**INTRODUCTION**  
It is estimated that some 140 million women, girls and babies throughout the world have been genitally mutilated. Another three million girls are at risk of such mutilation each year. Female genital mutilation (FGM) is primarily practised in 28 African countries, to a lesser extent in certain countries in Asia and the Middle East and also, as a result of migration, in western host countries.

Although the elimination of FGM was originally regarded as a mere question of health education and information, today FGM is recognised as a socio-cultural problem that is deeply rooted within the societies in which it is practised. Thus social change is indispensable if the practice is to be ended permanently. Commitment to ending FGM is symbolic of the effort to strengthen the position of women and women’s rights generally, because FGM is a serious violation of human rights, and its elimination would serve to advance virtually every one of the UN Millennium Development Goals.

**END OF FEMALE GENITAL MUTILATION TO TOPICS**

**ENDING FEMALE GENITAL MUTILATION**

The issue of female genital mutilation is complex. Social, political, legal and economic factors, along with health and gender considerations, must all be made a part of efforts to overcome it. FGM is often continued out of respect for tradition and the wish of people within a society to ‘belong’. An imbalance of power between the sexes and the generations further contributes to the continuation of the practice.

As long as the majority of the members of a community support FGM, individual persons or families risk social ostracism if they refuse to have their daughters cut. Thus promotion of collective social change should take precedence over promotion of individual behavioural change. Change takes place with less friction when all of the members of a community address the issue, become involved in the learning process, and participate in decision-making. The approaches below serve to promote attitude and behavioural change on the community level.

**BEHAVIOURAL CHANGE THROUGH DIALOGUE**

Years of experience have shown that information and education alone do not suffice to bring about behaviour change. The dialogue approaches developed by the GIZ sectoral and supraregional project ‘Ending Female Genital Mutilation’ together with non-governmental organisations (NGOs) enable members of a community to discuss long-taboo topics within accepted parameters in a protected environment.

**Intergenerational dialogue:** The approach developed in Guinea is also being successfully used in Mali and Kenya. It is based on the principle of listening and questioning rather than instructing. This method enables young and old, women and men, to reflect upon their values, customs, traditions and expectations, and to consider under what conditions changes ought to be made. Especially trained local facilitators ensure a respectful and constructive exchange of views.

**The family approach:** In Burkina Faso, the GIZ FGM project implements this approach jointly with PROSAD (the Sexual Health/Human Rights Programme) and local NGOs. It leads the members of extended African families to talk about issues such as FGM

---

**WORLD HEALTH ORGANIZATION CLASSIFICATION:**

**Type I:** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

**Type II:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

**Type III:** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

**Type IV:** All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.
with one another. This gives them an opportunity to understand each other’s points of view and, with the aid of specially trained facilitators, to work out solutions to conflicts.

**Behaviour Change Through Education** ■ In Mali and Burkina Faso, the issue of FGM has been successfully integrated into formal and non-formal education. This approach lifts the taboo from the subject and provides young people with reliable information so that they are in a position to form their own opinions and to take sound decisions for themselves, and for their families in future. Measures have included teacher training and the drafting of pedagogical guidelines. Out-of-school dialogue forums for discussion and exchange of views and information, as well as the training of multipliers from women’s and youth organisations, supplement the work carried out in schools.

**The Human Rights Approach** ■ The issue of human rights plays an important role today in sensitisation measures for the elimination of FGM. Informing women about their rights and thus strengthening their position has proved effective. This must be handled with great circumspection, however, since depending on the cultural context arguments against FGM may sometimes appear logical but may equally appear abstract and baffling. In Burkina Faso, the GIZ FGM project helped an NGO adapt and implement the ‘Village Empowerment Programme’ that had been developed by TOSTAN in Senegal. The one-year out-of-school basic education programme contains both educational and dialogue elements. The participants are informed, for example, about human rights, conflict management and women’s health. They then take their newly acquired knowledge back to their communities and in this way promote social change.

**Information / Education via Religious Leaders** ■ Female genital mutilation is often considered to be a religious obligation, even though Islam does not in fact prescribe it. These days, religious leaders in many Muslim countries in Africa are active in opposing this harmful traditional practice or custom. Such leaders have strong networks on the community level, and as opinion-shapers within their communities their role is to set a good example to others and to influence them wisely. For this reason they are included more and more often in measures to bring about behaviour change within the population. In Mali and Mauritania, the GIZ FGM project supports dialogue with religious leaders, the core of which is the issue of the falsely construed legitimisation of FGM within Islam. These debates make an important contribution to change.

**Alternative Rituals** ■ FGM is practised in some cultures as part of a rite of passage marking the transition of girls from childhood to womanhood. Alternative rituals can replace the harmful traditional customs and at the same time preserve the positive aspects of initiation. During these ceremonies, girls and young women are given special training without being genitally mutilated. In Kenya the GIZ FGM project supports the institution of such rituals, which are successful as long as they are developed in close cooperation with the communities involved and provided the communities are given continuing support afterwards.

**IEC Campaigns** ■ Most programmes to end FGM involve strong IEC (information, education, communication) components for purposes of sensitisation. Often information about FGM is conveyed in sensitisation activities via posters or plays. Experience has shown, however, that such standard formula messages have little effect, at most influencing opinions but not changing behaviour. Approaches that are developed together with the target group and take into consideration the particular context for the practice have proved more effective. Nevertheless, IEC components are important as a flanking measure for approaches to end FGM, for instance, as supplements to dialogues.

**Convincing and Retraining Traditional Circumcisers** ■ As a rule, FGM is carried out by circumcisers, who often work as traditional birth attendants. Several organisations are attempting to reach out to them through two major approaches: informing them of the health risks involved in FGM and offering them training in a different profession so that they can earn a living in some other way. In practice, however, these approaches usually fail to produce the desired results. Although some circumcisers do abandon their occupation, the demand for cutting remains undiminished. Because of the attention paid to them, many circumcisers even gain increased respect and more custom. Some simply pass on their skills to younger female family members. Thus the effectiveness of this approach is limited.

Sources:
Further information at: www.giz.de/fgm