



sahiyo
United Against Female Genital Cutting



International Day of Zero Tolerance for FGM, 2017

Summary of panel discussion, 6th February, 2017 at
World Health Organization Headquarters, Geneva and

**Why women with FGM in India need international support
by Aarefa Johari, Sahiyo**



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Background to FGM and International Day of Zero Tolerance for FGM

Monday 6th February 2017 marked the 14th annual observance of the International Day of Zero Tolerance for Female Genital Mutilation (FGM), first introduced in Africa in 2003 by the first lady of Nigeria and subsequently adopted by the United Nations to raise global awareness of this harmful practice.

The World Health Organisation (WHO) defines female genital mutilation (FGM) as ‘all procedures that involve altering or injuring the female genitalia for non-medical reasons’ and says it is recognized internationally as a violation of the human rights of girls and women.

According to Equality Now whilst FGM is most prevalent in Africa and the Middle East, it also occurs in Asia, Australia, Latin America, New Zealand, North America and Western Europe. It also occurs amongst diaspora communities living in developed countries where girls are often at risk of “vacation cutting,” when they are taken to their families’ home country during school vacations to undergo FGM (see testimony by Fatimata Ba-Saw on page 6 who was taken by her parents from France to Mauritania to undergo FGM aged just 4 years old). Apart from the 30 countries mentioned in global reports, FGM has more recently also been acknowledged amongst the Bohra community in India (see article by Aarefa Johari, one of the Sahiyo co-founders on page 8).

FGM is a violation of girls’ and women’s human rights, some of the brutality of which is captured by Phumzile Mlambo-Ngcuka, UN Under-Secretary-General and Executive Director of UN Women, in a statement released to mark the International Day of Zero Tolerance for Female Genital Mutilation 2017, in which she said

‘The cutting and sewing of a young child’s private parts so that she is substantially damaged for the rest of her life, has no sensation during sex except probably pain, and may well face further damage when she gives birth, is to many an obvious and horrifying violation of that child’s rights. It is a kind of control that lasts a lifetime. It makes a mockery of the idea of any part being truly private and underlines the institutionalized way in which decisions over her own body have been taken from that girl—one of some 200 million currently’

UNICEF’s 2016 report, ‘Female Genital Mutilation, a Global Concern’, states over 200 million girls and women alive today have undergone FGM, of which 44 million were cut when they were under fifteen years of age and over half of whom live in three countries: Indonesia, Egypt and Ethiopia. In many countries girls were cut before the age of 5; in Yemen, 85% of girls underwent the practice within their first week of life. In Gambia, Mauritania and Indonesia, around 50% of girls were cut by the time they reached 14. While in most countries FGM is performed by traditional practitioners, in Indonesia over half the girls were circumcised by a trained medical professional. The prevalence rates for FGM amongst girls and women aged 15 to 49 are extremely high; 98% in Somalia, 97% in Guinea and 93% in Djibouti.

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FGM has many negative health consequences including severe bleeding, cysts, infections, infertility, increased complications during pregnancy, higher rates of new-born deaths and HIV. According to WHO, FGM reflects deep-rooted inequality between the sexes, and is an extreme form of discrimination against women and girls. The practice infringes girls' rights to health, security and physical integrity, their right to be free from torture and cruel, inhuman or degrading treatment, and their right to life. The WHO states that collective and systematic efforts are needed to promote the abandonment of FGM which include engaging whole communities with a focus on human rights and gender equality.

As part of their efforts to promote abandonment of FGM, UN Agencies, Geneva based Missions, civil society and others gathered at the WHO Headquarters on 6th February to mark the International Day of Zero Tolerance for FGM. Under the theme 'Ending Female Genital Mutilation by 2030 through a health and human rights approach', an impressive line-up of speakers made presentations at the panel:

Dr Ian Askey, Director, Reproductive Health and Research, WHO,

Dr Flavia Bustreo, Assistant Director General, Family, Women and Children's Health, WHO,

H.E. Mr Negash Kebret Botara, Ambassador and Permanent Representative of Ethiopia,

H.E. Mr Hans Brattskarm, Ambassador and Permanent Representative of Norway,

H.E. Mr Reinout Vos, Ambassador and Permanent Representative of the Netherlands,

Ms Kate Gilmore, United Nations Deputy High Commissioner for Human Rights,

Ms Petra ten Hoop-Bender, Technical Adviser, Sexual and Reproductive Health, UNFPA,

Ms Fatima Ba-saw, FGM survivor

Dr Adebisi Adebayo, Program Advisor, Inter-African Committee on Traditional Practices.

