is usually performed on girls during childhood and before puberty. However, it can be carried out even on adult women. The age at which a girl may experience FGM/C (from a few days after birth to just prior to marriage), as well as the type and severity of the procedure (from cutting with no flesh removed to sewing), is very different from country to country, and from community to community.

About 80% of girls who have experienced FGM/C in Somalia, Egypt, Chad and the Central African Republic had the procedure performed when they were between 5 and 14 years, while in Nigeria, Mali, Eritrea, Ghana and Mauritania, more than 80% of girls subjected to FGM/C were cut before age 5. In Guinea-Bissau, approximately 18% of girls were cut after age 15, while in Kenya, 46% were cut after they were 9 years old.

“Data on the age at which FGM/C is performed are helpful in understanding when girls are most at risk of being cut. The DHS and MICS routinely collect information on age at cutting for girls and women being interviewed, as well as for their daughters”⁽⁶⁾.

4. United Nations Children’s Fund (UNICEF). (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York: UNICEF, p. 7 (available at www.childinfo.org/files/FGCM_Lo_res.pdf).

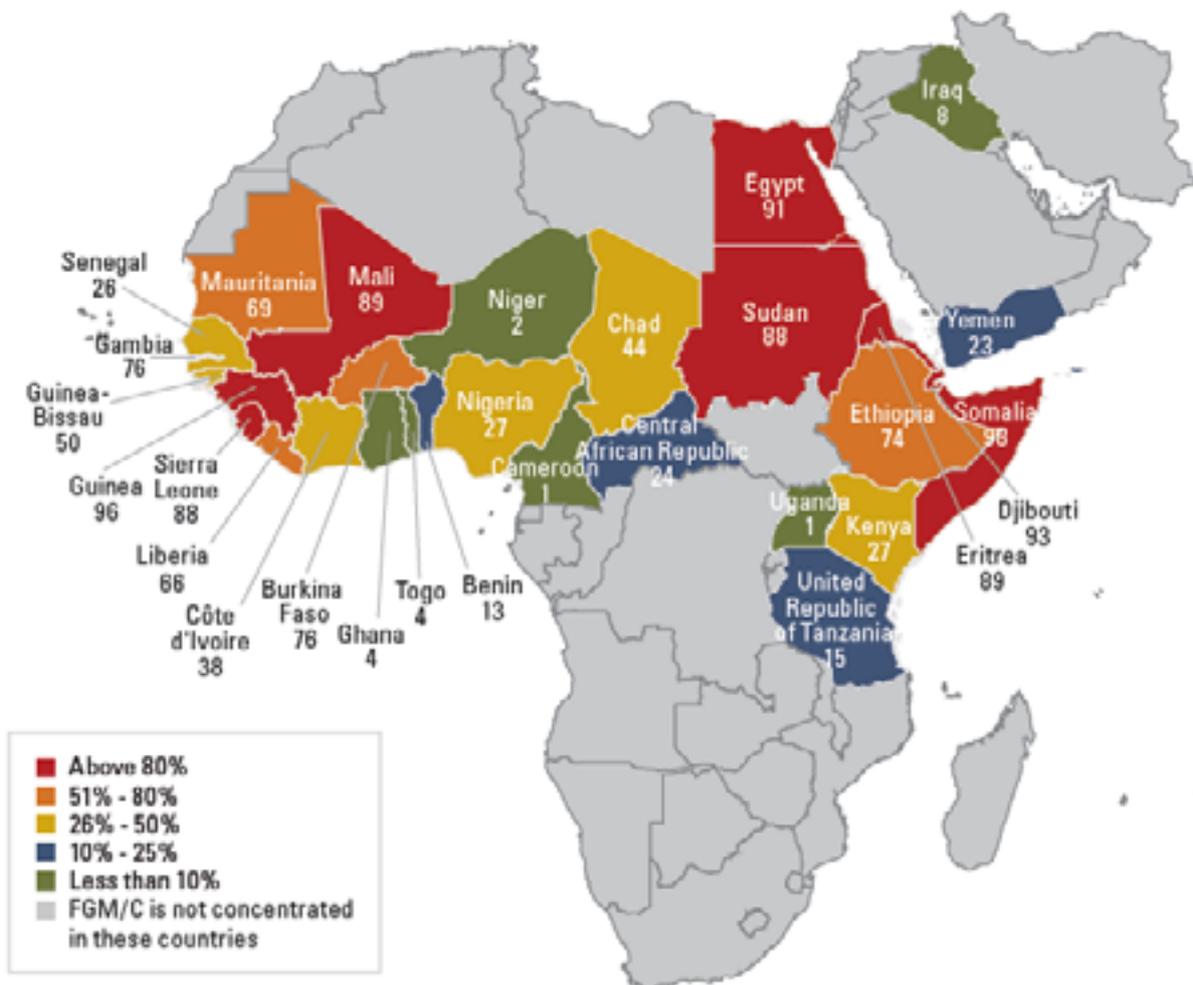
5. United Nations Children’s Fund (UNICEF). (2016). Female Genital Mutilation/Cutting: A global concern. New York: UNICEF (available at http://www.unicef.org/media/media_90033.html).

6. UNICEF 2013, op. cit., p. 46.

WHERE IS FGM/C PRACTICED?

