



First generation of girls who do not have to undergo FGM in Kembata, Duram Woreda, Ethiopia (© 2005 Netsanet Assaye, Courtesy of Photoshare)

Supporting the Abandonment of Female Genital Mutilation in the Context of Migration

IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental body, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and work towards effective respect of the human dignity and well-being of migrants.

Introduction

A person's health profile includes his/her personal health history and his/her cultural, social, economic and environmental health beliefs. This is particularly true for migrants as they bring these histories and beliefs with them when moving. Migration can thus create situations where cultural and ethnic reproductive and sexual health practices differ from and sometimes conflict with those of the host community. A well-recognized example of this phenomenon is the issue of Female Genital Mutilation (FGM).

Female Genital Mutilation: Definition, Prevalence and Consequences

The term "female genital mutilation" is defined as "all procedures which involve

partial or total removal of the female external genitalia or other injury to the female genital organs for cultural and other non-therapeutic reasons".¹ The type of procedures,² as well as the age at which it is performed, varies greatly among the different ethnic groups who practise FGM.

The World Health Organization (WHO) estimates that about 100 to 140 million women worldwide have been subjected to FGM. There are an estimated 3 million girls at risk of undergoing the procedure every year. FGM has been documented in 28 countries in Africa and in a few countries in Asia and the Middle East. There are also anecdotal reports on FGM among certain ethnic communities in Central and South America.³

The map below shows patterns of the prevalence of FGM in Africa and Yemen. It should be noted that these figures represent

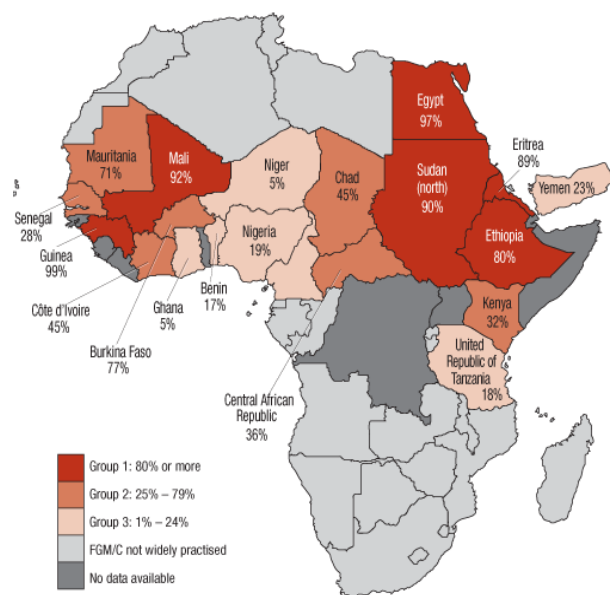


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national averages and do not reflect the often marked variation in prevalence in different regions of a given country.

Prevalence of FGM in Africa and Yemen⁴



The justifications given for the practice are multiple, vary across regions and reflect the ideological, cultural and historical context of the societies in which it has developed: tradition, custom; preservation of chastity, virginity; religion (in the mistaken belief that it is a religious requirement); social acceptance, especially for marriage; rite of passage; aesthetics, hygiene and cleanliness; family honour; enhancing fertility; increasing sexual pleasure for men; a sense of belonging. In the communities widely practising FGM, not conforming to this social obligation can lead to the stigmatization, shame and/or social exclusion of the girls and/or their families.

From a health perspective, FGM potentially severely impairs physical, mental and reproductive health, and endangers women's survival and that of any children they may have. There are immediate health complications resulting from the procedure,⁵ but FGM also has long-term health risks.⁶ Generally speaking, the risks to health increase with the invasiveness of the procedure.

Female Genital Mutilation in the Migration Context

Through migration, the once-remote practice of FGM and its harmful consequences have become a reality in Europe, Northern America, Australia and New Zealand. However, data on the prevalence of FGM in industrialized countries are rare: most of the time extrapolations from known cases are used to measure the extent of the practice.

The "migration" of FGM, while raising old and

new challenges, also opens a window of opportunity for change. Old challenges, because countries of destination face the same problems as the countries of origin, such as the reluctance of communities to abandon traditional practices, but with the added challenge of having to catch up with African countries' progress, where counteracting FGM has been a priority for almost three decades. New challenges, because strategies addressing FGM issues must be adapted to the specificities of the migration context.

Migration and abandonment of FGM: No simple cause and effect relationship

Studies⁷ on the prevalence of FGM in Europe and Northern America show that the perception of certain migrant populations regarding FGM does not evolve simply because they live in the West. Often, there is continuing support for this practice among communities whose members originate from countries where FGM is a common practice, suggesting that this social convention is strongly rooted: most of the factors accounting for the persistence of the practice are still valid.

