

Somalia sees “massive” rise in FGM during lockdown and Ramadan

By Emma Batha

Thomson Reuters Foundation (18.05.2020) – <https://reut.rs/2LVFgrI> – Somalia’s coronavirus lockdown has led to a huge increase in female genital mutilation (FGM), with circumcisers going door to door offering to cut girls stuck at home during the pandemic, a charity said on Monday.

Plan International said the crisis was undermining efforts to eradicate the practice in Somalia, which has the world’s highest FGM rate, with about 98% of women having been cut.

“We’ve seen a massive increase in recent weeks,” said Sadia Allin, Plan International’s head of mission in Somalia. “We want the government to ensure FGM is included in all COVID responses.”

She told the Thomson Reuters Foundation nurses across the country had also reported a surge in requests from parents wanting them to carry out FGM on their daughters while they were off school because of the lockdown.

FGM, which affects 200 million girls and women globally, involves the partial or total removal of the external

genitalia. In Somalia the vaginal opening is also often sewn up – a practice called infibulation.

The United Nations Population Fund (UNFPA) has warned that the pandemic could lead to an extra two million girls worldwide being cut in the next decade as the crisis stymies global efforts to end the practice.

Allin said families in Somalia were taking advantage of school closures to carry out FGM so that the girls had time to recover from the ritual, which can take weeks.

The economic downturn caused by coronavirus has also spurred cutters to tout for more business, she said.

“The cutters have been knocking on doors, including mine, asking if there are young girls they can cut. I was so shocked,” said Allin, who has two daughters aged five and nine.

She said restrictions on movement during the lockdown were making it harder to raise awareness of the dangers of FGM in communities.

“FGM is one of the most extreme manifestations of violence against girls and women,” said Allin, who has been cut herself.

“It’s a lifetime torture for girls. The pain continues ... until the girl goes to the grave. It impacts her education, ambition ... everything.”

The UNFPA, which estimates 290,000 girls will be cut in Somalia in 2020, said the spike was also linked to Ramadan, which is a traditional time for girls to be cut.

UNFPA Somalia representative Anders Thomsen said the pandemic was shifting world attention and funding away from combatting FGM.

But he said there were also grounds for optimism, pointing to the recent criminalisation of FGM in neighbouring Sudan.

“There are glimmers of hope and we do hope and believe that may rub off on Somalia, which I would call ground zero for FGM,” he said.

New data also shows families are beginning to switch to less severe forms of FGM with 46% of 15 to 19-year-olds having been infibulated compared to more than 80% of their mothers.

Sudan bans female genital mutilation, UNICEF vows to help support new law

The United Nations Children's Fund (UNICEF) welcomed the landmark move by Sudan's transitional government this week to criminalize female genital mutilation/cutting (FGM/C), with a three-year jail sentence for offenders.

UN News (02.05.2020) – <https://bit.ly/2W9jd6G> – “This practice is not only a violation of every girl child's rights, it is harmful and has serious consequences for a girl's physical and mental health,” said Abdullah Fadil, UNICEF Representative in Sudan.

Sometimes called female circumcision, the traditional practice involves the partial or total removal of the external female genitalia for no medical reason.

“This is why governments and communities alike must take immediate action to put an end to this practice”, he added.

The move comes following years of persistent and forceful advocacy, including by the National Council for Child Welfare, women and child advocates, UN agencies and international, national and community-based organizations.

Estimates show that more than 200 million girls and women

alive today have undergone female genital mutilation in the countries where the practice is concentrated, according to the World Health Organization (WHO).

And Sudan is considered to have a very high FGM/C prevalence rate, which UNICEF's Multiple Indicator Cluster Surveys (MICS) revealed was at 86.6 per cent in 2014.

Rights violation

FGM/C has no benefits and not only poses immediate health risks, but also long-term complications to women's physical, mental and sexual health in addition to their well-being.

A reflection of deep-rooted inequality between the sexes, the practice is internationally recognized as a violation of human rights of girls and women and as an extreme form of gender discrimination.