The practice of FGM/C is concentrated in 29 countries in Africa and the Middle East, where prevalence rates vary largely (from 98% in Somalia to 1% in Uganda), in some areas in South East Asia (including Indonesia, India, Malaysia and Pakistan), and also in other continents, through migrant communities from FGM/C affected countries. More than half of the 200 million girls and women subjected to FGM/C live in just three countries: Indonesia, Egypt and Ethiopia⁽⁷⁾. Even inside a country, rates may vary widely across different regions, in particular in countries with low prevalence. Conversely, similar rates extend across national borders, reflecting how the diffusion of the practice is more influenced by ethnicity and population groups than by nationality.⁽⁸⁾

Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country



7. United Nations Children's Fund (UNICEF). (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York: UNICEF, p. 7 (available at www.childinfo.org/files/FGCM_Lo_res.pdf).

8. United Nations Children's Fund (UNICEF). (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. New York: UNICEF, p. 7 (available at www.childinfo.org/files/FGCM_Lo_res.pdf).

“Variations in FGM/C prevalence across regions are best understood by the ethnic composition of the population in each area. (...) In many settings, FGM/C derives much of its meaning and tenacity from its intimate association with ethnic identity. (...) Where a strong link between FGM/C and ethnicity exists, it may be that ethnicity signals reciprocal expectations that hold the practice in place; in this case, ethnicity may be a proxy for shared norms concerning marriageability, sexual restraint, personhood or other common values. (...) Even in settings where the association of FGM/C with initiation rituals has weakened, the practice appears to remain an important physical marker of insider/outsider status and to be intertwined with shared values such as sexual restraint and respect for one’s elders”⁽⁹⁾.



HOW IS DATA ON FGM/C COLLECTED?

There are two main sources for data available on FGM/C: Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). DHS are surveys funded by USAID and carried out every five years in countries in Africa, Asia and Latin America, covering demographic and health issues. An FGM/C component was included in DHS for the first time in 1989/1990 and is now present in the surveys covering 23 countries. MICS have been carried out by UNICEF since 1995 to monitor the status of children and women. They are conducted approximately every five years and today gather information on FGM/C in 16 countries.

“Nearly all of the surveys ask women of reproductive age about their own FGM/C status, at what age they were cut and by whom. If a woman has living daughters, the same questions are repeated

for her daughters. Most surveys include additional questions related to women’s attitudes surrounding FGM/C, including their rationale for the practice and their opinion on whether it should continue. In many surveys, a male view is also solicited, addressing awareness and attitudes about FGM/C in men”⁽¹⁰⁾.

It is important to notice that data on FGM/C has been collected only in recent years, and not in every country where the practice is common. In particular, there is a total lack of figures from countries in Asia where FGM/C is known to be widespread, while we mostly have just estimates regarding the prevalence rates in Europe, Australia, New Zealand and North America.

DOES FGM/C HAVE AN IMPACT ON GIRLS’ AND WOMEN’S HEALTH?

FGM/C has an impact on the sexual and reproductive health and rights of women and girls and on the enjoyment of their human rights. It “has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls’ and women’s bodies”⁽¹¹⁾.

9. UNICEF 2013, op. cit., p. 33.

10. UNICEF 2013, op. cit., p. 4.

11. WHO 2014, op. cit.

1. WHAT DO WE TALK ABOUT WHEN WE TALK ABOUT FGM/C?

FGM/C results in physical and psychological health consequences that vary according to the type of cutting and personal experiences⁽¹²⁾. It can cause harmful health effects such as extreme pain, severe bleeding, infection, difficulty in passing urine and menstruation, difficulty in having sex and in giving birth, infertility and even death. Moreover, FGM/C may cause lifelong psychological consequences, including depression, anxiety, and fear of having sex, and can cause a severe decrease in a woman's sexual pleasure.



WHAT DOES MEDICALIZATION MEAN?

Global campaigns and other efforts to eliminate FGM/C have initially focused mainly on the adverse health consequences of the practice. This approach has sometimes led to the “medicalization” of the practice, defined by the World Health Organization as “the situation in which FGM/C is practiced by any category of health care provider, whether in a public or private clinic, at home or elsewhere”.

Some medical professionals, nongovernmental organizations, government officials and others consider medicalization as a harm-reduction strategy and support the notion that when the procedure is performed by a trained health professional, some of the immediate risks may be reduced. However, even when carried out by trained professionals, the procedure is not necessarily less severe. Moreover, there is no evidence that medicalization reduces the documented obstetric or other long-term complications, including psychological ones, associated with FGM/C. Some have argued that medicalization is a useful or necessary first step towards total abandonment, but there is no documented evidence to support this. There are serious risks associated with medicalization, and above all its performance by medical personnel may wrongly legitimize the practice as medically sound or beneficial for girls' and women's health. Finally, it doesn't take into account the fact that FGM/C constitutes a severe infringement of women's and girls' human rights, irrespective of the way it is performed.

Medical licensing authorities and professional associations, including the International Federation of Gynecology and Obstetrics (FIGO), have joined the United Nations organizations in condemning actions to medicalize FGM/C.

DOES FGM/C HAVE AN IMPACT ON GIRLS' AND WOMEN'S HUMAN RIGHTS?