The Geneva Missions present in the room to support the abandonment of FGM included Zambia, France, Ethiopia, Nigeria, Luxembourg, Germany, France, the Netherlands and Norway. UN Agencies present included the OHCHR, WHO, UNFPA, and UNICEF. The International/national NGOs present included the Inter-African Committee, Action on Child, Early and Forced Marriage, International Council of Women, International Alliance of Women, the International Network for the Prevention of Elder Abuse and the International Longevity Centre (ILC) Global Alliance.

After a brief introduction, Dr Ian Askey set the scene with a short video by UNFPA, in which women from different countries and cultures were asked to talk about the day they became a woman. This milestone of achieving womanhood was marked in different ways from the day they became a mother, earned their first pay cheque, conquered their fears, obtained their first mobile phone, graduated from university or travelled alone on a train, but for one young woman, it was defined by the day she was cut. (UNFPA video available at: <https://www.youtube.com/watch?v=YkPGUODp9ig>).

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Panel speakers left to right, Ambassador Brattskarm, Ms Kate Gilmore, Dr Flavia Bustreo

Some of the main points made by the speakers were:

- Dr Askew said WHO promoted a multi-sectoral approach to FGM and addressed both health aspects and prevention. A major concern was the medicalization of FGM as health workers in some countries were performing excisions. This violated the medical code of ethics and health providers must resist requests to perform FGM. In May 2016, WHO issued clinical guidance for managing FGM in high prevalence countries as well as in diaspora communities.
- Dr Flavia Bustreo spoke emphatically of the need to say an unequivocal NO to FGM. She said a loud and clear message must be sent out that there was no justification for its continuation. She then asked Ms Kate Gilmore, the Deputy High Commissioner for Human Rights to elaborate on how FGM could be ended using a human rights based approach.
- Ms Gilmore described FGM as an assault on the body and said that laws were critical for curbing the practice as they state with clarity what is acceptable or undesirable in society. International legal norms are important as they offer protection against abuse and provide entitlements. FGM violates the right to life, the right to be free from torture, it is an inhumane practice, a crime, a form of discrimination and violence against women and leads to a deprivation of individual liberties. She said there was nowhere to hide for those who engaged in the practice and there was no justification for the practice to continue unchallenged.
- Ms Gilmore continued that FGM denied girls their right to education, but stated that criminalizing it was not the answer, as this was neither sufficient nor helpful; the best solution was to empower girls to become agents of change. Efforts to end the practice must be sustained and inclusive, involve the free flow of information, participation of all stakeholders and must include the voice of the local community.

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Alternative ways must be found to uphold local culture without attacking FGM, which is a deeper issue about exerting control over women. FGM occurred in the most intimate of spaces and was a savage attack on a girl's body and her human rights, both from the neck down and from the neck up, with grave consequences.

