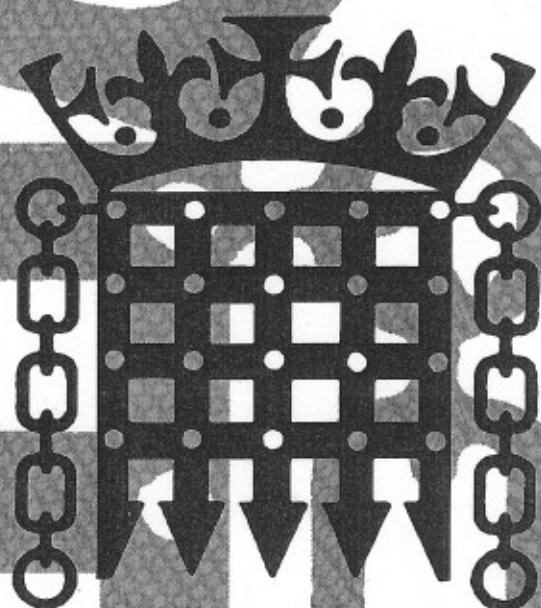


**All-Party Parliamentary Group on
Population, Development and
Reproductive Health**



**Parliamentary Hearings on
Female Genital Mutilation**

Hearings Report
November 2000



**All-Party Parliamentary Group on
POPULATION, DEVELOPMENT AND REPRODUCTIVE HEALTH**

Hon Chair: Christine McCafferty MP
Hon Vice-Chair: Viscount Craigavon
Joint Hon Secretaries: Geoffrey Clifton-Brown MP, Martyn Jones MP
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**PARLIAMENTARY HEARINGS ON
FEMALE GENITAL MUTILATION**

**REPORT OF THE PARLIAMENTARY HEARINGS HELD
ON 23 AND 24 MAY 2000
PALACE OF WESTMINSTER**

**PUBLISHED BY THE ALL-PARTY PARLIAMENTARY GROUP ON
POPULATION, DEVELOPMENT AND REPRODUCTIVE HEALTH**

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INTRODUCTION

This report is based on the Parliamentary Hearings on Female Genital Mutilation (FGM) held by the All-Party Parliamentary Group on Population, Development and Reproductive Health.¹

"If I had known what I know now, I would have started 10 years ago. I did not know the amount of suffering our women had gone through. I did not know that the women in the village who were sterile had infections after their operation. I did not know that the girls who had died had died because of this practice... We men never talked about it. We never asked and we just never knew." Pa Demba Diawara. Imman Village Leader, Senegal (p.50)

The Hearings were held on 23rd and 24th May 2000 in the Palace of Westminster. The first Hearing was for witnesses from the UK and covered issues such as training, the effectiveness of the law against FGM, support services and care available and work with community based organizations. The second day of the Hearings was for witnesses from Europe and beyond and covered activities in other EU countries with migrant populations who are likely to practice FGM. Evidence was also taken from the TOSTAN project in Senegal, RAINBO and the UNFPA.

FGM, also known as Female Genital Cutting (FGC) or Female Circumcision, involves procedures which include the partial or total removal of the external female genital organs for cultural or any other non-therapeutic reasons.² It is estimated that 130 million girls have undergone FGM and that 2 million girls are at risk of undergoing some form of the procedure every year.³ The procedure is usually performed on girls between the ages of four to thirteen, but in some cases FGM is performed on babies or on young women prior to marriage or pregnancy. Most of the women and girls affected live in Africa, although some live in the Middle East and Asia. Women and girls who have undergone or are at risk of undergoing FGM, are increasingly found in Western Europe and other developed countries, primarily among immigrant and refugee communities.

There is still a severe shortage of data about the prevalence of FGM. The aim of the Hearings was to raise awareness of FGM in the UK and abroad and to generate support for FGM prevention and eradication programmes. Government involvement in the issue is crucial. In the past few years laws have been passed in a number of countries against FGM, however, it is vital that these laws are fully implemented and that Governments and agencies work together for the elimination of this practice. We hope that the findings and recommendations in the report will be a tool for the UK Government, as well as Governments overseas, to incorporate FGM issues as an integral part of their policy agendas.