Human rights are commonly understood as inalienable fundamental legal guarantees to which a person is inherently entitled simply because she or he is a human being. Human rights are categorized as civil, political, economic, social and cultural rights; all are universal, inalienable, interrelated, interdependent and indivisible.

It is internationally recognized that the international human rights violated by FGM/C are: the right to be free from gender discrimination; the right to life; the right to physical and mental integrity, including freedom from violence; the right to the highest attainable standard of health; the right not to be subjected to

12. Idem.

torture or inhuman or degrading treatment or punishment; the rights of the child; the rights of persons with disabilities; other international human rights. Human rights, which entail both rights and obligations, are reflected in numerous treaties that are binding under international law. They are also reflected in non-binding documents, such as resolutions, recommendations, guidelines, declarations and principles.

Addressing FGM/C as a violation of human rights places a responsibility on States. They have a duty to refrain from violating rights but also to ensure protection and fulfilment of human rights in their jurisdictions and policies. Therefore, States can be held responsible for failing to take steps to enable women and girls to enjoy and secure their human rights.



WHAT ARE THE INTERNATIONAL AND REGIONAL INSTRUMENTS REGARDING FGM/C?

There are many international legal frameworks dealing either directly or indirectly with the issue of FGM/C. Here are some:

International instruments

Two of the main international instruments worth mentioning are:

The Beijing Declaration, signed in 1995 by participating governments at the United Nations Fourth World Conference on Women, outlines a set of principles concerning the equality of men and women. For example, Article 14 states that “women’s rights are human rights” and Article 29 states that governments are determined to “prevent and eliminate all forms of violence against women and girls”.

The first United Nations General Assembly Resolution (UNGA Resolution 67/146) on “Intensifying global efforts for the elimination of female genital mutilations” was passed in 2012 and constituted the first worldwide FGM/C ban adopted by all UN members. Although it is not a binding instrument, it represents an international political will to end the practice. On 18 December 2014, the United Nations General Assembly adopted a Resolution which reaffirms its call to ban FGM/C worldwide. The Resolution [A/69/150], was cosponsored by the Group of African States and an additional 71 Member States, and was adopted by consensus by all UN members⁽¹³⁾.

Regional instruments

Two of the main regional legal instruments that directly address FGM are:

The Maputo Protocol, also known as The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, was signed in 2003 by most countries in the African Union. The Protocol addresses a number of rights for women, including the right to social and political equality with men as well as control over reproductive health and an end to FGM/C. It makes specific reference to FGM/C in Article 5 ‘Elimination of Harmful Practices’ where it states that all countries “shall take all necessary legislative and other measures to eliminate such practices...”.

The Maputo Protocol has not yet been ratified by all the countries concerned and without ratification by all African States the protocol’s pledges cannot be fully achieved. In addition, many African States do not respect their obligation, under article 26 of the protocol, to indicate in their periodic reports on fulfilment of the African Charter on Human and People’s Rights, the measures undertaken for fulfilling women’s rights. The same issue exists with regard to the UN human rights treaty monitoring bodies: each State

13. See more at http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/150

1. WHAT DO WE TALK ABOUT WHEN WE TALK ABOUT FGM/C?

party is obligated to submit regular reports on implementation of these rights to the relevant treaty body, and late reporting or failure to report seriously challenges the monitoring system.

The Istanbul Convention, also known as the Convention on Preventing and Combating Violence against Women and Domestic Violence, was signed in 2011 by 37 members of the Council of Europe. It is the first European convention specifically focusing on the issue of violence against women including FGM/C. The Convention has been effective since August 2014, thereby legally obliging signatory countries to increase measures to prevent FGM/C, and protect and support FGM/C-affected women and girls⁽¹⁴⁾. It also covers issues related to migration and asylum, such as obliging countries to acknowledge gender-based asylum claims.

For the full list of legal instruments applicable to FGM/C please see Implementation of the International and Regional Human Rights Framework for the Elimination of Female Genital Mutilation, UNFPA November 2014, available on UNFPA website under the Publications section in French and English.

WHAT IS THE ROLE OF NATIONAL LEGISLATION?

The majority of the countries in Africa and the Middle East where the practice is concentrated have prohibited FGM/C by law or constitutional decree, enacting laws against FGM/C in the 90s and in the 00s, even if some did as early as 1965 (Guinea) or as late as 2015 (Nigeria). There has been an ongoing debate on how governments should address the problem and whether or not it is correct to criminalize a practice that is carried out by such a high percentage of the population. It is generally agreed that law alone is not enough to change behaviours, and that it should always be accompanied by sensitization programs, media campaigns, and other interventions promoting the abandonment of FGM/C⁽¹⁵⁾.

Also, 33 countries outside Africa and the Middle East have adopted laws banning FGM/C. They often include an extraterritoriality clause, meaning that parents may be persecuted for subjecting daughters to FGM/C, even if they do it outside of the country they live in.



When reporting about FGM/C, it is important that you are informed about the national legal and policy framework. Laws can vary from country to country and they can be accompanied by national action plans, sensitization campaigns, guidelines for professionals, etc. Furthermore, it may be interesting for you to find out if there have been cases of actual persecution and if affected communities are informed about the law.

Another possible area of interest to monitor for a journalist may be ratification of legal instruments and reporting obligation of States.