Moreover, WHO points out that every year, before they turn 15 years old an estimated three million girls risk being cut without their consent, making the practice also a violation of the rights of children.

And when the procedure results in death, FGM/C violates rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life as well.

And as part of the Sustainable Development Goals (SDGs), the global community has set a target to abandon the practice by the year 2030.

Making it stick

UNICEF maintains that it needs to work very hard with communities to help enforce the new law.

“The intention is not to criminalize parents”, flagged the UNICEF representative, “we need to exert more effort to raise awareness among the different groups, including midwives, health providers, parents, youth about the amendment and promote acceptance of it”.

UNICEF is committed to eliminating all forms of FGM/C and will continue its focus on building a protective environment for children that safeguards them from abuse and exploitation.

**WORLD: Report published about
FGM/C: A call for a global**

response

End FGM European Network (17.03.2020) – <https://bit.ly/3afJQvc> – Female Genital Mutilation or Cutting (FGM/C) is happening in far more countries around the world than widely acknowledged, and the number of women and girls who are affected is being woefully underestimated, finds a new global report.

FGM/C is occurring in at least 92 countries, but only 51 (55%) have specific legislation against the practice, leaving millions without adequate legal protection.

The End FGM European Network, the US Network to End FGM/C, and Equality Now have partnered to produce the report 'Female Genital Mutilation/Cutting: A Call for a Global Response', bringing together for the first time wide-ranging information on the practise and pervasiveness of FGM/C in countries not currently included in official global data.

According to figures released by UNICEF in February 2020, at least 200 million women and girls have undergone FGM/C in 31 countries worldwide. This figure only includes states where there is available data from large-scale representative surveys, incorporating 27 countries from the African continent, together with Iraq, Yemen, the Maldives, and Indonesia.

Our research has now identified at least 60 other countries where the practice of FGM/C has been documented either through indirect estimates, small-scale studies, anecdotal evidence, and media reports.

The growing body of evidence featured in our report reveals that FGM/C is taking place in Asia, the Middle East, Latin America, Europe, and North America. It also highlights key gaps in data availability and anti-FGM legislation.

FGM/C involves the partial or complete removal of external female genitalia for non-medical reasons, thereby interfering with the natural functions of girls' and women's bodies.

There are various types of FGM/C. It includes clitoridectomy, which is the partial or total removal of the clitoris, and excision, which involves the removal of the entire clitoris and the cutting of the labia minor.

In another form, known as infibulation, all external genitalia is removed and the two sides of the vulva are stitched together to leave only a small hole. Other procedures involve pricking, nicking, or in other ways damaging the female genitalia.

The procedure itself can be fatal, and data on the total number of deaths each year is unavailable. The practice has no health benefits and can have serious lifelong physical and psychological harm.

It is typically carried out on girls between infancy and age 18, with women occasionally subjected. While it is often done without anaesthetic, it is increasingly happening in medical

settings performed by healthcare professionals.

Although the type and justifications for FGM/C can vary somewhat within different cultures, it is deeply rooted in gender inequality and often is a reflection of the patriarchal desire to control the sexuality of women and girls.

Despite mounting evidence demonstrating the global pervasiveness of FGM/C, levels of awareness and acknowledgement amongst government authorities and the general public remain unacceptably low.

The dearth of accurate data is enabling governments reluctant to tackle FGM/C to ignore the issue. Better statistical information is invaluable because it can help put pressure on states to take action and provides a baseline from which the scale and effectiveness of interventions can be measured.

Governments need to strengthen investment for evidence-based research and enact and enforce comprehensive laws and policies. There is also an urgent need to improve the wellbeing of survivors by providing critical support and services.

The international community and donors should bolster their global political commitment by increasing resources and investment into the provision of assistance to survivors and the empowerment of women and girls.

