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A just world for women and girls.

JOURNALISTS' HANDBOOK ON FEMALE GENITAL MUTILATION (FGM)

Guidelines for gender-sensitive reporting

February, 2022

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PREFACE

This toolkit is for media professionals and provides guidelines on how to report on Female Genital Mutilation (FGM) in a gender-sensitive, accurate, and constructive manner.

FGM is internationally recognized as a gross human rights violation, a form of violence against women and girls, and a manifestation of gender inequality and discrimination.

In the past, FGM was viewed as a private and cultural practice that was taboo to discuss openly. Today, the importance of eliminating FGM is publicly highlighted by the United Nations within Goal 5 of the Sustainable Development Goals (SDGs), which outlines a blueprint for achieving gender equality and empowerment for all women and girls. Target 5.3 under this goal requires all 193 countries that signed onto the SDGs to take action to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation" by 2030.

FGM occurs in every continent except Antarctica, and is prevalent across various ethnic groups and religions, although to differing degrees, and prevalence rates vary considerably between regions. According to UNICEF, at least 200 million women and girls in 31 countries around the world have undergone FGM[1].

However, this data is based on the number of countries with large scale, nationally representative data on FGM. In fact, it is estimated that at least 92 countries across the world have evidence of women and girls living with FGM or who are at risk of having FGM performed on them. Of the 92 countries where FGM is practiced, 51 countries have specifically prohibited the practice under their national laws[2].

However, implementation and enforcement of the law in many countries has been a challenge, which many countries failing to successfully prosecute even a single case of FGM.

The role of the media is therefore pivotal in increasing public understanding about social issues, shaping public discourse, and influencing policy-makers' decisions. As such, media professionals - including journalists, editors, editors-in-chief and photographers - all have a significant part to play in helping end FGM by shining a public spotlight and framing it as a human rights and child abuse issue that needs to be urgently addressed.

FGM is a complex and emotive concern that can be challenging to report on. It requires a nuanced understanding of how best to educate and engage audiences, protect survivors and those at risk, and foster positive social change.

This second edition of the toolkit was developed by international women's rights organization Equality Now as part of the Spotlight Initiative and through the support of the United Nations Population Fund (UNFPA) to support media professionals in their efforts to report on FGM.

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We hope you find it useful.

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FOREWORD

Over the last three decades, Africa has witnessed a relative decline in the prevalence of FGM in some countries. Unfortunately, rates in countries such as Somalia, The Gambia and Mali remain high. Similarly, incidents of cross-border FGM and medicalization of the practice have been registered in the continent as practicing communities try to circumvent anti FGM legislations.

During the African Union Assembly's 32nd Ordinary Session that was held in January 2019, African Heads of State and Government adopted a decision to launch the Saleema Initiative. The Initiative seeks to spur political action across the continent aimed at promoting and accelerating the collective abandonment of FGM at the community level through the development and enforcement of comprehensive anti-FGM laws; increasing and allocating resources to end FGM; and strengthening partnerships to end the practice.

Eliminating FGM is also recognized within Goal 5 of the Sustainable Development Goals (SDGs), which requires all 193 countries that signed onto the SDGs to take action to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation" by 2030.

To realize the continental action and the commitment made under SDG5, concrete steps that will hold African states to account and drive tangible action towards the abandonment of FGM must be taken.

This calls for the adoption of a Multi Sectoral Approach that will not only bring together state and non-state actors, including the media, but that will also build and sustain a national, sub-regional and regional conversation on ending FGM in Africa. As a critical ally, the media will be strategic to the advancement of the anti-FGM discourse on the continent. Through responsible and gender-sensitive reporting, the media will provide a stage for survivor voices to be heard and for partners to speak to their constituents on the need to end FGM.

We believe that this toolkit, which is adopted from another project of Equality Now funded by the Bill and Melinda Gates Foundation, will equip media practitioners in Africa with practical and ethical guidelines that they can apply in their reportage of FGM matters in order to promote actions geared towards ending FGM by amplifying and highlighting the anti FGM campaign across Africa.

> "The media has a responsibility to ensure survivors are not exposed to further risk or violation of their human rights."