- Ms Petra ten Hoop-Bender from UNFPA highlighted examples of the work undertaken by UNICEF and UNFPA in 17 countries since 2007, including improving legal/policy frameworks and improving services. The numbers of girls who had received FGM related services in most of these countries has increased and local champions had been engaged, such as the first lady of Burkina Faso. She reported a UN resolution on FGM was adopted in 2016 and would be followed up at the 73rd session of the UN General Assembly. She stated that the Universal Periodic Review (UPR) received many recommendations on FGM. She emphasised the importance of community discourse and said that many men now opposed the practice and the power of youth was being used to bring about change through schools and social media. Many public declarations of abandonment had been made but some families still sought excision outside their country. Traditional FGM excisers needed support to find alternative means of gainful employment.
- Parliamentarians must be engaged and there should be border surveillance to monitor those crossing the border for cutting. FGM is not a religious concept and different means of disseminating messages were used including radio, TV and social media. Community involvement and youth mobilisation was essential.
- Dr Bisi Adebayo, of the Inter African Committee pointed out that there were both successes and challenges in FGM. She was encouraged by the participation of many missions and ambassadors to support the event, which until recently had been a taboo subject as it concerned women's sexuality, but fortunately FGM had now been largely demystified. The International Day of Zero Tolerance to FGM was testament to the progress made and also its inclusion in the SDGS.
- The remaining challenges were implementation, educating all households, increasing political will and addressing both insufficient legislation and weak enforcement. Whilst Sierra Leone had made significant progress in stopping FGM, it remained difficult in some cultures as FGM was a prerequisite to being a 'woman of substance'. However, ending FGM can be achieved if Governments were truly committed. Kenya is known for having 'cutting seasons' when girls undergo FGM which the Police could do more to stop. Other challenges included recruiting more agents of change, and ensuring that every household member knew about FGM. Nevertheless, things were slowly changing.
- The meeting then heard a personal testimony from Fatimata, a French citizen, born and raised in France who was taken back to Mauritania to be circumcised aged just four. Now married with two young children, she described how her happy childhood came to an abrupt end following circumcision. Fatimata tells her story on page 6 in this report.
- Ambassador Botara of Ethiopia reported that the prevalence of FGM in Ethiopia was now down to only 65.2%. Successful strategies included Government policy action to abolish FGM, legal action at the national level, a revised penal code and criminalisation of FGM. He added that international standards had been

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implemented at the national level (including the Convention on the Rights of the Child, the African Charter and the Maputo Protocol). A new Ministry of Women and Children's Affairs had been created and a national alliance formed to end child marriage and FGM by 2025. FGM was mainstreamed in schools and awareness had increased. He said harmful traditional practices were not tolerated in Ethiopia but acknowledged that despite good progress, more efforts were required. Barriers to progress included resistance to government intervention, lack of acceptance by communities and adherence by law enforcement agencies, ineffective management, inadequate skills and insufficient manpower, e.g. health workers and lack of resources. Although 40,000 health workers had been trained, this was not enough and political commitment was often weak. However he underlined the importance of using SDGs to advance national action plans. Enhanced efforts were required by all the UN Agencies working with national and regional institutions as the three critical elements were strong and effective political leadership, ownership by national government and stakeholders and establishing meaningful cooperation with all partners.

- The Ambassador to the UN for Norway said they were addressing FGM in immigrant communities and had devoted 70 million Krona to end FGM and were offering financial aid to 16 African countries and Yemen. They were also contributing to capacity building of health personnel, in training teachers to identify potential cases, and had partnered with other Governments such as UK (DFID). He added that the movement against FGM was growing and attitudes were changing. The decline over the past 30 years was noticeable because of growing disapproval of the practice. FGM was prohibited in Norway. Their action plan included prevention programs in schools, work with refugee and asylum seeking centres. Integration Counsellors assisted in concrete cases of FGM and forced marriage and all stakeholders were targeted - parents, schools, hospitals and special clinics are available free of charge. Ending FGM is possible but not easy. FGM affects girls' autonomy and results in inequality and discrimination and increased risk of rape and domestic violence.
- The Ambassador of the Netherlands added that they were also making efforts to support small projects like flying in two singers from Senegal who had adapted a traditional way of communicating with local communities. The Netherlands also supported agents of change to end violence against women and girls. Girls have the right to decide on their sexual life, yet some men deny women these rights. He mentioned the 'SHE Decides Campaign' where it is truly the girl who decides and no one else. Girls have the right to decide on whether to have children, when and how many.

Dr Flavia Bustreo thanked the panellists and reiterated that medical professionals must imperatively resist the medicalization of FGM as they have taken the oath to do no harm. Alternatives to girls' rites of passage must be found whilst still recognising the important milestone of becoming a woman.

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Fatima shares her experience of being taken from France back to her family's village in Mauritania to undergo FGM as a child and describes its subsequent long term consequences on her life.

'Until my adolescence and even later I was in denial about what had happened to me. Since sexuality is a taboo subject in our culture, I never took any interest in my anatomy'...