Dr. Ghada Khan, Network Coordinator of US End FGM/C Network said: “The global relevance of FGM/C, as highlighted in the findings of the report, once again calls for the collection and dissemination of reliable data on FGM/C prevalence across all regions, countries, and contexts in order to support FGM/C prevention efforts, and provide care and services to all women and girls who have undergone the practice worldwide.”

Accurate data also assists grassroots organizations and researchers to attract funding as a lack of financial backing is a major problem hampering the work of women’s rights activists.

Flavia Mwangovya, Global Lead at Equality Now said: “The stories shared by brave survivors and activists demonstrate how women across the world are uniting in their commitment to end this harmful practice, irrespective of the type of FGM involved or where it occurs. We owe it to survivors and those at risk to ensure that political commitments made by governments to end FGM are finally fulfilled.”

FGM/C is recognized as a human rights violation under international human rights law. In 2012, the United Nations General Assembly adopted a resolution to eliminate FGM/C, and in 2015, the 193 countries unanimously agreed to a new global target within the Sustainable Development Goals for the elimination of FGM/C by 2030 (SDG5).

Fiona Coyle, Director at the End FGM European Network said: “FGM must be recognized as a global issue that needs global prioritization. With only ten years to go to achieve the goal

of zero girls undergoing FGM, we have no more time to waste. We need to work across communities, countries, and continents.

Everyone everywhere is called to substantially increase efforts towards the abandonment of FGM. We need increased political will, stronger laws and policies, increased community engagement, and increased investment to truly end this practice.”

UGANDA: U.N. investigating ‘surge’ in female genital mutilation

By Nita Bhalla

Reuters (25.01.2019) – <https://reut.rs/2DDNl0f>– The United Nations said on Friday it had sent a fact-finding team to eastern Uganda to investigate a “surge” in the number of women and girls undergoing female genital mutilation (FGM).

The probe by the U.N. Population Fund (UNFPA) comes after Ugandan media reported this week that armed groups had been forcefully conducting FGM in Kween district near the eastern border with Kenya.

The reports sparked alarm across the east African nation,

which has a strict anti-FGM law in place that has helped reduce the number of FGM cases in recent years.

“We have dispatched a fact-finding mission to Kween which will hopefully provide us with more background on this unexpected surge,” Alain Sibenaler, UNFPA country director in Uganda told the Thomson Reuters Foundation by email.

“But what we know for sure is that FGM is being eliminated and therefore the recent incidents do not erase the achievements of the campaign,” he said, referring to joint efforts since 2009 by authorities, charities and the U.N. to curb the practice.

About 200 million girls and women worldwide have undergone FGM, which usually involves the partial or total removal of the external genitalia, according to U.N. estimates.

Seen as necessary for social acceptance and increasing a woman’s marriage prospects, FGM is prevalent across parts of Africa, Asia and the Middle East.

Performed by traditional cutters, often with unsterilized blades, girls can bleed to death or die from infections. FGM can also cause lifelong painful conditions such as fistula and fatal childbirth complications.

At least 100 girls and women in Kween were forced to undergo circumcision by groups led by elderly women and accompanied by

men with machetes, Ugandan media reported.

The news reports triggered debate in the country's parliament and the government ministers vowed to take action against the "inhuman" practice.

Uganda criminalized FGM in 2010 with a maximum penalty of 10 years imprisonment. Compared to other African nations, prevalence rates are low with only 0.3 percent of women aged between 15 and 49 having been cut, according to government data.

However, in some communities in the east and northeastern parts of the country, prevalence rates are more than 90 percent, the U.N. said.

Campaigners said more public awareness campaigns are needed, and law enforcement should be stepped up in remote and rural areas where the tradition persists.

"The eastern part of Uganda had experienced long periods of violence and insecurity that made it difficult to enforce the law as effectively as it had ought to be," said Jean-Paul Murunga of campaign group Equality Now in Nairobi, Kenya.

"This is an opportunity for the government to take advantage of the current tranquility to reach the remotest areas and enforce the anti-FGM law to the fullest."

