

Local governments fight against female genital mutilation

INTRODUCTION

The International Observatory of Violence against Women (↳[OIVF](#)) presents in this factsheet theoretical thematic elements to understand the impact of violence against women in the public space, while sharing practical examples of local governments to combat them, with the aim of encouraging other territories to adopt them and take measures against this kind of violence.

Female genital mutilation: understanding the scope and danger for girls and women

According to the World Health Organisation, ↳[FGM](#) refers to **all procedures on the external female sexual organs that are carried out for no-medical reasons**. The most common forms of FGM are:

- Total or partial removal of the clitoris
- **Excision** (removal of part of the clitoris and labia minora), which accounts for about **80% of cases worldwide**.
- **Infibulation** (almost complete closure of the vulvar orifice with or without excision).

FGM also includes all other harmful **procedures** on the female genital organs for non-medical purposes (e.g., piercing, puncturing, incisions, etc.).

The **medicalisation of excision**, which is increasing in several countries, continues to pose a danger to the lives of girls and women. These are FGM procedures carried out by medical personnel, or using medical instruments and/or products to prevent infections or relieve pain during the procedure. Although pain and health risks are relatively better controlled at the time of the procedure, the violation of women's bodies, their right to pleasure and the attack on their sexual health remain the same. These acts go against the ethical principles of medicine and should be the subject of public policies to eradicate them.

- According to the UNICEF ↳[2016 Report](#), it is estimated that **over 200 million living girls and women have been victims of genital mutilation** in 30 countries in Africa, the Middle East and Asia, territories where these practices are traditionally concentrated. However, the danger to girls can also exist in other countries when families from territories that practise excision decide to reproduce this violence. FGM is usually carried out on girls between **early childhood and 15 years of age**.

FGM is condemned by numerous international texts that confer obligations on states, such as:

- The ↳[International Convention on the Elimination of All Forms of Discrimination against Women](#) (1981, UN),

- The [↳Convention on the Rights of the Child](#) (1990, UN, UNICEF),
- The [↳African Charter on the Rights and Welfare of the Child](#) (1999).

The Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa, also known as the Maputo Protocol 2003, (article 5):

“States Parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, including: b) prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation and all other practices.”

At European level, the [↳Istanbul Convention](#) defines FGM as a “serious violation of the human rights of women and girls.” Furthermore, the Istanbul Convention states that “culture, custom, tradition, religion or so-called ‘honour’ should not be regarded as justification for such acts.” This text is one of the world’s benchmarks to combat violence against violence.

Female genital mutilation: what are the consequences for women and girls?

FGM has serious **health consequences for women**. They vary depending on the person, the type of genital mutilation, and the age at which it was performed. Over the life of the victim, genital mutilation can cause **gynaecological disorders, pain during sexual intercourse, complications during pregnancy and childbirth**, and lead to **psychological health problems such as post-trauma**, and damage to body image and self-esteem. Long-term complications include:

- **Urinary problems:** pain when urinating, urinary tract infections;
- **Vaginal problems:** vaginal discharge, ulceration, bacterial vaginosis and other infections;
- **Menstrual problems:** painful periods, difficulty in menstrual blood flow, etc.;
- **Sexual problems:** pain during sexual intercourse, reduced sexual pleasure, etc.;
- **Risk of complications giving birth:** difficult delivery, haemorrhage, caesarean section, etc.;
- **Psychological and emotional problems:** depression, anxiety, etc.;
- **Social exclusion and stigma:** exclusion of non-excised women in the communities most attached to the practice, and/or exclusion of FGM victims following the consequences of their excision: difficulty getting pregnant, intimate odour, recurrent health problems (fistula and enuresis).

Moreover, **victims of excision may suffer other forms of sexual violence**. FGM is sometimes a prerequisite for forced marriage, which will be followed by marital rape

and domestic violence. In other cases, a first excision is performed in childhood, leading to a second infibulation procedure at the time of marriage. FGM symbolises men's control over women's bodies. Infibulation, in particular, is an act of torture, as it involves stitching and unstitching the genitals. This practice is used by men to ensure that children born from the marriage are indeed their offspring.

Many countries where female genital mutilation is practised have national laws condemning the act. However, the identification of girls at risk and resistance within societies sometimes render protective legislation ineffective. **It is essential for local governments to be involved in raising awareness and informing the population, identifying and protecting girls at risk and thus enabling the application of laws at local level.**

Local governments must measure the scope of the phenomenon in their territory, highlight this violence and get involved in preventing situations of risk.

In the case of FGM, it is worth noting that the evaluation of public policies and actions at the local level is faced with a latent lack of reliable and comprehensive statistics on the extent of this violence. The clandestine and taboo nature of FGM in many communities makes it difficult for local governments to report and record them. FGM is often practised in informal and traditional contexts, so it escapes official data. This lack of accurate figures limits the capacity of local and regional governments to develop public policies or implement effective measures to combat FGM at the local level.