My name is Fatimata, I was born in France and am married with two children. In 1992 my sister and I went on vacation with our parents to Mauritania where my parents are originally from. I was only 4 years old at the time and remember being a happy child. In my parents' village, a woman took my sister and I away to be cut; I cannot remember the exact moment of the excision - I just have flashes of an aunt carrying me on her shoulders and running. I also remember having to wear diapers after the cutting because of serious hemorrhaging. A few days later, my family decided to return to France because my older sister was in a far more critical condition than myself. On the way to the capital's airport, we ran into a dangerous situation. We were with my mother and grandfather when the car broke down in the middle of the bush. My sister was losing a lot of blood - my grandfather was praying while my mom cried. I remember that the driver had to go and get help but he didn't return until it was dark. I also remember hyenas coming towards us and my grandfather lighting a fire to keep wild animals away. Luckily at dawn some French military officers who were passing by, came to our rescue. We were lucky to be able to return to France and get urgent medical treatment, otherwise we might not have survived.

Excision is a crime that brings only misfortune. Until my adolescence and even later I was in denial about what had happened to me. Since sexuality is a taboo subject in our culture, I never took any interest in my anatomy. I remember a discussion at home in the kitchen with an aunt and my sister where my mother recounted how she almost went to prison for taking us to be excised and was disappointed that my younger sister was the only one out of the three daughters who « unfortunately » was not cut. Despite everything that happened to us, my mother continued to believe that FGM was a good practice and compulsory. My mother is illiterate, so I don't blame her and I am not angry with her, but my older sister was

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deeply traumatized by this childhood experience and hardly spoke to my parents afterwards.

'I am not ashamed of what happened to me, those who should be ashamed are the parents and torturers who continue to perpetuate this practice despite its dramatic consequences.'

When we returned to France from Africa, my sister and I had to remain in hospital for several months. In my medical records the information just read « in hospital for family reasons». I remember wearing a large bandage on my arm, but didn't know why. Later I realised that they had used the skin from my arm to surgically reconstruct my anatomy. I still have a big scar on my right shoulder. I also remember that my older sister remained in hospital for much longer than me.

When I gave birth to my first child, a daughter, the midwife asked me many questions about my excision which I answered. Naturally she was shocked and sent a letter to my gynecologist asking him to monitor my daughter. This upset me because I would never allow such a thing to be done to my own daughter. My second delivery went better; the midwife was more sensitive and less judgmental.

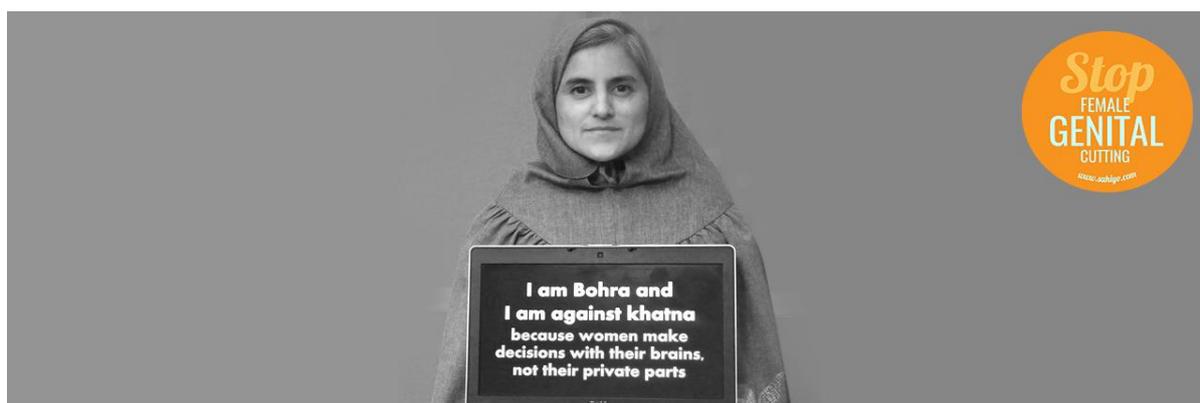
The people who perpetuate this practice should understand that it is barbaric and destroys lives. It is an act of violence that causes divisions between girls and their parents as they feel they can no longer trust them. It negatively affects the victims and in my case caused depression during the early years of having sexual relationships. I am now ready to fight against FGM today, tomorrow and for the rest of my life to eradicate this terrible scourge.