¹ This is the fourth in the APPG series on Parliamentary Hearings: 1995 – Women's Rights and Sexual Health, 1997 – Development Strategies for the 21st Century: the South-South Partnership in Population and Development, 1998 – Taking Young People Seriously: Improving Sexual and Reproductive Health for the next Generation.

² WHO classification of the four types of FGM are: Type I: Excision of the prepuce, with or without excision of part or all of the clitoris (clitoridectomy). Type II: Excision of the clitoris with partial or total excision of the labia minora (excision). Type III: Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation). Type IV: Unclassified: including pricking, piercing or incising of the clitoris and/or labia etc.

³ "Female Genital Mutilation, Programmes to Date: What Works and What Doesn't – A Review" WHO 1999 (p.3)

UK GOVERNMENT POSITION

The panel welcomes the UK Government's commitment to bring the practice of FGM to an end and also notes the work of the UK Select Committee on International Development work on FGM in their Report "Women and Development."⁴

The Department for International Development's Strategy Paper, "Poverty Eradication and the Empowerment of Women – 2000," states:

"The most shocking manifestation of women's inequality is violence. Women are at risk from violence everywhere in the world, and in every walk of life. Practices like FGM and other forms of physical disfigurement, remain a serious threat to many women around the world."⁵

George Foulkes MP, The Parliamentary Under-Secretary for State for International Development said in a debate in the House of Commons on 30 March 2000:

"We strongly reject arguments that seek to legitimise women's oppression on the grounds of culture and tradition. People have the right to their own culture, but not at the expense of fundamental human rights. Human rights are universal and take precedence over all other considerations. We will continue to support women who challenge oppressive traditions and play our part in dialogue in the developing world, aimed at changing attitudes in favour of women's equality."⁶

On the domestic front the Government is addressing FGM. In 1999 the guide "Working Together to Safeguard Children" was issued jointly by the Department of Health, Home Office and the Department for Education and Employment.⁷ Lord Hunt of Kings Head, The Parliamentary Under-Secretary of State for the Department of Health, said in the House of Lords on 23 March 2000:

"...education is central to eradicating the brutal practice of FGM. My department continues to fund relevant voluntary organizations. In addition, the Government will ensure that the findings of the All-Party Parliamentary Group on Population, Development and Reproductive Health hearings on FGM are fed into the development of our sexual health strategy."⁸

STRUCTURE OF THE HEARINGS

It is in this context that the APPG undertook to produce recommendations for future strategies on FGM. A number of questionnaires were sent out to leading organisations working in the field in the UK and abroad, as well as local authorities, medical practitioners, refugee councils, social workers and representatives from the UN and WHO. Expert witnesses were then invited to give oral evidence to a panel of APPG members. The recommendations in this report are formulated from evidence received. A survey report and analysis of the questionnaires will be published separately.

⁴ Select Committee on International Development "Women and Development" Session 1998-99, Seventh Report, November 1999.

⁵ Strategies for achieving the International Development Targets: Poverty Eradication and the Empowerment of Women Consultation Document, DFID February 2000 (p.7)

⁶ House of Commons Hansard, "Women and Development" 30 March 2000.

⁷ "Working Together to Safeguard Children" December 1999. Equality in Practice – Cabinet Office Publication for Beijing+5, June 2000 (p.20)

⁸ House of Lords Hansard, Starred Question: Female Circumcision, 23 March 2000

OVERVIEW OF FGM

Before making our recommendations from the hearings, the Panel would like to draw attention to the following observations on FGM:

- FGM is a fundamental human rights issue with adverse health and social implications. FGM violates the rights of girls and women to bodily integrity and results in perpetuating gender inequality.
- FGM is not sanctioned by either Christianity or Islam, and is not mentioned in the Koran or the Bible. However, FGM is practiced by followers of both religions, as well as by people of other traditions.
- International pressure is still an important motivator for FGM eradication programme initiation. In a number of declarations adopted at recent UN conferences, there is a strong condemnation of FGM.⁹
- In April 1997 the heads of three UN Agencies, the World Health Organisation (WHO), the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) appealed to the international community and world leaders to support efforts aimed at eliminating FGM.
- The WHO has stated that FGM doubles the risk of the mother's death in childbirth and increases the risk of the child being born dead by three or four times.
- Mothers approve of their daughters undergoing FGM on the grounds that they love their children. FGM is part of the culture however cultures are only sacrosanct insofar as they are cultures which are consistent with human rights.
- Women who have undergone FGM have similar needs to other women in society and should not be seen as only having a problem with FGM they must be viewed in the context of addressing all forms of discrimination that impacts adversely on women and children.
- Everyone has a role to play in this fight to eliminate FGM however African women need to play a leadership role by defining the strategies and approaches.