Related reading: Police arrest 19 people over FGM gang attacks on women in Uganda

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KENYA: How outlawing female genital mutilation has driven it underground and led to its medicalization

By Damaris Seleina Parsitau

The Brookings Institution (19.06.2018) – <https://brook.gs/2MqJVQx>– The fight against female genital mutilation/cutting (FGM/C) has been fraught with both success

and failure, resistance and acceptance. Since Kenya banned the practice in 2011, FGM/C is now increasingly conducted underground, secretly in homes or in clinics by healthcare providers and workers.

The medicalization of FGM/C—defined by the World Health Organization (WHO) as any “situation in which FGM/C is practiced by any healthcare provider whether in public or private, clinic or home or elsewhere”—has received recent media and public attention. Earlier this year, a doctor filed a court case asking the Kenyan government to declare the Prohibition of Female Genital Mutilation Act 2011, which outlawed and criminalized FGM/C, unconstitutional. Further, she wanted the Anti-FGM Board, a body created to help eradicate FGM/C and early marriage, also declared unconstitutional.

The doctor, Dr. Tatu Kamau, argues that the dignity of traditional practitioners of female circumcision is disregarded by the law which has failed to stop FGM/C in the country. She claims that FGM/C is still largely practiced in Kenya and is increasing due to medicalization. In Kenya, there is evidence that scrupulous medical personnel collude with parents to circumvent the law by cutting girls in their homes or in their private clinics away from public view.

This trend is evident in both rural and urban Kenya where 15 percent of women and girls have been cut by a medical practitioner. The practice is especially prevalent in Kisii counties in Western Kenya where FGM/C is nearly universal. Drawing on interviews with girls and women who have been cut by health providers, my research shows that parents are increasingly having their girls, some as early as 5 years old,

cut by nurses or other healthcare workers either in homes or in health clinics.

Moraa (not her real name), an 18-year-old college girl from Nakuru in the Rift Valley, explained to me how her mother, a primary school teacher, brought a nurse to their home during school holidays to cut her at dawn when she was barely 8 years old. Moraa feels resentful and bitter towards her parents, especially her mother for colluding with a nurse to have her cut without her consent, and has considered suing her parents for violating her rights. Moraa's story is just one of many cases of medicalized cutting.

The commercialization and medicalization of FGM/C

Throughout my larger research on FGM/C and early marriage, I came across many stories of medicalization of FGM/C both in rural and urban areas in Kenya. A nurse I spoke with told me that she carries out the cut for money. "Look," she said, "when parents call me to perform the cut on their girls, both in urban and rural areas or even in my clinic, I respond because they pay me handsomely. Some even pay for my bus fare and accommodation; I travel widely to cut girls and women. I see no reason why I shouldn't do this. I have not forced anyone to undergo the cut. I simply provide my services to those who need them."

Medical professionals who perform cutting services claim that they are fulfilling the demands of communities and that they help enhance women's values and marriageability in communities that do not want to abandon the practice. They believe that by

doing so they respect patients' cultural rights since some are of a mature legal age.

However, the real reason driving this is its economic value. Medical professionals are cutting girls and women for payment, replacing the traditional cutters in rural villages. Additionally, the commercialization of FGM/C helps parents and guardians to avert the law and authorities. The medicalization of FGM/C not only provides legitimacy to the cut but it continues to put millions of girls at risk from the consequences of the cut. It also continues to perpetuate and give tacit approval of the harmful practice by discouraging changed behavior and attitudes, thereby leading to the normalization of the cut in medical spaces.

While the medicalization of FGM/C is not a new phenomenon, its growing popularity is worrying and points to emerging shifts and tensions in the war to end it—a cat and mouse game between resistant communities and authorities. And while the medicalization of FGM/C went under the radar as authorities and stakeholders focused on traditional cutters in rural villages as well as alternative rites of passage, it is now emerging as a new frontier in the war against the harmful practice. Global, regional, and local focus should now shift away from traditional cutters to medical practitioners.

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