STRATEGIES TO END FGM

A broad range of strategies have been used by different types of organisations to encourage the abandonment of FGM. Often, a combination of strategies is used and these are outlined below:

TYPE OF STRATEGY	ABBREVIATION
Alternative Rights of Passage	ARP
Human Rights/ Community Dialogue Programmes	HR/ CDP
Promotion of Girls' Education to Oppose FGM	E
Educating Traditional Excisors and Offering Alternative Income	EX
Addressing Health Complications of FGM	H
Health Risk/ Harmful Traditional Practice	HTP
Legal	L
Media Influence	M
Working with Men and Boys	MB
Religious-Oriented	R
Supporting Girls Escaping from FGM/Child Marriage	SG

ALTERNATIVE RIGHTS OF PASSAGE

For those ethnic groups where FGM is part of a rite of passage initiating girls into adulthood, one approach that has shown success is Alternative Rites of Passage (ARPs). ARPs substitute the cutting part of the ceremonies with alternative rituals that preserve the cultural traditions but eliminate the cutting.

The success of ARPs depends on the group practising FGM as part of a community ritual, such as a rite of passage. In addition, ARPs will have limited impact unless they are accompanied by education which engages the whole community in collective reflection and leads to changes in the expectations of community members. The use of ARPs is further limited by the trend for communities to

cut girls at a younger age and with less ritual (UNICEF, 2005).

In countries like Liberia and Sierra Leone, which have Bondo/Sande secret women's societies, there is room within the symbolically-rich initiation ceremonies to remove the harmful aspect of FGM, while maintaining the teaching aspects. In Uganda, Culture Days are used as part of this approach to promote the healthy aspects of culture associated with the FGM ceremony and denounce the bad.

HUMAN RIGHTS/ COMMUNITY DIALOGUE PROGRAMMES

A rights-based approach acknowledges that FGM is a violation of women's and girls' rights. This approach is sometimes used alongside other strategies to address FGM, based on the social abandonment theory of FGM (derived from the social change theory behind foot-binding in

China) (Mackie, 1996). The components of this theory include: (i) a non-judgemental human rights approach; (ii) community awareness-raising of the harmfulness of the practice; (iii) a decision to abandon FGM that is a collective decision by the entire community; (iv) the requirement of community public affirmation of abandonment; (v) intercommunity diffusion of the decision; and (vi) a supportive change-enabling environment, including the commitment of the Government (Wilson, 2012/13).

This Community Dialogue Approach was pioneered by Tostan in Senegal (UNICEF, 2005). It is based on the principle of listening and questioning between different generations, aided by a facilitator. It enables participants to reflect on their values, customs, traditions and expectations and to consider whether, when, how and under what conditions change should take place (GIZ, 2011).

In Ethiopia this approach is termed 'community conversations' and was adopted by the Government in 2004 as a national approach to ending FGM. Uganda NGOs often used community (intergenerational) dialogue to facilitate conversations regarding FGM with stakeholders, religious leaders, tribal elders and community members.

PROMOTION OF GIRL'S EDUCATION TO OPPOSE FGM

Education may be the best long term strategy for ending FGM. Many NGOs engage schools with awareness raising programmes on child rights and the dangers of FGM.

There is a strong link between FGM and early marriage among some ethnic groups, such as the Mende in Sierra Leone. Girls are cut prior to getting married and often drop out of school following being cut. This approach encourages the girls to remain in education and in some cases encourages them to speak out against FGM.

EDUCATING TRADITIONAL EXCISORS AND OFFERING ALTERNATIVE INCOME

Although initiatives with FGM practitioners may be successful in supporting excisors in ending their involvement in FGM, they do not change the social convention that creates the demand for their services. Such initiatives may complement approaches that address demand for FGM, but alone they do not have the elements necessary to end FGM (UNICEF, 2005).

In Uganda there has been a steady increase in FGM practitioners (called surgeons) denouncing the practice. Some practitioners have been given government jobs including working as street cleaners and in town councils. In Sierra Leone, the Inter-African Committee partners with NGOs on projects focused on education and alternative employment.

ADDRESSING HEALTH COMPLICATIONS OF FGM

Part of the strategy is ensuring that women and girls receive appropriate medical care for complications of FGM. In Ethiopia, as an example, the pioneering Addis Ababa Fistula Hospital, founded in 1958, is the world's only medical centre dedicated exclusively to providing free obstetric fistula repair surgery to women suffering from childbirth injuries. In addition to repairing obstetric fistula the hospitals also repair damage to other childbirth injuries as a result of FGM.