What makes FGM in migrant communities so specific?

Because FGM is strongly linked to culture, it becomes an integration issue, in addition to being a health and human rights issue. In situations where integration is difficult, it often results in a withdrawal into the community and sometimes stricter application or toughening of cultural practices. In this case, the preservation of ethnic identity is used to mark a distinction from the host society, especially when migrants are resettling in a receiving culture where women have more freedom of choice and expression, including in their sexuality, as compared to their community of origin.

Fighting against FGM in Western countries is also particularly challenging as awareness-raising activities can easily be perceived as judgmental or morally offensive and result in negative reactions in migrant communities.

Finally, access to proper services may be more difficult for migrants. Although better health care system and services may be at their disposal, still too few practitioners in Europe and Northern America have experience in dealing with women who have undergone FGM. Those women have special health care needs and whether these needs can be met will depend largely on the awareness of the issue among health providers. The same applies for child welfare services, education, justice, police, parliamentarians and the media.

Why is IOM involved against FGM?

Through its mission statement, IOM acts with its partners in the international community to, among others, uphold the human dignity and well-being of migrants. In this framework FGM is approached as hindering integration and as a form of gender-based violence (GBV), as well as being a reproductive health and human rights issue.

FGM – an integration issue

Moving to another country can be challenging for families as they try to adjust to a completely different environment and culture, while at the same time trying to preserve essential elements of their own culture. However, continuing the practice of FGM conflicts with fundamental values and is unlawful and severely punished in many countries of destination.

Additionally, the ability of a migrant to integrate into a host society is based on combined mental, physical, cultural and social well-being. FGM and its attendant consequences can impede women's and girls' efforts to integrate into the host society, since poor health impacts on their ability to attend and succeed at school and therefore, integrate into the labour market.

FGM – a human rights violation

There are a host of international instruments⁸ that reflect the commitment of states to ending harmful practices. They highlight the fact that FGM is a violation of the human rights of girls and women, a manifestation of discrimination and gender inequality.

FGM violates a series of well-established human rights principles, norms and standards: principles of equality and non-discrimination on the basis of sex; the right to life (when the procedure results in death); the right to freedom from torture or cruel, inhuman or degrading treatment; the right to the highest attainable standard of health; the right to bodily integrity; and children's rights to special protections. The continuing practice of FGM also constitutes an obstacle to the achievement of the Millennium Development Goals (MDGs), in particular the third (promote gender equality and empower women) and the fifth (improve maternal health) MDGs.

Addressing FGM in the context of human rights is important for three reasons. First, governments have the responsibility of ensuring that women's and girls' rights are respected and to take all measures necessary to protect them from this practice. When FGM is recognized as a violation

of women's and girls' rights it is no longer considered as a private affair where states cannot intervene. Secondly, the universality of human rights of girls and women de-legitimizes any claims for the continuation of FGM for cultural reasons. Finally, the notions and legal norms of human rights provide a useful framework and vocabulary as well as practical guidance for programmes against FGM preventing the "medicalization"⁹ of the practice.

IOM Comprehensive and Human Rights-Based Approach to Address FGM in the Migration Context

IOM became increasingly concerned and aware of the practice of FGM when the numbers of African women refugees requiring health assessments for resettlement began to rise.¹⁰ The organization therefore started to address the issue within the framework of its integration activities. Through pre-departure cultural orientation courses, IOM advocates against FGM among groups preparing to resettle. This is where migrants first learn that the practice is banned in Europe and Northern America.



Somali refugees attending a CO course in Kenya
(Photo: © IOM MKE0148- Christophe Calais / InVisu Corbis 2003)

The organization has also now started to implement specific projects on FGM. Several IOM missions are already undertaking activities to support a complete abandonment of FGM in migrant communities in Europe, in particular **Austria, Italy, Portugal, and Switzerland**. Other IOM missions, such as **Finland**, carry out activities related to the prevention of FGM within the framework of broader projects, for example mainstreaming migrants' health rights.

Key elements of the IOM approach

IOM adopted a comprehensive and human rights-based approach to address the unique challenges arising from the transposition of FGM in industrialized countries. The internationalization of FGM requires an integrated global strategy for

the eradication of the practice which encompasses capacity building, networking and exchange of best practices. For these reasons, IOM joined the Donors Working Group (DWG) on Female Genital Mutilation/Cutting (FGM/C)¹¹ in 2008. The organization brings its expertise in terms of migration to the DWG and has made a case for bridging the efforts in Africa and Europe.

IOM's approach has been consolidated by the DWG common framework that brings together good practices, social science theory and a human rights perspective.