By Fatimata Ba-Saw



Left, the town Fatimata grew up in France and right the African village she was taken to for FGM

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Female Genital Cutting is practiced in India, and we must do more than merely acknowledge it

By Aarefa Johari, Co-founder, [Sahiyo](http://www.sahiyo.com)

'Five years ago, when I first publicly spoke out about my experience of 'khatna' or female circumcision, India was barely on the map of countries known for the prevalence of Female Genital Cutting (FGC). At the time, few women in my Dawoodi Bohra community were willing to break the silence on this secretive practice, and those who did speak out remained anonymous.'

Much has changed in five years. A number of documentary films, online petitions and enthusiastic media reports have broken the silence around FGC within the Dawoodi Bohra community. In November 2015, three diaspora Dawoodi Bohras were tried and convicted for the genital cutting of two minor girls in Australia, creating a murmured storm in the community across the world. The Bohra religious leadership responded by sending out mixed signals to the community: diaspora members in countries with laws against Female Genital Mutilation/Cutting were issued letters asking them to discontinue the practice, but as recently as June 2016, the community's leader publicly affirmed that 'khatna' for girls is a religious requirement.

This unleashed a vibrant movement against FGC within the community, led by a growing number of Bohra women who were publicly speaking out about their experiences – despite family or community backlash – as they urged others to end this ancient ritual. As a result, United Nations Agencies like the UNFPA now [acknowledge India](#) as one of the countries where FGC is prevalent.

But acknowledgement alone is not enough.

'The UN's official statistics recognize that 200 million girls and women in 30 countries have been subjected to FGC. But I am not included in that statistic of 200 million, because India is still not included in those 30 countries.'

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In fact, a number of Asian countries where FGC is known to occur – India, Pakistan, Sri Lanka, Philippines, Malaysia, Singapore, Thailand, Iran, Bangladesh, Maldives, Brunei and Russia – fall outside the scope of the [UNFPA-UNICEF Joint Programme to Accelerate the Abandonment of FGM/C](#). As a result, almost no resources have been invested to collect data and provide support services to women and girls from FGC-practicing communities in these countries.

What do we know about FGC in India?

The Bohra community – including its largest sub-sect of Dawoodi Bohras as well as smaller sub-sects of Alavi and Suleimani Bohras – is the only community known to practice Female Genital Cutting in India so far. The Bohras are a sect of Shia Muslims whose roots lie in the Fatimid ideology of 10th century Egypt and Yemen, and it is likely that their practice of ‘khatna’ for girls originated there. Since the 17th century, the Bohras flourished as a Gujarati-speaking trading community in western India, and its population of around two million is spread across the world today.

The Bohras are widely regarded as a wealthy, highly educated and peaceful community, but for centuries, the ritual cutting of a daughter’s clitoral hood (classified as Type 1 FGM/C) at the age of seven had been a well-guarded secret. Even those Bohras who migrate around the world secretly carry this practice with them.

In 2015-16, Sahiyo – a non-profit collective working to end FGC among Bohras – conducted a [pioneering online survey](#) of 385 Dawoodi Bohra women from across the world, and found that 80% of them had been subjected to ‘khatna’. The majority of these respondents were from India. The Sahiyo survey also found that:

- ***66% of those subjected to FGC were 6 or 7 years old when they were cut***
- ***74% were cut by an untrained traditional cutter***
- ***65% were not sure about which part of their genitals had been cut***
- ***81% of those surveyed disagreed with continued FGC in the community***

Different Bohra families tend to give different reasons for the practice of ‘khatna’, and the Sahiyo survey found that the most common reasons were “for religious purposes”, “to decrease sexual arousal” and to “maintain traditions and customs”. Two less common reasons were “physical hygiene” and, ironically, “enhancing sexual pleasure”.