14. Amnesty International, Council of Europe. (2014). The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence. Istanbul Convention. A tool to end female genital mutilation. Strasbourg: Council of Europe Publishing. http://www.endfgm.eu/editor/files/2016/01/IstanbulConventionFGMguide_FINAL_ENGLISH.pdf

15. For further information on this subject, see Chapter 2 of UNICEF 2013 and Rahman, A., and N. Toubia, Female Genital Mutilation: A practical guide to laws and policies worldwide, Zed Books, London, 2000.



2. FINDING THE RIGHT QUESTIONS

Reasons, Trends And Issues Around FGM/C

WHY IS FGM/C PRACTISED?

There are many reasons why communities say they practise FGM/C. These include: religious beliefs, maintaining a woman's virginity or chastity, cultural tradition, hygiene, improving female fertility, and increasing sexual pleasure for men among others. FGM/C is also a rite of passage, which makes a female "woman" by removing parts of the genitalia which resemble male parts or are considered more "male". FGM is practised on girls because they were born female; through this practice they are expected to become women and to embrace their gender identity.

The desire to achieve social approval or acceptance and avoid disapproval and social sanctions is however the main reason for carrying out this practice. That is why today, FGM/C is widely referred to as a social norm⁽¹⁶⁾, which is defined as a customary rule regulating society and group behaviours. The social cost of not conforming to the expected social norms can be extremely high, particularly in communities that give so much importance to the dual roles of mother and wife that women are expected to perform, and in societies where there are few economic and labour opportunities to help women become financially and socially independent.

Families therefore face great challenges when trying to abandon the practice on their own, risking - among others - social exclusion, stigma and inability to marry their daughters inside their community. We now know that, in order to be enduring, change must be endorsed by a whole community. As families are more likely to continue to subject their daughters to FGM/C if they believe others in their social group expect them to do so, they will be encouraged to abandon the practice if they know that the majority of the people living in their community will do so as well.

16. See Chapter 3 of UNICEF 2013.

“FGM/C abandonment typically begins with an initial core group of individuals who set in motion a dynamic of change. As this group becomes ready to abandon the practice, they then seek to convince others to abandon. The members of this critical mass spread the knowledge of their intention to abandon to others through their social networks – a process known as ‘organized diffusion’ – until a large enough portion of the intramarrying community is ready to abandon FGM/C, described in this text as the ‘tipping point’. After this point, the abandonment would become stable because it would permanently change social expectations. Community members would be expected to not cut their daughters, and would be socially rewarded or sanctioned accordingly. But for abandonment to occur, it is essential that people are aware of and trust the intention of others to also abandon”⁽¹⁷⁾.



As data shows, FGM/C being a very sensitive subject, individuals often don't feel at ease discussing it, even within family members or between husband and wife. This generates a diffused underestimation of the number of people who effectively deem the practice harmful, do not see any benefits from it and actually consider its abandonment. Another reason for engaged journalists to spread the news of change!

It is widely considered that female marriageability is one of the main reasons why women and girls continue to practice FGM/C, and that women fear that they will be rejected by men or excluded from marriage if they have not conformed to the cultural practice of FGM/C. While there is evidence that marriageability plays a role in maintaining the practice of FGM/C, there is equally strong evidence that the cultural convention of FGM/C is driven mainly by “peer convention”. That is, by younger women who want to be accepted into the network of support, respect and prestige from older women who have already received FGM/C.



FGM/C needs to be understood as a social norm based on unequal relations between women and men in affected communities, it is therefore directly linked to gendered power relationships, to the status of women and girls in that specific community and their level of empowerment or agency⁽¹⁸⁾.

IS FGM/C A RELIGIOUS REQUIREMENT?

FGM/C is often believed to be a religious obligation, but in fact no religion requires FGM/C. “Even though the practice can be found among Christians, Jews and Muslims, none of the holy texts of any of these religions prescribes female genital mutilation and the

17. UNICEF Innocenti Research Center. (2010). The Dynamics of Social Change: Towards the Abandonment of Female Genital Mutilation/Cutting in Five African Countries. Firenze: UNICEF, p. 9.

18. Mediterranean Institute of Gender Studies (MIGS). (2015). Position Paper - Repositioning FGM as a Gender and Development Issue. Cyprus: Mediterranean Institute of Gender Studies (available at www.endfgmindevelopment.org).

practice pre-dates both Christianity and Islam. The role of religious leaders varies. Those who support the practice tend either to consider it a religious act, or to see efforts aimed at eliminating the practice as a threat to culture and religion. Other religious leaders support and participate in efforts to eliminate the practice⁽¹⁹⁾.

WHAT ARE THE LINKS BETWEEN FGM/C AND CHILD/FORCED MARRIAGE?

One of the social reasons for FGM/C is to prepare a girl for marriage. Direct links exist where FGM/C is a prerequisite to marriage or where marriage immediately follows the practice of FGM/C. However, the relationship between the two practices may operate differently in each local context.

When we speak about “early marriage” we mean any marriage where one or both partners are under the age of 18. Some children can be coerced into marrying by their families, but even if they are not, most of the time early marriage is considered as forced, because children do not understand the implications of it. Although boys also enter into early marriage, girls are disproportionately affected by this practice (the number of child brides is conspicuously higher than of child grooms). Worldwide, more than 700 million women alive today were married before their 18th birthday⁽²⁰⁾.