Community empowerment

As FGM is a manifestation of gender inequality, a special focus on women's empowerment in every aspect of their lives is important. Empowering activities for women include, for instance, proper educational sessions such as literacy training, or pre-employment training sessions. Even though women play a central role in the practice of FGM, activities must reach all groups in the communities to avoid misunderstanding and to lead to intra-group dialogue.

The promotion of human rights principles, empowering and non-formal education, non-judgemental discussion and non-directive facilitated dialogue are at the core of community empowerment. Because FGM is deeply rooted in social norms, solutions that target societal change are needed. The sensitization campaigns' main objective is to deconstruct the myths that sustain FGM with all members of the communities (women, men, young people, religious or traditional leaders), with the ultimate objective being that they themselves progressively reach the conclusion that FGM should be collectively abandoned. In Europe and North America, this process greatly benefits from the identification and training of cultural mediators who act as sensitization intermediaries.

In the canton of **Geneva**, in Switzerland, IOM, in collaboration with the Department for the Promotion of Equality between men and women, and with contribution from other State departments in charge of health, integration and youth, has developed a project targeting populations from Ethiopia, Eritrea, Somalia and Sudan. The project aims at raising awareness and knowledge of community members of the legal ban of FGM in Switzerland and of the consequences on FGM on women's health. Cultural mediators from the various communities have been recruited and trained to act as an agent of sensitization.



"Let's protect our girls from excision, STOP FGM": Brochure published within the framework of the project in Geneva, in Amharic (Ethiopia) and other migrant communities' languages

Capacity-building of relevant professionals

Gynaecologists, midwives, paediatricians, psychologists, general practitioners, as well as school nurses, teachers, child care professionals, social workers, police and the justice sector must be involved and trained, through sensitization campaigns and specific trainings, on how to identify girls who may be in danger of being subjected, or who may have been subjected, to FGM and which steps can and must be taken. Day-care centres, schools, mother and child welfare services have a particular responsibility in identifying children at risk or those who suffer from the consequences of FGM. They can build a privileged relation with the parents.

In **Geneva**, IOM's project also aims at informing social institutions of the existence of the practice of FGM and of the existing local network of assistance and prevention. In particular, the project focuses on raising the awareness and improving the knowledge of health professionals through sensitization, training and exchange of best practices. In October 2007, a symposium on the situation of FGM in Geneva was attended by more than 180 people from a wide range of medical professions. Professor Pierre Foldes, a French surgeon specializing in reconstructive surgery, also participated in the symposium.

Health professionals should be made aware that the practice of FGM violates the patients' human rights and empowered with the necessary knowledge to be sensitive to the specific medical and psychological care needs and anxieties of migrant women and girls who are victims of FGM. Health service providers must be trained in particular to identify medical problems resulting from FGM and to offer relief options such as defibulation outside pregnancies and delivery and reconstructive surgery, in accordance with the patients' needs and aspirations.

IOM Rome, at the request of the Italian Government, was part of the Commission set up by the Ministry of Health to elaborate guidelines for Italian health care providers.

Raising awareness among destination countries' governments, relevant stakeholders and supporting civil society action

Many international instruments ratified by destination countries, including CEDAW, incorporate the commitments of states to end harmful practices, such as FGM. All relevant actors, international agencies, governments, parliamentarians, professional organizations, NGOs, community groups and media professionals should join forces to make national policies and legislations work for an effective abandonment of FGM, to develop holistic child protection framework and to secure health care, social and psychological support for women and girls who have already undergone FGM.

IOM Rome is a member of the Commission established by the Ministry of Equal Opportunities to develop a national plan of action to prevent and address FGM. IOM Rome also provides assistance to the government for the application of the law on FGM adopted in 2006.

IOM Lisbon, **IOM Vienna** and **IOM Helsinki** have been actively involved in the discussion and negotiation stages of the Programme of Action for the elimination of FGM as part of the wider European effort to stimulate EU Member States into developing and presenting National Plans of Action to Eliminate FGM in the EU in the framework of the Daphne Programme. IOM Lisbon will also play an active role in the implementation of several training, advocacy and awareness-raising activities.

Efforts to end FGM should create bridges between origin and destination countries to exchange best practices. Legislation by itself is not sufficient to prevent FGM, but it can strengthen the ability of agencies to protect children at risk and provide appropriate care.

Building bridges across continents

Efforts towards the abandonment of FGM in countries of origin may be challenged by the visits or return of members of the community living abroad, as migrants are often unaware of the evolution of the practice in their countries of origin. Because they were not involved in the consensus-building process that led to the abandonment, they may argue that the tradition should be maintained for the sake of the group's identity. Since the diaspora greatly contributes to communities' life in their countries of origin, in particular through remittances transfers, their potential to have a detrimental impact may be very important, an aspect that should not be neglected.