The latter, in fact, is related to the worrying trend of increasing medicalisation of FGC within the Bohra community. Today, most Bohras in Indian cities and towns choose to get their daughters cut by healthcare professionals in clinics or hospitals, and some Bohras are now propagating the notion that cutting the clitoral hood of every 7-year-old girl is analogous to clitoral unhooding or hood reduction, a genital surgery that some adult women opt for.

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The movement and the challenges

Today, the nascent but robust movement within the Bohra community is trying to end FGC through multiple approaches. In addition to research, Sahiyo uses [storytelling](#), [film](#) and other [outreach campaigns](#) to raise awareness and engage with the community. There are ongoing efforts to engage with both the religious clergy, as well as the medical community of India which, we believe, needs to speak out about medicalisation as well as the health consequences of the type of FGC practiced by the Bohras.

India is in need of a law against FGC. An [online petition](#) by the platform ‘Speak Out on FGM’, urging the Indian government to ban the practice, has garnered more than 88,000 supporters.

However, the lack of adequate recognition by international agencies like the United Nations has been a crucial missing link in the efforts to abandon FGC in India. At the global level, we cannot hope to eliminate FGC by 2030 – part of the UN’s Sustainable Development Goals – if millions of women in India and other Asian countries are left out of the UN’s official FGC statistics.

At the national level in India, it is difficult to collect data and evidence on the extent of FGC prevalence without the investment and support of international agencies. Without this vital data collection, it is difficult to adopt legislation and policies to end FGC, to design outreach and education programmes, and also to train social workers, health professionals and child welfare personnel on how to recognize, respond to and intervene sensitively in cases of FGC.

This is why, in January 2017, Sahiyo and 33 other international rights organisations launched a [petition to the UN](#) appealing for more investment in research and support for ending FGC in Asia. This support could make a difference to thousands of Indian women and girls like me.

(Aarefa Johari is one of five co-founders of Sahiyo, an international non-profit forum working to end Female Genital Cutting among the Dawoodi Bohras and other Asian communities, through dialogue, education and community involvement.)



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Take home messages from this report

FGM violates a girl's human rights and has long term negative consequences for her physical and mental well-being. It serves no benefit and there is no justification for its continuation.

Adopting a health and human rights approach can strengthen global efforts for FGM abandonment as laws are important for stating what is acceptable or undesirable, providing entitlements and protection from abuse.

The medicalization of FGM is a serious concern and must be reduced. Health providers who perform excisions are violating medical ethical codes and must resist demands to perform such procedures.

Alternative ways to mark the milestone of becoming a woman should be found and existing traditional practitioners should be found other means of gainful employment.

Governments should capitalize on the current progress made in the abandonment of FGM and use the SDGs as the impetus for advancing national action plans.

Whilst considerable progress has been made in reducing FGM, this has been insufficient and uneven and more is required.

Although FGM is typically reported in 30 countries, this does not include FGM India and other countries where FGM is less well known. More action and support is needed from UN Agencies and the international community to assist women who suffer FGM both in India and in Indian diaspora communities around the world.

You are invited to help by signing the online petition by the platform 'Speak out on FGM' to introduce a law against FGM in India.

The goal for the 2018 International Day of Zero Tolerance to FGM must be to have achieved greater international awareness and support for FGM in India and other Asian countries and to include these groups in panels such as this one at the World Health Organization and global forums such as the recent meeting held in Rome on 30/31st January 2017, so that they too can have their voices heard and their needs met.

Mohinder Watson, March 2017.

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Photos left to right: Mohinder Watson, International Council of Women, Kate Gilmore, UN Deputy High Commissioner for Human Rights, Fatimata Ba-Saw, Flavia Bustreo, Assistant Director General, Family, Women and Children's Health, WHO

Sources

<http://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>

http://www.equalitynow.org/what_is_FGM

<http://www.un.org/en/events/femalegenitalmutilationday/>

<http://www.unwomen.org/en/news/stories/2017/2/statement-ed-international-day-of-zero-tolerance-for-fgm>

<http://www.who.int/life-course/news/events/zero-tolerance-to-FGM-2017/en/>

UNFPA video : <https://www.youtube.com/watch?v=YkPGUODp9ig>

https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

<http://www.who.int/mediacentre/factsheets/fs241/en/>

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