The consequences of FGM/C and early marriage can be extremely harmful and share a number of similarities. Where both practices exist, the harmful consequences increase.

Child, early and forced marriage and the needs of adolescent girls were missing from the Millennium Development Goals (MDGs), which directly hindered the achievement of six of the eight MDGs. That is why CSOs, NGOs and networks all over the world have advocated for the inclusion of girls’ rights at the core of the new post-2015 development agenda, stressing the fact that girls have the potential to bring about change toward sustainable development.



When addressing these two traditional harmful practices, it is interesting to investigate the role that girls can play in their elimination. We know that girls nowadays play a decisive part in solving the most persistent development problems facing the world. If they are empowered through education and health – and consequently avoiding or delaying early marriage and teen pregnancies – they can be important agents of change, even in tackling issues such as FGM/C. When addressing FGM/C through media, you should remember that FGM/C is not only a violation of women’s rights but also of girls’ rights, and explore the peculiarity of girls’ involvement and agency.

19. OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. (2008). Eliminating Female genital mutilation, An interagency statement. WHO, p. 12.

20. UNICEF global databases, 2014, based on DHS, MICS and other nationally representative surveys, 2005-2013.



WHAT DOES HARMFUL TRADITIONAL PRACTICES MEAN?

There is no agreed definition of harmful traditional practices (HTPs). HTPs are value-based discrimination against particular groups of people, and they challenge the human rights of the people affected by them. The roots of HTPs are generally cultural and social norms and beliefs, and particular interpretations of religion. Usually they lead to unequal power relations between women and men (gender inequality), and male domination throughout society. HTPs include, but are not limited to, FGM/C, child marriage, son preference, bride-price, dowry payments and honour-killings. Harmful traditional practices can affect both men and women. However, the causes of HTPs often lie in deep-rooted gender inequalities and girls and women are the most affected. These practices continue to grow and evolve through globalisation and migration, with many of them being transferred to new countries. It is important to remember there are also many positive traditional practices that need to be preserved when addressing HTPs.⁽²¹⁾

WHY IS FGM/C A GENDER ISSUE?

FGM is a complex form of discrimination against women, made worse by other social problems: harmful traditional norms, sexual taboos, economic vulnerability, social (im) mobility, migration and integration.

FGM/C is part of wider patriarchal practices, rooted in inequality between the sexes and aimed at controlling women's and girls' sexuality, their bodies and their sexual and reproductive rights. The practice is a gender issue as it is performed on girls because they were born girls (sex) and through the practice they are expected to become women (gender) thus conforming to what that society expects from them as women.



WHAT IS THE DIFFERENCE BETWEEN SEX AND GENDER?

Although the terms "sex" and "gender" are often used interchangeably, sociologists differentiate between the two.

Sex refers to an individual's membership in one of two biologically distinct categories - male or female. Sex refers to biological differences; internal and external sex organs.

Gender refers to the physical, behavioural, and personality traits that a group considers normal for its male and female members. Gender describes the characteristics that a society or culture recognizes as masculine or feminine. These characteristics may vary from country to country and over time.

For instance, while some common statements clearly refer to sex characteristics ("women give birth to babies, men don't") others are linked to gender and may therefore change depending on culture, place and time ("women take care of babies, men don't").

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21. For further information on this subject, see also Gender & Development network (GADN). (2014). Harmful Traditional Practices: your questions, our answers. London: GADN.

WHAT DOES GENDER EQUALITY MEAN?

The term “gender equality” means treating men and women, boys and girls, the same way. Gender equality does not mean ignoring the biological or social and cultural differences between men and women that exist everywhere. It means that men and women should be seen equally under the law, and that they should have equal rights, opportunities, and access to resources. It also means allowing men and women equal freedom to choose the sorts of gender roles they would prefer to have.

UNICEF has demonstrated that there is a “double dividend” for campaigns that increase gender equality. This is because healthier and more educated women will tend to produce healthier and more educated children. The World Health Organization has pointed out that without improvements in gender equality, the success of health programmes, development projects, and any new laws and policies will be limited. Gender equality may mean, for instance, to not perform FGM/C on girls and so enable them to start their life with their physical integrity as boys generally do.

WHY EMPOWERING WOMEN AND GIRLS MAY LEAD TO ENDING FGM/C

Because FGM/C is a manifestation of gender inequality, the empowerment of women is fundamental for the elimination of the practice. Addressing this through education and debate highlights the human rights of girls and women and the differential treatment of boys and girls with regard to their roles in society in general, and specifically regarding FGM/C. This can be used to influence gender relations and accelerate progress in abandonment of the practice.

Programmes which promote women’s economic empowerment often engender more progress, because they can provide incentives to change the patterns of traditional behaviour that limit a woman as a dependent member of the household. Paid employment empowers women in various aspects of their lives, influencing sexual and reproductive health choices, education and healthy behaviour.⁽²²⁾



FGM/C AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGs)

On 25 September 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Goals to be achieved by 2030. These goals are designed to eliminate poverty, discrimination, abuse and preventable deaths, address environmental destruction, and usher in an era of development for all people, everywhere.