"There are people like Germaine Greer who want to see us only as ignorant village women who want to stay traditional. She never talks to African women leaders. That attitude is arrogant, imperialist and derogatory." Dr. Nahid Toubia, RAINBO (p.44)

The All-Party Parliamentary Group on Population, Development and Reproductive Health would like to thank the Wallace Global Fund for sponsoring these Parliamentary Hearings.

⁹ UN World Conference on Population in Cairo 1994 (5 year Review 1999) and United Nations Conference on Women in Beijing 1995 (5 year Review 2000)

RECOMMENDATIONS

(i) LEGISLATION

FGM is a human rights issue and protecting the rights of citizens is a primary responsibility of national Governments. Specific legislation is crucial in this context and conveys the message that FGM is illegal and discriminates against women and children. However, it is important that legislation is not seen as an imposition of values and should always be culturally sensitive. The ultimate aim is for communities to abandon the practice of FGM themselves.

"Torture is not culture...if a white child is cut in France it would cause a scandal. Why should we be quiet if it is a black child? She does not suffer less. She is no less entitled to her physical integrity...you should not have to make any discrimination between women. What hurts a white child hurts a black child." Linda Weil-Curiel, Advocate, France (p.56)

Members of the Panel:

Note that:

"Yesterday I was speaking to a social worker from Leicester. She told me she had a case of a mother with two girls who were both four weeks old. The mother was intending to have them circumcised and she was asking what she could do. She is terrified, she does not even want to talk to the woman."
Dr Faith Mwaangi-Powell, FORWARD (p.18)

1. There is a specific Law on FGM in the UK:
Prohibition on Female Circumcision Act, which entered into force in July 16 1985¹⁰.
2. The 1985 FGM Act together with the 1989 Children Act provides the legal basis to investigate violations. The Children Act and most recently the Criminal Justice (Terrorism and Conspiracy) Act 1998 also empowers the Courts to prohibit parents from removing their children from the UK to have the operation done elsewhere.
3. FGM is performed almost exclusively on children who are unable to give consent, it should therefore be seen in the context of violence against the child.
4. Social workers, not police, are usually the first point of contact for UK FGM issues.
5. The Legal backdrop of an FGM law gives legitimacy to FGM eradication projects, but the adoption of legislation alone to ban FGM is not enough in both developed and developing countries and the formulation of FGM specific legislation is not as problematic as the enforcement of the law.
6. FGM prosecution in developed countries should not be perceived as racist. As legislation is based on the principles of human rights, enforcement of the law is the opposite of racism as black children are not distinguished from white children.
7. International law will not act in a direct way to legislate against FGM practice, but international law contains an obligation for states to adapt, improve or establish their own legislation.

Regret that:

- i. There have been no prosecutions in the UK to date.
- ii. "Working Together to Safeguard Children" does not specify FGM as a category of physical abuse to a child and provides no guidance to professionals about registration in these cases.

Recommend that:

UK

- a) The UK Government undertakes a full assessment of local authorities provision and guidance of FGM, particularly with reference to child protection.
- b) FGM should be mentioned specifically in all Child Protection data and integrated training programmes are established.
- c) The UK Law on FGM is amended to ensure that UK residents who take girls abroad to have them circumcised, can be prosecuted under the UK Law on their return, regardless of the legal status of FGM in the country where the circumcision takes place.
- d) The name of the Female Circumcision Act is changed to incorporate the term FGM.
- e) Changes in UK Female Circumcision Act should require health professionals and other relevant authorities to report incidences of FGM.
- f) Efforts are made to communicate the implications of the Female Circumcision Act to communities in the UK.
- g) An information/media campaign targeting specific groups on awareness of the Act is developed and the Act is translated into different languages.
- h) Supplementary Guidance to "Working together to Safeguard Children" is developed on FGM, along similar lines of the "Safeguarding Children Involved in Prostitution" Supplementary Guidance.¹¹