At the same time, diaspora associations are very active in the struggle against FGM. Their significant positive influence on social practices must be acknowledged and tapped. Without losing their own cultural identity and heritage, diaspora members and returnees can challenge traditional power hierarchies between men and women and promote better recognition of women's work and women's rights. This could create an opening for discussions of men's and women's roles and rights, and help to raise awareness of various related issues, such as traditional harmful practices.

IOM Vienna is launching the "EU/African Campaign against FGM – Prevention through Education and Dialogue". It seeks to link diaspora associations and create connections between all relevant stakeholders in Europe and Africa. The campaign aims at raising awareness of FGM and its serious consequences through community-based information campaigns in Africa and Europe and capacity-building of all relevant professionals (health professionals, parliamentarians, diaspora associations, teachers, judiciary, law enforcement, journalists, etc.) in Europe and in Africa through transnational workshops.

Key Points to Remember

- International migration has increased the number of girls and women living in the Western world who have undergone the practice or who may be at risk.
- Although the key elements of the strategy to address and eliminate FGM are essentially the same, the context of migration calls for an adaptation to respond to specific challenges such as integration issues and access to proper health care.
- In the context of migration, FGM is not only a health issue, but a human rights and integration issue as well.
- The internationalization of the practice requires an integrated global strategy for the eradication of FGM, capacity building, networking and exchange of best practices.
- The use of the human rights-based approach, focussing on empowering education, facilitating dialogue and non-judgemental discussion that has proven to be effective in the countries of origin, is transferable in the migration context.
- Harmonization of strategies and efforts in countries of origin and in countries of destination will prevent the creation of pockets of resistance and drawbacks.

Links to Select Documents and Websites

Donors' Working Group on FGM/C

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

"Toward a Common Framework for the Abandonment of FGM/C" DWG on FGM/C

http://www.unicef-irc.org/research/pdf/fgm_c_leaflet_fv.pdf

"Eliminating Female Genital Mutilation, An Interagency Statement"

<http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/index.html>

"The World in Motion: Short Essays on Migration and Gender", IOM

<http://www.iom.int/jahia/Jahia/cache/offonce/pid/1674?entryId=8015>

"Changing a Harmful Social Convention, Female Genital Mutilation/Cutting", UNICEF Innocenti Research Centre

<http://www.unicef-irc.org/cgi-bin/unicef/Lunga.sql?ProductID=396>

UNFPA

<http://www.unfpa.org/gender/practices2.htm>

UNICEF

http://www.unicef.org/protection/index_genitalmutilation.html

World Health Organization

<http://www.who.int/reproductive-health/fgm/>

Endnotes:

1. *Eliminating Female Genital Mutilation, An Interagency Statement*, 2008, WHO et al., Geneva
2. WHO has classified FGM in four types : **Type I** clitoridectomy; **Type II** excision; **Type III** infibulations; **Type IV** all other harmful procedures to the female genitalia for non-medical purposes (WHO et al., 2008)
3. India, Indonesia, Malaysia, Sri Lanka, Colombia, Peru, Iraq, Israel, Jordan, Oman and United Arab Emirates (WHO et al., 2008; *Innocenti Digest, Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*, 2005, Innocenti Research Centre, Florence)
4. *Female genital mutilation/cutting : a statistical exploration*, 2005, UNICEF, New York
5. Severe pain, haemorrhage, difficulties in urinating, infections, psychological effects, unintended labia fusion and even death
6. Chronic pain, infections, keloid, increased risk of fistula, sexually transmitted infections, HIV, urinary and menstrual problems, complications in pregnancy and child birth, infertility, impaired quality of sexual life and psychological effects
7. *Sexual health among young Somali women in Sweden: living with conflicting culturally determined sexual ideologies*, 2004, ESSÉN B; JOHNSDOTTER S., Paper presented at the conference "Advancing Knowledge on Psychosexual Effects of FGM: assessing the evidence", Alexandria, Egypt, 10–12 October, 2004
8. List of international treaties and conventions, regional treaties and consensus documents in WHO et al., 2008
9. The medicalization of FGM means that girls are cut by health professionals rather than by traditional practitioners. However, there is no evidence that medicalization reduces the obstetric or other long-term complications associated with FGM (WHO et al., 2008, p.12).
10. It was first incorporated to the Cultural Orientation curriculum in 1993 due to the number of Somali refugees resettling in the US.
11. The Donors Working Group on FGM/C has since 2001 brought together key governmental technical and development cooperation agencies, UN organizations, intergovernmental organizations and private foundations committed to supporting the abandonment of FGM.