22. OHCHR, UNAIDS, UNDP... 2008, p. 6.

The SDGs are supposed to be a holistic set of goals and targets to be considered all together in order to maximize impact. In this new Agenda gender equality is more than a goal: it should be the precondition for achieving other goals such as ending poverty and obtaining sustainable development for all. That is why gender is mainstreamed in all the Goals and, at the same time, there is a specific Goal: “Achieve gender equality and empower all women and girls” (Goal 5). Women have a much higher probability than men of being impoverished, deprived of education and opportunities, and the victims of sexual and domestic violence. Goal 5 demands the elimination of all forms of violence against women and girls, the end of all forms of gender-based discrimination, and the elimination of harmful practices such as child marriage and FGM/C. It also demands that universal access to sexual and reproductive health and reproductive rights be guaranteed.

The elimination of FGM/C is the focus in a specific target (5.3), but it is also possible through other actions – for instance, the revision of school curricula and policies to counteract gender discrimination and violence against women (included in SDG 4 - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) – and the fulfilment of this target would help greatly in achieving the rest of the Agenda.

The aim of the whole Agenda is to give women a say in the choices concerning their lives and decide freely on their sexuality, participate fully in the economy and have access to technology. For this, laws, policies and services that guarantee a level playing field for women are needed.⁽²³⁾

IS FGM/C DECLINING?

Data collected recently among different age groups suggests that there might be a general decline in the number of girls cut. In Sierra Leone, for instance, while the prevalence rate among women aged 45 to 49 is 96%, it is 70% in girls aged 15 to 19⁽²⁴⁾. Other countries showing a dramatic difference in these figures are Egypt, Ethiopia, and Nigeria.

IS FGM/C CHANGING?

There is evidence that the way the practice is done is changing in several contexts. For instance, FGM/C is now performed mostly by doctors or health professionals, it is done to girls at an earlier age, individually and clandestinely, and the form is less severe than in the past.

This is partly due to the laws criminalizing the practice and making it impossible to perform it collectively and as part of celebrations for the rite of passage involving the whole

23. <http://tinyurl.com/hqwxvvs>

24. PRB 2014, op. cit.

community, and partly due to campaigns informing people about the health consequences of FGM/C. The fact that the practice is done by health professionals or in a less severe form, however, does not mean that a girl's health and rights are not being impacted.

WHAT DO GIRLS AND WOMEN SUBJECTED TO FGM/C THINK ABOUT IT?

Women's ideas and feelings about FGM/C also vary widely across countries, but 67% of women and girls (aged 15 to 49 years old) in countries with data think the practice should stop⁽²⁵⁾.

"The highest levels of support can be found in Mali, Guinea, Sierra Leone, Somalia, Gambia and Egypt, where more than half the female population think the practice should continue. However, in most countries where FGM/C is concentrated (19 out of 29), the majority of girls and women think it should end. The data also show that between 1 per cent and 26 per cent of girls and women surveyed have mixed feelings on the subject, do not have a strong opinion or prefer not to express what they think"⁽²⁶⁾.



When reporting about FGM/C, it is important to understand that the practice is rooted in traditions and cultural beliefs of affected communities, and so you must not judge the individuals involved, or portray them in a racist way. You could instead highlight that change is possible and has already taken place in many contexts, showing once again that culture is not static.

FGM/C AND MIGRATION: WHY IS IT IMPORTANT TO BUILD BRIDGES?

In recent years, due to increased migration trends from African countries where the practice is common, FGM/C has become an issue also in Europe, Canada, the USA, Australia, and New Zealand.

"Some studies in Europe, including studies conducted in the UK, Norway and the Netherlands, indicate that second generation migrants born in Europe are less likely to be subjected to FGM, as families do not experience similar social pressure in Europe to that which they experience in their country of origin. However, families living in Europe continue to have strong ties, also through remittances, with their countries of origin and some may come under huge pressure to continue the practice of FGM. Moreover, many migrants feel

25. UNICEF 2016, op. cit.

26. UNICEF 2013, op. cit., p. 52.

their sense of identity is bound in upholding their ethnic social norms and values; this would explain the perpetuation of the practice in some communities.

Recent discourse on FGM is increasingly centred on the importance of “building bridges” between Africa and Europe. There is a general agreement that the link between communities in countries of origin and countries of destination impacts on the decision of whether or not to perform FGM. Despite this, the understanding of the practice is still very poor and needs to be further developed, both in terms of research and in identifying concrete actions and programmes⁽²⁷⁾.



As journalists, you should help to discredit the common belief that FGM/C is an issue that only concerns Africa, because we know today that instead it is a global phenomenon. Media also play a critical role in building bridges between migrant communities and countries of origin, even more so today through new media, and so could be used to guarantee that voices from both sides of the bridge are heard.

27. Mediterranean Institute of Gender Studies, op. cit., p. 5.



3. HOW TO REPORT ON FGM/C

Engaging in Respectful Reporting

FGM/C is often in the news, it is a “hot topic” for journalism. We find it in different media: magazines and newspapers, the radio, television. Its prevalence in many countries makes it a subject that the media are currently very interested in. But it is complex, and hard to communicate; even journalists with the best intentions can misrepresent some of the issues regarding the practice. FGM/C is a very complex social and cultural issue in Africa and many other countries, and the media could play a key role in guaranteeing public awareness and understanding. Fully understanding the issue could help journalists - and through them society - to promote change.