".... these documents do not specify any requirement on Area Child Protection Committee's to include FGM within their local child protection guidance, policies and procedures. There is no Government requirement for setting standards or auditing implementation....these documents are lost opportunities within this very important area of work." Liz Davies, Social Worker, Harrow Social Services (p.19)

INTERNATIONAL

- i) International and national agencies and NGO's continue to work with international parliamentary forums e.g. Forum for African and Arab Parliamentarians to establish legislative frameworks on reproductive health rights, including specific FGM measures.
- j) All legislation must be accompanied by sensitization programmes.
- k) All draft statements from the Council of Ministers, European Commission and European Parliament legislation on violence against women should include reference to FGM.
- l) Full support is given to programmes that use the process of public pledges as a way of developing a legislative approach, e.g. TOSTAN approach in Senegal.
- m) Countries implement and ratify the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), which includes specific provisions applicable to gender based and sexual violence, and also the UN General Assembly resolution passed in 1997 on traditional or customary practices affecting the health of women and girls.

¹¹ "Safeguarding Children Involved in Prostitution – Supplementary Guidance to Working Together to Safeguard Children." May 2000, Department of Health, Home Office, Department for Education and Employment.

(ii) EDUCATION

"It would be good if we had Government backing. NGO's seem to really work on their own, doing their own thing with out proper support." Dr Faith Mwaangi-Powell, FORWARD (p.18)

Education on FGM in the UK and abroad is vital to empower women and communities. Education is key to inform communities that FGM is not cultural if it is harmful to the girls. It is important to educate and empower communities so that they can abandon the practice for themselves.

Members of the panel:

"Some tend to keep their traditions even if they believe they are wrong because they are scared they will loose them. They do not want their daughters to be English. There is a fear that if they leave the girls uncircumcised, they will loose their tradition." Ekhlas Ahmed, Midlands Refugee Council (p.26)

Note that:

1. Legislation is achieved by Governments, but education and social change is frequently left to national NGO's.
2. Most FGM eradication strategies have focused on education.
3. In refugee communities in the UK many remain unaware that FGM is illegal.
4. The new UK Sex and Relationship Education Guidance makes clear that each school should have a member of staff to deal with child protection issues.¹²
5. The guide "Working Together to Safeguard Children" has been issued jointly by the Department of Health, Home Office and the Department for Education and Employment, and the issue of FGM was mentioned in the UK Government to the Beijing+5 Review.¹³

Regret that:

- i) The new UK Sex and Relationship Education Guidance makes no reference to FGM.

Recommend that:

"I am aware that many teachers like me just do not know anything about FGM, yet we might have children sitting in our classrooms who have been subjected to it." Hillary Pollard, Association of Teachers and Lecturers (p.23)

UK

- a) The Government provides funding to develop women's leadership and literacy skills to enhance their ability to speak confidently on issues concerning their health and well being.
- b) Specialist materials for teachers and children on FGM is developed.
- c) FGM issues should be fully incorporated into DFEE Sex and Relationship Education Guidance, in an ethnically sensitive setting.
- d) The appointed staff who deal with child protection issues in schools undergo full training on FGM related issues.

¹² Sex and Relationship Education Guidance, Department of Education and Employment, July 2000.

¹³ "Working Together to Safeguard Children" December 1999. Equality in Practice – Cabinet Office

(iii) GRASS ROOT COMMUNITY ORGANISATIONS

It is essential that work on FGM issues continue through NGO's and grass root organisations who are well known and have the confidence of local communities. NGO's and grass root organisations play a crucial role by training and raising awareness of FGM issues in order to stop the practice.