Below are some areas of work for local governments:

Training professionals: a priority to end female genital mutilation

Health workers are among the professionals on the frontline in informing families about the risks of FGM. Their training is essential to identify girls at risk before the mutilation takes place. Depending on the situation, they can identify risk factors: the age of the girl, the situation of the mother if she herself was a victim of mutilation, family tradition, the time of year, such as holidays, when travelling to areas where mutilation is practised, planning a marriage, etc. If a danger is detected, health professionals must be able to contact the authorities and services capable of protecting the girls.

LOCAL GOVERNMENTS TAKE ACTION

The Catalan protocol for the prevention of FGM, Directorate-General for Child and Adolescent Care – Government of Catalonia, Spain

Specialised training programmes are implemented to raise awareness among professionals about FGM and its consequences. Health professionals, social services, schools, police and other local actors thus benefit from comprehensive training. They learn to identify the characteristic signs and symptoms of FGM.

Once identified, the protocol provides for integrated care with priority access to specialised medical services to assess physical and psychological damage and regular medical follow-up. At the legal level, victims of FGM are supported by legal advisers who ensure their rights and inform them about the legal remedies available.

Training health professionals is also essential to combat the medicalisation of excision practices. This involves informing local people about the laws that condemn these practices and the disastrous consequences for victims. Finally, public retraining programmes for excision practitioners have been implemented in several countries to promote the end of this practice and support them towards alternative forms of income.

The impact of female genital mutilation, constructing a local response to provide reparation to victims

The victims of excision have multiple needs. Medical care is necessary. In particular, **reconstructive surgery** on the sexual organs and the clitoris, invented by French urologist Pierre Foldès. Depending on the situation, legal support may prove essential to prosecute FGM perpetrators or protect the victim from further violence (forced marriage, sexual or physical violence by family or spouse). Social and economic support is often a pillar to help the victim achieve independence. Holistic care centres are important models to meet these needs. These are resources that local governments can rely on to help protect victims.



LOCAL GOVERNMENTS TAKE ACTION

The «Protocol for Handling Female Genital Mutilation (FGM)», Maternal and Child Protection Service (PMI) – Departmental Council of Seine-Saint-Denis, France

The protocol developed by the Maternal and Child Protection Service (PMI in French) service aims primarily to inform pregnant women about the risks of mutilation for their daughters and raise awareness about the consequences of FGM. Examinations of the external genitalia of young girls are carried out during consultations at PMI centers. These examinations, conducted in open dialogue with the parents, are part of a preventive approach. Increased vigilance

is maintained throughout the child's follow-up, especially when travel to their country of origin is being planned, in order to identify and prevent any risk of excision. In the event that excision is discovered on a minor, reporting procedures are initiated with the judicial authorities and child protection services. In France, FGM is illegal and considered a crime, even if performed in another country.

Prevention: reducing female genital mutilation and transforming societies at the local level to deepen a culture of equality between women and men.

In territories where excision is practised, some people claim it as a cultural, religious or identity-based act derived from ancestral customs. Within the plurality of cultures and identities that exist in the world, practices that kill or harm women must end. Thus, international texts differentiate between traditional practices that are safe for women and those that violate their integrity and fundamental rights, and which are called harmful traditional practices such as excision.

In some communities, initiation rites associated with excision have been modified to avoid reproducing ↪ **FGM and replace it with safe symbolic acts**. It is therefore essential to raise awareness among the population about the physical and social consequences of FGM for victims and the danger they face.

Local governments can get involved in this work of prevention and of promotion of a traditional culture that becomes protective for girls and women.

LOCAL GOVERNMENTS TAKE ACTION

Networking to prevent female genital mutilation – Koulikoro and the WILDAF network, Mali

The municipality of Koulikoro, in collaboration with the association ↪ **WILDAF**, is committed to and actively involved in the fight against female sexual mutilation. Although FGM is not prohibited in Mali, Koulikoro is aware of the importance of this issue. The Regional Directorate for the Promotion of Women and the Family collaborates with

the **WILDAF** association to implement awareness-raising actions aimed at communities. This takes the form of home visits to residents, talks for the general public, as well as awareness-raising actions in health centres. The objective of this partnership is to make Koulikoro a “ZERO VIOLENCE AGAINST WOMEN” town.

Political advocacy – Network for Locally Elected Women of Africa (REFELA), Gambia

Under the leadership of the capital Banjul, REFELA Gambia, which brings together female mayors and elected officials from Gambian municipalities to advocate for equality between women and men, actively intervened to prevent the repeal of the existing law banning FGM in Gambia. Through their mobilisation in the National Assembly, they helped raise awareness and convince legislators to maintain this law,

highlighting the consequences of these practices on the health of women and girls. At the same time, REFELA Gambia is making significant efforts in the field, conducting awareness-raising tours throughout the country. With a dedicated coordinator in each region, they organise awareness-raising campaigns among women and local communities on the dangers of FGM.



And you, what are you doing on a local level? Tell us about your experience!

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