

USAID: Working to Eradicate Female Genital Cutting

Amido Diallo, a Guinean public servant, spoke of the sorrow he felt at the funeral of his 14-year old niece Kadiatou. She died when her Aunt Fatima had her, without her parents' knowledge, undergo genital cutting. According to Fatima, Kadiatou was joining the millions of African women (and the nearly 95% of young women in Guinea) who have been cut. Recognizing the harm this tradition is causing its women, the Government of Guinea has made its eradication a national policy. To support the government, USAID/Guinea worked with local organizations to arrange a public ceremony to raise awareness of the problems and to urge that the practice be stopped. It was at this ceremony that Diallo publicly spoke out about the tragedy of his niece and called for cessation of the practice. The success of the event attracted pledges from other districts and a similar ceremony has taken place in another region.

Female genital cutting is a traditional cultural practice that ranges from nicking to total removal of the external female genitalia. Worldwide, between 100 to 180 million women have undergone FGC. Reasons include beliefs about health and hygiene, women's sexuality, and rites of passage to adulthood and community initiation rites. The practice harms women's health, causing serious pain, trauma, and frequently severe physical complications such as bleeding, infections, or even death. Long-term complications can include recurrent infections, infertility, and difficult or dangerous deliveries during childbirth.

FGC occurs predominantly in Africa, although it has been documented in Asia, the Middle East, and among African immigrant communities in Europe, North America, and Australia.

How USAID's Programs Help

In recent years there has been widespread recognition that FGC directly affects the health and well-being of women and whole societies, resulting in considerable demand on USAID and other donors to address the issue. At USAID, FGC has long been part of an ongoing effort to find new and effective ways to integrate FGC into a wide range of activities. And in September 2000, the Agency incorporated eradication of FGC into its development agenda. To integrate the policy into its existing family programs and strategies, USAID:

- Collaborates with other donors and activist groups to implement a framework for research, policy change, and advocacy and to coordinate efforts, share lessons learned, and increase public understanding of FGC as a health-damaging practice.
- Partners with indigenous groups at the community level, as well as with global and national policymakers, to reduce demand through behavior change programs including community education, alternative rituals, and by promoting broader education and disseminating information on the harmful effects of FGC.

Kenya – Alternative Rituals. In Kenya, USAID works with a local organization to substitute FGC with a safer coming of age ritual for young women. The Alternative Rights of Passage program for young women includes education and training on decision-making, personal hygiene, and STI/HIV/AIDS prevention. To combat social stigma, local policy and religious leaders are enlisted as advocates, while peer educators are used in community support groups. Supporting positive aspects of the culture, drawing from local wisdom, and working through the community are critical to achieving social change. Another project involves health professionals in programs to train teachers, religious leaders, community leaders, and other medical practitioners about the need to eradicate FGC.

Egypt – Behavior Change. In Egypt, where the FGC prevalence rate is 97 percent, USAID funds a program that identifies individuals who said "no" to FGC, then works to determine how these women overcame the social ostracism that can result from being uncircumcised. The individuals include those who stopped or prevented the cutting of themselves, their daughters, or other close relatives; practitioners who have stopped performing the excision; and community leaders who oppose the practice. The strategy that resulted can be replicated by NGOs to support eradication of FGC at the grassroots level by changing the social norm.

Pop Briefs

Senegal – Community education. Tostan, an organization that helps villagers take charge of their own development, uses public declarations to persuade communities to abandon FGC. Demba Diawra, a 66-year old religious leader, walked from village to village to spread the message about the importance of ending FGC. Ultimately, 13 villages signed a written pledge announcing the end of FGC in their communities. USAID now supports the replication of this approach in rural Burkina Faso.

In 2002, representatives from 285 communities in Senegal declared an end to FGC in a festive event. Palm fronds and flowering branches decorated the school yard and traditional drumming and dancing greeted participants. Speeches were given by a cross section of the population: high-school teachers, elementary-school girls, religious leaders, and women's groups. The girls were the most eloquent: "We girls no longer want to be cut, we no longer want to be forced to marry, we no longer want to be discriminated against in school. We hope that all of that is finished, is over now." The call to action resonated. Delegates from other regions expressed their desire to similarly abandon FGC and asked for support in these efforts.

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Resources

1. Dorkenoo, Efusa, S. Elsworth. 1994. *Cutting the Rose, Female Genital Mutilation: The Practice and its Prevention*. London: Minority Rights Group
2. "The long-term reproductive health consequences of female genital cutting in rural Gambia: a community-based survey" by L. Morison et. Al., *Tropical Medicine and International Health* 6 (2001)
3. Reuters article "Breaking the Silence on female 'Circumcision,'" by Simon Denyer, Jan. 2, 2002