Members of the Panel:

Note that:

1. NGO's and grass root organisations form the back bone of work on FGM in the UK and overseas, but they are usually small and under funded.
2. Most successful programmes on FGM in the UK have either been done as pilot initiatives or confined to small sections of the country. To expand the work to more areas of the UK and inter-link with overseas NGOs, more funds are needed.
3. FGM is a community as well as women's issue, therefore it is important to involve the whole community.
4. Culture is a frequent justification for the continuation of the practice of FGM in the UK.
5. Community based ethnic minority groups are able to raise awareness of the issues in a culturally sensitive way.
6. In different settings in the UK and overseas, terminology is an important consideration. Female Genital Cutting (FGC) may be more appropriate to use than FGM, and the use of the word "abandoning" rather than "eliminating" or "eradicating" FGC.
7. Trade Unions are inherent grass root organizations in the UK.

Recommend that:

UK,

- a) The Government continues to support and commits itself to sustainable and increased funding of groups working on FGM. In order that financial support and technical assistance may be given to replicate good practices on a wider scale.
- b) Working groups which involve religious and community leaders should be established to focus on training and education programmes.
- c) Investment in the community is targeted to:
 - Raising awareness of FGM and encouraging the involvement of men.
 - Providing literature that is distributed widely.
 - Sensitising communities to the legislative aspects of FGM.

"I worked with a family for six months to educate them not to circumcise their daughter. Once we stopped that women, she would stop another six women, the community is word of mouth."
Shamis Dirir, London
Black Women's Health
Action Project (p.29)

"We need to be able to run more workshops to raise awareness and involve people up and down the country. We felt it was an important role to begin by educating our men on the National Black Members Committee"
Angie Marriott, UNISON (p.24)

- d) Members of the communities that practice FGM are encouraged to join social and community services as a profession, and work shadowing schemes should be introduced to encourage this.
- e) Trade Unions are fully supported in their training programmes on FGM issues.

INTERNATIONAL

- f) FGM projects take an integrated approach which includes a basic education programme incorporating a strong human rights component.
- g) Governments support Northern and Southern NGO's by increased sustainable funding for overseas projects addressing FGM.
- h) NGO and Community work targeting religious and community leaders should be sustained.
- i) Work should target men in order to overcome cultural prejudice misinformation and mobilise men so that their voice are heard speaking out against FGM.
- j) The employment and rehabilitation of circumcisors is addressed.

"I agree that FGM is culturally sensitive. That is why activities also have to be culturally sensitive so that interventions succeed...otherwise we shall not make an impact." Virginia Osofu-Amaah, UNFPA (p.40)

"I congratulate the British Government on the support they have given to grass-roots groups who are making a difference. These programmes work and matter and make a big impact on health and development. But many more groups are asking for support. I hope that the Government can amplify its support, fund strategically and thereby give African girls their rights and health for the future."

Susan Rich, Wallace Global Fund (p.42)

(iv) HEALTH

FGM is a human rights issue, but with medical and social implications. Most women who have undergone FGM require some form of medical care and as such have a right to the highest standard of sexual and reproductive health.

"The first law of medicine is to do no harm. Although these health professionals may think that they are improving the practice by doing it in an hygienic setting, the side effects can be just as devastating as the traditional form." Susan Rich, Wallace Global Fund (p.41)

Members of the Panel:

Note that:

1. FGM should not be medicalised and that health professionals should never carry out the practice of FGM because it legitimises the intrusion of women's bodily integrity.
2. Protocols, guidelines and strategies for medical professionals have been developed to combat FGM, but they have not been widely disseminated.¹⁴
3. In the UK women are increasingly presenting themselves to health care professionals, and specialist clinics in the UK are treating hundreds of women with FGM related complications.
4. There is a misconception that FGM services in the UK are available solely for expectant mothers.

Recommend that:

UK

"Since we started running the clinic (September 1997) we have seen over 300 women with FGM related problems. It is a big problem. I can rightly say that it is a growing problem in the UK." Comfort Momoh, Specialist Midwife, Guys and St Thomas's Hospital Trust (p.13)

- a) The Department of Health set up a health co-ordination team to address an interagency approach to implement FGM good practice guidelines.
- b) FGM is a component of the Governments Sexual Health common code of conduct on FGM is developed.
- c) Each Health Authority and Trust should ensure that there is an FGM Specialist in the Trust who is responsible for training GP's, Family Planning professionals, midwives and other healthcare professionals in FGM prevention, treatment and counseling.
- d) The Health Authority FGM Specialists should link with each other and with with FGM specialists in other sectors e.g. Social Services and education Departments.
- e) The Royal College of Obstetricians and Gynecologists (RGOG) promote and distribute guidelines on FGM and address as a priority the education and training of doctors on FGM.
- f) Communities likely to practice FGM are given information of services available and how to access primary services and information on reversal.
- g) The care of women who have undergone FGM should not solely focus on expectant mothers but address the health and well being of all affected young women.