In The Gambia, Wassu Gambia Kafo focus on research on FGM complications and

also train medical and nursing staff. NATPAH in Liberia also work in this strategy area.

HEALTH RISK/ HARMFUL TRADITIONAL PRACTICE

Strategies that include education about the negative consequences of FGM have been the most frequently used globally for the eradication of FGM. Informing communities and individuals of the health risks associated with FGM has been a key component of the majority of the strategies for promoting the abandonment of FGM.

Convincing people in areas of high FGM prevalence of the health problems can be a challenge. Difficult childbirth and long post-partum recovery periods, which are often exacerbated by FGM, are often seen as the norm. Communities may not, therefore, attribute the complications of FGM to the procedure itself (Winterbottom, 2009).

For instance, in Tanzania, the issue of *lawalawa* needs to be central to any attempt to eradicate FGM (particularly health education), with this being one of the main reported drivers behind the continuance of the practice in many areas.

LEGAL

This approach consists of lobbying the Government to enact legislation against FGM and advocating for effective enforcement of such legislation.

The legal approach is most effective when accompanied by awareness raising and community dialogue. If anti-FGM laws are introduced before society has changed its attitudes and beliefs, or is not accompanied by the requisite social support, it may drive the practice

underground, encourage people to cross the border to undergo FGM in a neighbouring country (UNICEF, 2005) and prevent people seeking medical treatment for health complications (WHO, 1999 quoted by Population Council, 2007).

FLAG's work in The Gambia on using existing legal frameworks to protect women's rights and their work on formulating a draft FGM Bill for Parliament is an example of this approach.

MEDIA INFLUENCE

In most African countries radio is the most common form of media used by the majority of the population. Radio can be an important tool for the abandonment of FGM. For example, in Mali, local radio stations were used to broadcast health professionals' explanations of the medical complications of FGM, which resulted in an increase of women and girls seeking medical attention.

Other strategies include newspaper articles, billboard posters, theatre performances and music (such as Sister Fa's campaign to abandon FGM in Senegal).

Global media campaigns are also useful for opening up a platform for local advocates such as the Girl Generation, which is a global campaign that supports the African-led movement to end FGM. The campaign aims to amplify key messages and was launched in Kenya, The Gambia and the UK in October 2014. *The Guardian*'s global End FGM campaign also supports and publicises the work of grassroots campaigners.

WORKING WITH MEN AND BOYS

Many organisations understand that changing social traditions should involve all members of a community, not just

women and girls. Some programmes therefore explicitly include men and boys.

In Kenya collaboration between sports team the Maasai Cricket Warriors, sports development charity Cricket Without Boundaries and 28 Too Many uses cricket as a means to raise awareness of FGM and to empower youth to end the practice. The young men act as champions for change in communities and use their reputations from athletic achievement to bring about social good.

RELIGIOUS-ORIENTED

A religious-oriented approach refers to approaches which demonstrate that FGM is not compatible with the religion of a community, thereby leading to a change of attitude and behaviour. Community-based initiatives emphasise the inclusion of village elders and religious leaders in order to ensure their engagement with the dialogue and discussions. This has been used in both Muslim and Christian communities in a number of countries.

In Mali USAID's Health Policy Initiative identified three main audiences for their action plan: 1) officials, who are afraid to publicly support a ban on FGM because of the influence of Islamic religious leaders on the electorate; (2) doctors and nurses who do not fully understand the health consequences of FGM; (3) religious leaders and their constituents who believe that FGM is a practice endorsed by Islam.

SUPPORTING GIRLS ESCAPING FROM FGM/ CHILD MARRIAGE

There are organisations in some countries that aim to protect children from early marriage and/or FGM, as well as sometimes enabling young girls to continue their education. They can also facilitate the reconciliation of the girls and

their families and their reintegration in the community. In isolation, however, safe houses are unlikely to have a significant impact in ending FGM.

In Kenya, Tareto Maa in Kajiado district is a grass-roots organisation which serves as a rescue centre. They use the ARP approach and work with Church leaders and local authorities, as well as informing parents about the anti-FGM law.

*All references used in this fact sheet are cited in full in the bibliographies of 28 Too Many's Country Profiles.