



USAID Guidance on Female Genital Mutilation/Cutting (FGM/C)

A Mandatory Reference for ADS Chapter 205

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1. Guidance: By this guidance, USAID recognizes FGM/C as a harmful, traditional practice that violates the health and human rights of women and girls and hinders development outcomes.

USAID opposes any practice of, or support for, Female Genital Cutting (FGM/C) and works toward the goal of total elimination of FGM/C. Under no circumstances does USAID support the practice of FGM/C by medical personnel.

As a highly sensitive and culturally specific practice, USAID believes that entire communities must be involved in efforts to eliminate FGM/C to create an enabling environment for change. In September 2000, the Agency officially incorporated the elimination of FGM/C into the development agenda, underscoring FGM/C as a serious health and human rights issue. This updated guidance on FGM/C is designed to support the Agency Strategic Planⁱ and other existing USAID and U.S. Government (USG) policies including the U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally,ⁱⁱ which specifically recognizes FGM/C as a harmful practice. Elimination of FGM/C is also consistent with USAID's own Gender Equality and Female Empowerment Policy,ⁱⁱⁱ in which one of its three stated outcomes is to "reduce gender--based violence and mitigate its harmful effects on individuals and communities." This updated guidance also supports the international community's policies and efforts to reduce the incidence of FGM/C in affected areas.

While taking into account the Agency's staffing, programmatic, and financial constraints, USAID will undertake the following actions:

- a) Assist USAID staff to integrate FGM/C elimination, where feasible and appropriate into all aspects of the USAID program cycle;
- b) Support local NGOs, women's groups, indigenous peoples, community, health, political and religious leaders and organizations to ensure that FGM/C elimination activities are culturally appropriate and will reach all stakeholders, including men and boys;
- c) Acknowledge that, while USAID supports host country legislation against the practice of FGM/C, a successful elimination process is one that ends the demand for the practice. Therefore, USAID will continue to work in close partnership with local groups at the community level, as well as with district, sub-national, national, and global and national policymakers, to promote broader education and dissemination of information on the harmful effects of FGM/C to reduce demand; and
- d) Continue to regularly liaise with other donors, NGOs, and activist groups to gather information and utilize a framework for research and advocacy that enhances collaboration and coordination of elimination efforts, share lessons learned, and stimulate public understanding of FGM/C as a health-damaging behavior and a violation of fundamental human rights.

USAID works towards the global elimination of FGM/C through multiple approaches. The Agency fosters constructive legal and policy frameworks by supporting host country legislation against the practice of FGM/C, assists countries in implementing their laws prohibiting FGM/C,

and the Agency supports community-based programming to raise awareness on the harmful effects of FGM/C in regions where the practice is prevalent.

2. Rationale:

Seen from a human rights perspective, FGM/C reflects deep-rooted gender inequalities and constitutes an extreme form of discrimination against women. The Committee on the Elimination of All Forms of Discrimination against Women, the Committee on the Rights of the Child and the Human Rights Committee have been active in condemning the practice and recommending measures to combat it, including the criminalization of the practice.^{iv}

FGM/C directly violates both Article 3, “Everyone has the right to life, liberty, and security of person,” and Article 5, “No one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment,” of the Universal Declaration of Human Rights. As it is indicative of discrimination against women and girls, it further violates the Universal Declaration’s Article 7, “All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.”

In 2012, the 67th session of the United Nation's General Assembly passed a wide-reaching resolution urging states to condemn all harmful practices that affect women and girls, in particular female genital mutilation/cutting (A/RES/67/146)^v. Furthermore, Goal 5 of the 2030 Sustainable Development Goals calls for the elimination of “all harmful practices, such as child, early and forced marriage and female genital mutilation” (A/RES/70/1)^{vi}. Additionally, the African Union’s Solemn Declaration on Gender Equality in Africa, and its Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, constitutes a major contribution to the promotion of gender equality and the elimination of female genital mutilation/cutting.

In affected countries, FGM/C is typically carried out on young girls generally between infancy and age 15,^{vii} and occasionally on adult women. As this practice is nearly always carried out on minors, the international community considers FGM/C a breach of the rights of children^{viii} based on the United Nations Convention on the Rights of Child (Art.19(1), Art.24(3)).^{ix} The Convention stipulates:

States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development (Art.32(1)).

Four types of FGM/C have been documented globally: clitoridectomy (Type 1), excision (Type II), infibulation (Type III), and other harmful procedures to the female genitalia for non-medical purposes such as pricking, piercing, incising, scraping, and cauterization.^x Research shows that all forms of the practice harm women’s health, causing serious pain, trauma and frequently severe physical complications, such as bleeding, infections or even death.^{xi} Depending on the degree of the cutting, the practice can lead to a range of physical and mental health problems.^{xii} Some of the short-term health consequences of FGM/C include pain, injury to adjacent tissue of

the urethra, hemorrhage, shock, acute urine retention, infection, and failure to heal. Long-term complications include recurrent urinary tract infection, pelvic infections, infertility, keloid scars, dyspareunia, fistulae, and obstructed labor.^{xiii} The type and severity of complications depend on the type of FGM/C performed.