¹⁴ e.g. Royal College of Midwives Position Paper 21 on FGM Guidelines, Comfort Momoh

- h) All medical personnel must be trained on cultural sensitivity and how to meet the needs of women who have undergone FGM.
- i) Special attention is given to refugee communities and also to professionals in the field of medical care and the care for refugees.

INTERNATIONAL

- j) DFID takes a lead in the EU and among other donor states to link up initiatives to eradicate FGM and co-ordinate a global health policy on the issue.
- k) The medicalisation of FGM is condemned globally.
- l) Donor countries should make efforts to ensure that funding is not available to hospitals or medical centres that perform FGM.
- m) FGM issues are fully incorporated into the Safe Motherhood Initiative.
- n) The care for women who have undergone FGM forms part of the European Accreditation Scheme for training specialists in various fields of medicine that is currently being developed.

"Women know that they must feel something and they are not feeling it. They presume they are not feeling it because the husband does not know how to make love to them. But that is not the case. It is because they have been genitally mutilated. When we tell them, they feel sad and depressed. It is not a nice thing to tell another woman that this is what she will be like until she dies. Mostly these women are only 22 or 23."

Dr Olayinka Koso-Thomas, Inter Africa Committee (p.49)

(v) RESEARCH

Research is the key to effective policy making and action, and is important to identify funding opportunities. However, research should not be undertaken in isolation and must inform evidence based policy decisions. In addition, all research that is undertaken must be culturally sensitive and follow ethical protocols. Research initiatives must be evaluated to assess their impact and determine what works best in different contexts.

"We have received requests from the Gambia to do the programme there...it is really a question of funding.....I have had to say "no" but I have told the women I am looking for the funding." Molly Melching, TOSTAN, Senegal (p.52)

Members of the panel:

Note that:

1. There is currently a severe shortage of data on the prevalence of FGM in the UK and overseas. Research has been limited to small scale or outdated data.
2. Whilst there may be data available on clinics in the UK on the incidence of FGM, there needs to be data collection on the nation wide prevalence of FGM in a coordinated manner.
3. Between September 1997 and September 1999, FORWARD were commissioned by the Department of Health to prepare a document on health authorities policies and procedures and came up with recommendations covering England and Wales.
4. Interagency co-operation is the key to work on FGM and this is crucial in the area of collecting relevant data.
5. There is a great deal of work currently being undertaken on with HIV and AIDS in some parts of sub-Saharan Africa, but the link with HIV/AIDS transmission and FGM has not been researched.

Regret that:

- i. The UK Department of Health appears not to have used the data it commissioned from FORWARD in its recent policy on FGM.

Recommend that:

UK

- a) Funds are allocated for data collection and subsequent research into the incidence of FGM in the UK, collated by the Department of Health.
- b) The Government incorporates data into core policy papers, e.g. the UK Sexual Health Strategy.
- c) Inter-agency research involving the immigration services, refugee councils, health authorities and education departments is undertaken to map out needs in the UK.

INTERNATIONAL

- d) The EU funded European Support Network on FGM collates data on the prevalence of FGM on European level.
- e) Research is undertaken to examine link between FGM and HIV/AIDS.
- f) Funding is required for the replication of best practice models for the abandonment of FGM e.g. TOSTAN in Senegal, and the development of alternative practices.

"To this day when we tried to review the statistics in Europe there was nothing...The information is not with the health sector, it is not with the clinics, it is with immigration and refugee services...it is very easy to get."
Dr Nahid Toubia, RAINBO (p.44)

Christine McCafferty MP, Chair
The Lord Ahmed
Dr. Peter Brand MP
Baroness Gould of Potternewton
Alice Mahon MP
The Lord Rea
Baroness Rendell of Baberg
Dr Jenny Tonge MP

Parliamentary Hearings on Female Genital Mutilation

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Population, Development and Reproductive Health

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