

A SERIES OF ADVOCACY BRIEFS ON

VIOLENCE AGAINST WOMEN AND GIRLS



TOPICS ADDRESSED

1. Sexual Violence
2. Domestic Violence
3. Crimes in the Name of Honour
4. Workplace Violence
5. Elder Abuse
6. Child, Early and Forced Marriages
7. Trafficking of Women
8. Female Genital Mutilation
9. Harmful Traditional Practices
10. Psychological Violence

CONTACT INFORMATION

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WHO WE ARE

The Geneva NGO Committee on the Status of Women (hereafter, the Committee), which represents about 40 international NGOs in consultative status with the Economic and Social Council of the United Nations (ECOSOC), is a substantive Committee of the Conference of NGOs (CoNGO) in consultative status with the United Nations. Established in 1973, the Committee engages with the United Nations system to raise awareness and action on the status of women.

WHAT DO WE DO

The Committee's objective is to work in partnership with the United Nations to influence governments to respect their commitments and to maintain a global momentum for mainstreaming gender equality.

OUR AIMS

- To maintain a global momentum for gender equality through advocacy and strategic lobbying
- To exchange information among Committee member organisations and provide a platform for strategising
- To bring diverse voices from the field to international platforms
- To use Committee member organisations' expertise to share analysis on trends, needs and good practices.

BACKGROUND INFORMATION ON THE SERIES OF ADVOCACY BRIEFS ON VIOLENCE AGAINST WOMEN AND GIRLS

Due to the increasing number of acts of sexual violence perpetuated against women and girls globally, the NGO CSW Geneva decided to develop a series of advocacy briefing papers on different forms of VAWG which will be published and used by its members in their advocacy efforts in Geneva and in other global spaces. This series entitled *A Series of Advocacy Briefs on Violence against Women and Girls* will guide the advocacy work of the Committee. The following ten topics will be addressed in these advocacy briefs: sexual violence, domestic violence, crimes in the name of honour, work place violence, elder abuse, early and forced marriages, trafficking of women, female genital mutilation, harmful traditional practices and psychological violence.

Each topic will be addressed in a stand-alone document. Each topic will include a definition, where it occurs, the impact on women and the society as a whole and provide some key advocacy messages. While the list of topics is comprehensive, it should not be taken as exhaustive.

INTRODUCTION

Female Genital Mutilation is defined as all procedures involving “the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural and non-medical reasons”.¹ In half of the countries where it is practiced, the majority of girls are cut before age 5 and in the other countries; cutting occurs between ages 5 and 14. FGM reflects deep-rooted inequality between the sexes and it is a violation of the human rights of the affected women and girls. It violates a person’s 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 when the procedure results in death.

More than 125 million women and girls alive today have been cut in 29 countries and another 30 million are at risk of FGM in the next decade. Most women who have experienced FGM live in Africa and in the Middle East with nearly half of them in just two countries, Egypt and Ethiopia. However due to migration, FGM cases are found in almost all parts of the world today. The practice is mostly carried out by traditional circumcisers, but in some countries it is increasingly being performed by health care providers.

REASONS FOR THE PRACTICE²

The practice is performed to conform to social norms and in many settings it is thought to be a religious requirement. Other reasons include hygiene, marriageability, maintaining virginity, bride price and family honour as well as anatomic/aesthetic.

CLASSIFICATION OF FGM TYPES

FGM was classified into four different types by the World Health Organisation (WHO): Type 1: partial or total removal of the clitoris and/or the prepuce (clitoridectomy); type 2: partial or total removal of the clitoris, the labia minora with or without excision of the labia majora (excision); type 3: cutting and sewing of the genitals (infibulation); type 4: all other harmful procedures to the female genitalia for non-medical purposes including pricking, piercing, incising, scraping and cauterization. In Djibouti, Eritrea, the Niger, Senegal and Somalia, over 20% of girls who have undergone FGM have had type 3.

GLOBAL TREND

Over the past several decades, there has been a reduction in the average age at which FGM is performed. While the practice has decreased significantly in countries with low prevalence no significant changes have been observed in countries of high prevalence such as Chad, Djibouti, the Gambia, Guinea-Bissau, Mali, Senegal, Somalia, the Sudan and Yemen.

FGM WORLDWIDE, 2013

Prevalence among girls & women aged 15-49 (%)	Countries
>80	Djibouti, Egypt, Eritrea, Guinea, Mali, Sierra Leone, Somalia, Sudan
40-79	Burkina Faso, Chad, Ethiopia, Gambia, Guinea Bissau, Liberia, Mauritania, Guinea-Bissau,
1-39	Benin, Cameroon, Central African Republic, Cote d'Ivoire, Ghana, Iraq, Kenya, Niger, Nigeria, Senegal, Tanzania, Togo, Uganda, Yemen

CONSEQUENCES OF FEMALE GENITAL MUTILATION ARE BOTH IN THE LONG AND SHORT TERM³

Short Term complications include: severe infections, sepsis, severe pain that can lead to shock, tetanus, urine retention, ulceration of the genital region and injury to adjacent tissues. As well as blood loss that can result in death.

Long term complications⁴, include recurrent bladder and urinary tract infections; cysts; infertility; increased risk of childbirth complications and newborn deaths; after type 3, the need for later surgeries to allow for sexual intercourse and childbirth.

KEY ADVOCACY MESSAGES ON ENDING FEMALE GENITAL MUTILATION

- Understand the social, cultural and community practices and beliefs and the dynamics of decision-making related to FGM
- Engage the entire community in a dialogue with all relevant stakeholders to ensure that the communities understand the dangers of the practice and its harmful consequences on women and girls.
- Facilitate increased male involvement.
- Enforce local legislation and domestication of international policies and laws to protect women from harmful traditional practices.
- Adopt holistic strategies that combine multiple interventions and approaches including those that seek to improve the status of women and girls.
- Adopt a human rights based approach to address gender inequality, norms and stereotypes which reinforce violence against women and girls and violate their body integrity.
- Make available medical rehabilitation to women who suffer from the consequences of FGM.

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

2 http://www.iac-claf.net/index.php?option=com_content&view=article&id=18&Itemid=9

3 http://www.iac-claf.net/index.php?option=com_content&view=article&id=18&Itemid=9

4 Many women might not be aware that the health problems they experience later in life are related to FGM and therefore they go unreported.