What do we need? A respectful dialogue!

Even when done with the best intentions, reporting can sometimes make the stigma continue.

Let's start from the beginning.

DEFINITION

“Female genital mutilation” is a quite recent definition which has gradually been used more and more since the late seventies, when the practice began to be known in western countries⁽²⁸⁾. This definition includes all forms of the practice, known as clitoridectomy, excision, and infibulation, as classified by the World Health Organisation (WHO). The use of these terms, however, is not common among most people who practise some sort of FGM/C. For example, in most countries in West Africa the term “excision” is used for all kinds of FGM/C.

The expressions used in local African languages often link to other concepts, such as purity/

28. For more information about terminology see also Chapter 1 – Why we call it FGM/C?

purification (in the religious sense), cleanliness (in the sense of hygiene), cutting/the act of cutting, sewing /reduction. Local languages generally use positive words, because the communities that carry on the practise consider it beneficial; it is understandable that parents do not appreciate the suggestion that they are “mutilating” their daughter.

It is also important to keep in mind that the large majority of affected women use the term cutting. In the late nineties the expression “female genital cutting” (FGC) started to spread, because it refers only to the act of cutting, does not involve judgement, and respects local/traditional cultures where this practice is an essential element. For similar reasons, some anthropologists began to use the term “female genital modifications”.

Affected women do not consider themselves as “mutilated”, “different to a standard” or inferior to other women. One of the most fundamental rights is the autodetermination that starts from the right to self-definition, and the right to use terms to refer to ourselves in a manner that does not degrade us or allow us to be degraded by others.

Journalists should keep in mind that they must choose the word to use based on the context. When interviewing people from practising communities it is very important to use respectful language; for example, using the term “mutilation” could cause difficulty, because the people interviewed might not understand what you are talking about, or could feel judged. So it is important to prepare yourself by doing research on how the practice is done in each community and which word they use for it.

In addition, it is important to choose words that do not distort the reality of the issue or increase existing issues of racism and marginalisation that some communities feel.

Describing the procedure should not be avoided and should not be required, but you must use discretion in your description. The “Do No Harm Guidance Note” issued by The Girl Generation suggests for instance that: “However well intended, showing video-footage and photo-images of child abuse can be seen as a form re-abusing that child (...). Watching child abuse and torture can be shocking, disturbing and potentially traumatise audiences. Viewing torture is classified as a form of torture”⁽²⁹⁾.

The same goes with words and sounds used to describe the procedure. We don’t need to sweeten the pill, but maybe we won’t reach our goal by shocking our audience. Be careful about the terms you use, always try to adopt a non-judgmental approach and try to describe the practice objectively, following the definitions given by the WHO.

It is fundamental not to offend the sensibility of your audience and the sensibility of women and girls affected.

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29. The Girl Generation. (2014). Do No Harm Guidance Note.

NEW LANGUAGE

It is crucial to remember that culture and language change with time and also through meeting other cultures and new ideas. “Culture is not static and neither is it monolithic. Cultures are dynamic and evolving. It is a constantly shifting product of internal struggles, interaction with other cultures, social, economical and technological change⁽³⁰⁾”.

Culture changes our use of language all the time, and because cultures seek to improve their understanding of the human condition, the language we use to describe others is an attempt to reflect this refinement. For example, we are now in the process of changing the way we speak about women who have experienced domestic or sexual violence: many women and advocates encourage the use of the term “survivor” or “affected” instead of “victim” - and suggest the same for women who have had FGM/C -, as the term suggests that women are in a state that cannot change, so making them a victim twice.

Words aside, it is much preferable not to describe women and girls affected just as being “victims” and instead give them the opportunity to talk about their experience, be agents of change and help them not to be silenced. In addition, it is important to not stigmatize affected women, and to keep in mind that there are means and possible ways to help them get over their psychological and health problems.

Choose your language carefully and sensitively and don't use language that implies judgement from a cultural perspective. Terms like “horror”, “brutal”, “barbaric” and “torture” are prejudicial, racist and derogatory terms that you should avoid. This kind of description does not help the public to understand. Instead, it creates prejudices and reinforces separation - us versus them, civil versus barbarian and so on - and could increase racist views. Also, the use of such terms generally does not help to support people or communities who are thinking of abandoning the practice.

CONTEXT

The stories about FGM/C narrated in most media, especially in Europe, have focused on African communities. This could lead some people to believe that only African women and girls are involved. People could also wrongly conclude that all communities living in countries in Africa practise FGM/C.

You should remember that for many readers, listeners and viewers, media coverage on the practice will be the only information they receive about the phenomenon and the communities it affects. So it is important to say that FGM/C is not totally or only African.

30. Abu-Lughod L. (1991). Writing Against Culture, in R. G. Fox, Recapturing Anthropology: Working in the Present. School of American Research Press.

Put your report into context and talk about studies and analysis to back up your story. Whenever possible, you should use existing estimates/data, research and evidence about the current practices and avoid the sensationalism surrounding FGM/C as a topic and should not use stereotypes and oversimplifications, for example the debate about the origin of the phenomenon or about which type of cutting is better or worse. It is important to remember that affected communities have themselves been the main promoters of change, so talking about this part of the story to your audience will allow readers, viewers and listeners to fully understand the complexity of the issue. For the same reason do not use sensationalist headlines.