Types I, II and III of female genital mutilation/cutting is primarily concentrated in 29 countries in Africa, and the Middle East.^{xiv} Some forms of female genital mutilation/cutting are evident in other countries, including in Asia and among certain ethnic groups in Central and South America.^{xv} Growing migration increases the number of girls and women living outside their country of origin who undergo FGM/C^{xvi} or who may be at risk for this procedure.^{xvii}

FGM/C is performed based on cultural beliefs about health, hygiene, women's sexuality, rites of passage to adulthood, and community initiation rites.^{xviii} Traditional practitioners most frequently carry out FGM/C procedures as well as other central roles in the communities, such as attending childbirths. However, health care providers now perform more than 18 percent of all FGM/C^{xix} in countries where it is traditionally practiced, and the trend towards medicalization is increasing.^{xx}

There are serious risks associated with medicalization of female genital mutilation/cutting. Its performance by medical personnel may wrongly legitimize the practice as medically sound or beneficial for girls' and women's health. It can also further institutionalize the procedure as medical personnel often hold power, authority, and respect in society. Medical licensing authorities and professional associations have joined the United Nations organizations in condemning actions to medicalize female genital mutilation.^{xxi}

Both men and women support and continue FGM/C traditions in countries where it is widely practiced. It is difficult for individuals and families to refuse or depart from traditional FGM/C practices without the support of the larger community, as the resulting social repercussions can be severe.^{xxii} Thus, FGM/C continues to be practiced even when it is known to inflict harm upon girls because the perceived social benefits of the practice are deemed to be greater than its disadvantages^{xxiii}. Many practicing communities believe that FGM/C is necessary to raise a girl properly and to prepare her for adulthood and marriage,^{xxiv} and the practice is perceived as an act of love to daughters that will ensure full community recognition. It is believed that a circumcised woman will attract a favorable dowry, thus benefiting her family. FGM/C practice are further driven from strong beliefs that the practice ensures and preserves a girl's or woman's virginity or restrains sexual desire, ensuring marital fidelity and preventing sexual behavior that is considered deviant;^{xxv} giving pleasure to the husband;^{xxvi} rites of passage or for entry into women's societies;^{xxvii} and to achieve good social standing.^{xxviii} While the practice can be found in Christian, Jewish, and Muslim communities, no religious scriptures requires it.

The Agency has placed FGM/C elimination on its development agenda in response to:

- a) The expressed needs of national governments, women's NGOs, and other African institutions. While governments and citizens of societies where FGM/C is practiced must take the initiative for elimination, it is clear that outside support is often desired and vital.

USAID has offered assistance to local FGM/C elimination efforts since the 1980s in response to stakeholder requests;

- b) Unequivocal consensus reached at world conferences on the need to combat all forms of violence against women, including FGM/C;
- c) Continued concern and demand for action by the Administration, the American public, and members of the U.S. Congress; and
- d) The United States' status as a signatory, along with the governments of most countries where FGM/C is practiced, to the International Conference on Population and Development Programme of Action (1994) and the Fourth World Conference on Women Platform for Action (1995).

Both documents call for states to adopt policies or legislation to prohibit FGM/C and support efforts among community organizations to eliminate the practice. Despite some successes, the overall rate of decline in the prevalence of female genital mutilation has been slow. It is therefore a global imperative to strengthen work for the elimination of this practice.

ⁱ USAID and Department of State Strategic Plan FY 2014-2017.

ⁱⁱ United States Strategy to Prevent and Respond to Gender-Based Violence Globally, 2012.

ⁱⁱⁱ USAID Gender Equality and Female Empowerment Policy, 2012.

^{iv} World Health Organization, *Eliminating Female Genital Mutilation: An Interagency Statement*, (Geneva:World Health Organization, 2008); online at http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf.

^v United National General Assembly, *67/146 Intensifying global efforts for the elimination of female genital mutilation*, (Geneva:United Nations, 2013); online at http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/146

^{vi} United National General Assembly, *70/1 Transforming our world: the 2030 agenda for sustainable development*. (Geneva:United Nations, 2015); online at http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

^{vii} United Nations, accessed January 2016, *International Day of Zero Tolerance for Female Genital Mutilation*, <http://www.un.org/en/events/femalegenitalmutilationday/>

^{viii} World Health Organization, *Fact Sheet No. 241*, (2014), online at <http://www.who.int/mediacentre/factsheets/fs241/en/>

^{ix} United Nations Human Rights Office of the High Commissioner, *Convention on the rights of the child*, (Geneva: UN, 1990), online at <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.

^x World Health Organization, *Fact Sheet No. 241*, (2014), online at <http://www.who.int/mediacentre/factsheets/fs241/en/>

^{xi} UN Women, accessed January 2016, *Factsheet: Female Genital Mutilation/Cutting (FGM/C)*. http://www.unwomen.org/~media/Headquarters/Attachments/Sections/What%20We%20Do/VoicesAgainstViolence-Handbook-Factsheet_FGM%20pdf.pdf

^{xii} World Health Organization, *Global strategy to stop health-care providers from performing female genital mutilation*, (Geneva: World Health Organization, 2010), online at http://www.unfpa.org/sites/default/files/pub-pdf/who_rhr_10-9_en.pdf.

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- xv United Nations, accessed January 2016, *International Day of Zero Tolerance for Female Genital Mutilation*,
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- xvi Yoder et al. 2004.
- xvii World Health Organization, *Eliminating Female Genital Mutilation: An Interagency Statement*, (Geneva:World Health Organization, 2008); online at
http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf.
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http://www.unwomen.org/~media/Headquarters/Attachments/Sections/What%20We%20Do/VoicesAgainstViolence-Handbook-Factsheet_FGM%20pdf.pdf
- xxvi Stop FGM/C, accessed January 2016. *Why: beliefs and reality*, (2006) online at
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http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf.
- xxviii UNICEF, *Child protection from violence, exploitation and abuse. Female genital mutilation/cutting*, (New York: UNICEF, 2015) online at http://www.unicef.org/protection/57929_58002.html