Female genital mutilation (FGM) challenges a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right. IPPF is committed to advocating for the eradication of FGM and providing healthcare and support to women and girls living with FGM. This work relates to the first of five focus areas in the IPPF Gender Equality Strategy Implementation Plan: ending harmful practices and gender discrimination.

FGM: A human rights violation

Female genital mutilation violates women and girls’ bodily integrity, in many cases, impacting them across their lifespan. FGM includes actions that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice has no health benefits and can result in immediate, short and long-term physical and mental health consequences, including infections, fistula, chronic pain, menstrual problems and hemorrhage. It also increases the risk of HIV transmission, anxiety and depression, birth complications and infertility.

- FGM affects 200 million girls and women globally. The majority of girls are cut before their 15th birthday.
- FGM is concentrated in about 30 countries in sub-Saharan Africa, the Middle East and Asia, and some countries have prevalence rates above 90% (e.g. Somaliland, Somalia, Guinea, Sierra Leone).
- Treatment of health complications related to FGM in 27 high prevalence countries would cost USD 1.4 billion per year, if all resulting medical needs were addressed (WHO, 2020).

New evidence suggests that the COVID-19 pandemic is slowing progress towards ending FGM. Restrictions on movement are making it harder to raise awareness of FGM and bring about social change. Prevention efforts were on track to avert 46.5 million cases of FGM over the next 30 years, but experts are predicting that the delays being caused by the COVID-19 pandemic will reduce anticipated progress toward ending FGM by 33% (UNFPA, 2020). In addition, the pandemic has hit at the peak season for FGM, during Ramadan, and health service providers are reporting a surge of cases (Batha, 2020).

Our approach

Internationally and regionally, IPPF supports the global movement to end FGM through partnerships and advocacy, by sharing knowledge and by providing guidance and support to Member Associations working in affected areas. Within Member Associations, IPPF’s approach is informed by current evidence on good practices for ending FGM: a community approach, rights-based healthcare provision with integrated sexual and reproductive health services, an emphasis on engaging all stakeholders, and comprehensive sexuality education that educates young people (and their parents) on FGM complications, values and norms. Advocacy across sectors, including schools, healthcare providers and religious authorities, as well as donors, NGOs and government ministries, to change practices, policies and laws is equally critical.

IPPF’s contribution to ending FGM

Reaching girls, women and communities affected by FGM

Targeted funding for IPPF’s FGM work has supported Member Associations in Sudan, Mauritania, Somaliland and Djibouti to implement innovative programmes to end FGM. Partners have included a wide range of civil society organizations, women’s groups and public authorities. Donors include the Arab Golf Fund (AGFUND), UNFPA, UNICEF, the Norwegian Agency for Development Cooperation (NORAD), the Population Council and FORWARD.

Between 2009 to 2020, Member Associations in Sudan, Mauritania, Somaliland and Djibouti have achieved:

- 500 service providers sensitised about FGM and trained to support clients affected by FGM
- 25,000 school and university students made aware of FGM
- 200 decision makers and opinion leaders reached with advocacy messages
- Awareness and communication campaigns implemented in all four countries through music, videos and commemorations

Somaliland Family Health Association (SOFHA)

An estimated 98% of women in Somaliland have undergone FGM. Edna Adan Ismail, Amal Ahmed and other members of the Somaliland Family Health Association (SOFHA) are creating awareness of female cutting. Their recent ground breaking work has focused on educational processes with young people. As part of this, they have produced a film, ‘Hope on the Horizon’ (2018), which is available on YouTube.

SOFHA also conducted research (2017) to generate evidence on the dimensions and consequences of FGM in the lives of girls and women. The results of this research informed a 5-year strategy national strategy towards the eradication of FGM in Somaliland.
Through a network of more than 45,000 service delivery points across the world, operating in under-served areas, IPPF is uniquely placed to serve girls and women affected by FGM and specifically to address many of the short and long-term health consequences of FGM.

Somalland’s experience shows the importance of consolidating evidence around FGM. Generating knowledge on this practice in diverse contexts will inform efforts to eliminate this harmful practice (Population Council). Further research is also needed to generate knowledge and share lessons about successful advocacy to end FGM.

Many IPPF Member Associations in affected areas have focused their work on achieving a first generation of FGM-free girls. Strategies focused on youth aim to change social norms, attitudes and values around FGM. Future parents can prevent FGM and help girls live free from violence.

References:


Population Council (nd) Evidence to End FGM/C: Research to Help Girls and Women Thrive. Available at: https://www.popcouncil.org/research/evidence-to-end-fgm-c-research-to-help-girls-and-women-thrive/


WHO (2020) Female genital mutilation. Available at: https://www.who.int/newsroom/fact-sheets/detail/female-genital-mutilation

What you can do

- Through a network of more than 45,000 service delivery points across the world, operating in under-served areas, IPPF is uniquely placed to serve girls and women affected by FGM and specifically to address many of the short and long-term health consequences of FGM.

Tools to support FGM prevention and management

IPPF has developed three publications to support the work of Member Associations and other sexual and reproductive health organizations:

1. ‘Addressing the needs of women and girls affected by female genital mutilation in service delivery facilities: A handbook’ (2018)
   Building on WHO recommendations, this handbook offers guidance on the provision of FGM-related care (prevention, screening and physical and mental treatments) in sexual and reproductive healthcare facilities. The handbook aims to increase access to high quality and integrated care.

2. International Medical Advisory Panel (IMAP) statement on the elimination of FGM (IPPF, 2015)
   The International Medical Advisory Panel (IMAP) is a body of leading experts and medical scientists on SRHR. In 2015, IMAP developed a statement that discusses the prevalence, practice and outcomes of FGM and its implications for human rights. The statement lays out roles and opportunities for IPPF Member Associations in prevention, service delivery and advocacy.

3. Female Genital Mutilation: Programmatic Guidelines for Sexual and Reproductive Health Organizations (forthcoming in 2020)
   These guidelines offer practical recommendations to sexual and reproductive health (SRH) organizations for the development of effective programmes to contribute to ending FGM.

Advocacy

IPPF is currently preparing for upcoming 2020 debates at the Human Rights Council and the UN General Assembly regarding resolutions on FGM. As part of this process, in collaboration with Member Associations and key partners, IPPF is gathering information about Member Associations’ experiences providing FGM services and programmes to inform its position and develop key advocacy messages.

What is IPPF?

The International Planned Parenthood Federation (IPPF) delivers sexual and reproductive health services that let people make their own choices. We fight for everyone to exercise their right to make those choices. We are local, through our members and volunteers, and global, through our network. We meet need, wherever it is, whoever requires it, for as long as they want it.

Photo: Somaliland - IPPF / Zoe Flood

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