SENSITIVE BEHAVIOUR

When you interview women and girls, community representatives or other people, we recommend that you use respectful language and sensitive behaviour. Make sure that the person you are talking to knows how you are going to use the information he/she gives you, that you are going to record his/her voice and/or image, or quote what he/she says. Ask them permission to cite their names if you wish to do so, and, if they don't want you to, do not mention their names, or use fictional ones. Don't push people to speak against their will or force them to discuss personal issues if they don't feel comfortable talking about them.

Remember that it is important to balance the public interest in FGM/C with respect for the privacy and dignity of those who have experienced the practice.

YOUR KEY ROLE

FGM/C is particularly challenging for both media and society, because of its complexity. But the media has the potential to play a lead role in changing perceptions that, in turn, can help to stimulate a movement for change. In recent years coverage has improved, but some reporting still stereotypes women, while ignoring what they really have to say. A great change is needed in the media's approach to the practice.

The media is not a passive transmitter of information to society, but a source of information and knowledge that can influence opinions. Because the media gives us information that we base our understanding of sensitive issues on, it has a key role to play in processes of transformation.

The media has a fundamental role in increasing public understanding of FGM/C and challenging its place in society. Ultimately, it is difficult to talk about the practice without listening to the voice of women, and their life stories.

SOME TIPS TO KEEP IN MIND

1. Know your target
2. Know your goal
3. Know the context
4. Don't use offensive, judging or shocking language
5. Don't cite real names and don't use their pictures if people interviewed don't want you to
6. Don't push people to speak against their will
7. Try to also find positive stories and examples
8. Keep in mind that your work can support people who have abandoned the practice, and also girls and women who have already experienced it, by not stigmatizing them
9. Try to find new angles to speak about the issue
10. Try to catch the attention of your audience, for example highlighting some aspects they don't already know about
11. Don't use sensationalist headlines, stereotypes and oversimplifications



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Abandoning FGM: Amina and Desta's story. UNFPA, 2015

Learn about female genital mutilation from the sisters Amina and Desta. UNFPA and UNICEF lead the Joint Programme on FGM/C, the largest global programme to accelerate the abandonment of female genital mutilation.

https://www.youtube.com/watch?v=_LKk3vyFyGA

Abandoning FGM on FM! AIDOS, 2015

A 5:34-minute audio-documentary produced during the training workshop on the production of audio documentaries for the abandonment of FGM/C, organized from 8 to 16 June 2015 in Senegal and addressed to journalists from Senegal, Mali and Burkina Faso. The training workshop was organised in the framework of the project "Abandoning FGM /C on FM!", coordinated by AIDOS in partnership with Audiodoc, Tostan and AMWIK, and supported by the UNFPA-UNICEF Joint Programme on FGM/C.

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A 32-minute film about Nancy, a Kenyan girl about to face a brutal passage to womanhood. Narrated by Angela Griffin.

<http://28toomany.org/fgm-research/films-and-videos/>

Joint Programme on Female Genital Mutilation/Cutting. UNFPA, 2010

The video examines the practice of FGM/C and strategies employed by UNFPA and UNICEF to encourage communities to abandon it. The two agencies, working closely with governments, NGOs, religious leaders and small community groups, aim to achieve an end to the practice.

<https://www.youtube.com/watch?v=vcDXTt9eN9M>

Protecting girls' rights: UNICEF and the EU are committed to support ending harmful practices, 2012

Female genital cutting and child marriage ruin the lives of millions of girls every year. They are manifestations of gender inequalities and a significant obstacle to women and girls realizing their full human rights.

<https://www.youtube.com/watch?v=expE0lrP7x4>

The Cutting Tradition. FIGO, 2012

The Cutting Tradition is a 47-minute film, narrated by Meryl Streep, commissioned by FIGO - the International Federation of Obstetricians & Gynecologists. Filmed in Ethiopia, Egypt, Djibouti, Burkina Faso and the UK, it looks at the reasons for female genital mutilation in Africa today. The film was produced by SafeHands for Mothers

<https://www.youtube.com/watch?v=pUpToERm0q0>

WEBLIOGRAPHY - INSTITUTIONAL LINKS

AWEPA – European Parliamentarians with Africa

<http://www.awepa.org/?s=mutilation&lang=en>

END FGM European Network

<http://www.endfgm.eu/en/>

INTACT network

<http://intact-network.net/intact/index.php>

Stop FGM/C. Together, a future without female genital mutilation/cutting

<http://www.stopfgmc.org/>

The Donors Working Group on Female Genital Mutilation /Cutting

<http://www.fgm-cdonor.org/>

The Girl Generation. United to end FGM

<http://www.thegirlgeneration.org/>

UNFPA: Female Genital Mutilation

<http://www.unfpa.org/female-genital-mutilation>

UNFPA-UNICEF Joint Programme on FGM/C

<http://www.unfpa.org/joint-programme-female-genital-mutilationcutting>

UNICEF. Female genital mutilation /cutting

http://www.unicef.org/protection/57929_58002.html

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