Faiza Mohamed,
Director, Africa Office, Equality Now

List of acronyms and abbreviations

CEDAW:	Convention on the Elimination of All Forms of Discrimination against Women
CRC:	Convention on the Rights of the Child
FGM:	Female Genital Mutilation
ICCPR:	International Covenant on Civil and Political Rights
ICESCR:	International Covenant on Economic, Social and Cultural Rights
MSA:	Multi-Sectoral Approach
SDGs:	Sustainable Development Goals
UN:	United Nations
UNCAT:	United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
WHO:	World Health Organization

"I was married off when I was about 12 years old, after being subjected to FGM. I did not report either of the violations. All I knew was taking care of cattle, cleaning and cooking. As a survivor of FGM, I would describe it as torture. I feel like a part of me was taken away. I would sell anything to get it back."

***Celina, survivor of FGM, Kenya**

*Name has been changed

A. UNDERSTANDING FGM

What is FGM?

The World Health Organization (WHO) defines FGM as:

> "all procedures that involve the partial or total removal of external female genitalia, or other injury to female genital organs for non-medical reasons. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies[3]."

FGM is a serious human rights violation, rooted in gender inequality, and can cause life-long physical and psychological trauma. It jeopardizes the health, wellbeing, and prosperity of millions of women and girls, and impacts entire communities, hampering the development agenda of nations, especially where prevalence rates are high. It is because of this that ending FGM has been included as a target within the United Nations Sustainable Development Goals.

What are the types of FGM?

The WHO has classified FGM into four categories[4]:

TYPE I - CLITORIDECTOMY:
the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and/or the prepuce (the fold of skin surrounding the clitoris).

TYPE II - EXCISION:
the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

TYPE III - INFIBULATION:
the narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris.

TYPE IV - OTHER:
all other harmful procedures to the female genitalia for non-medical purposes, including: pricking; piercing; incising; scraping; and cauterizing the genital area (burning the skin or flesh).

What are the health consequences of FGM?

IMMEDIATE COMPLICATIONS CAN INCLUDE[5]:

The most common immediate complications of FGM include: excessive bleeding (hemorrhaging); pain; genital tissue swelling; problems with wound healing; urine retention and other urinary problems; infections; and psychological trauma. In some instances, FGM can result in death. The type of adverse health complications caused can vary based on a number of factors including the type of FGM, expertise of the practitioner and the hygiene conditiions under which it is performed. However, research has shown that all types of FGM, including Types I and IV can carry negative health consequences, irrespective of the extent and severity of the cutting involved.[6]

LONGER TERM EFFECTS CAN INCLUDE[7]:

- **Chronic repeated infections,** particularly when the urethra and/or vaginal opening has been blocked through FGM Types II and III. Immediate complications and infections in the reproductive system can occur but often are not medically treated. Such untreated infections can occur in the bladder and kidneys, and can ascend to the uterus and fallopian tubes causing scarring, inflammation, and infertility.

- **Urinary problems** affecting the bladder, uterus, and kidneys. Partial blockage to the vagina and urethra means the normal flow of urine is deflected and the area remains constantly wet and susceptible to bacterial growth, making infections more common. This can make urination painful, cause recurrent and chronic urinary tract infections, and lead to urinary incontinence. If not treated, such infections can spread to the kidneys, potentially resulting in renal failure, septicaemia, and death.

- **Abscesses, cysts, and ulcers.** Abscesses typically originate as simple infections that develop in the vulvar skin or tissues underneath the skin. Neurinoma[8] can develop when the dorsal nerve of the clitoris is cut or trapped in a stitch or in scar tissue. The surrounding area becomes hypersensitive and unbearably painful. Cysts vary in size, can be extremely painful, and can prevent sexual intercourse.

- **Excessive and painful scar tissue.** Keloid scars are the result of excess scar tissue at the site of the cut and are caused by slow and incomplete healing of the wound. These scars can obstruct the vaginal opening and, in some cases, can be so extensive that they prevent penile penetration.

- **Vaginal infections,** including vaginosis and other infections, cause discharge, itching, and discomfort.

- **Infertility** arising from chronic, long term infections, including damage caused to the fallopian tubes.

- **Back and pelvic pain,** including from chronic pelvic inflammation and chronic pelvic disease, which is caused by infection of the female upper genital tract, including the womb, fallopian tubes and ovaries.

- **Menstrual problems** caused by obstruction of the vaginal opening or by partial or total blockage or closing of a blood vessel. This can cause painful menstruation (dysmenorrhea), irregular periods, and difficulty in passing menstrual blood, including amenorrhea, which is the absence of menstruation or missed menstrual periods.

- **Complications during childbirth.** FGM is associated with a greater risk of complications during labor, some of which are life-threatening. Problems including prolonged and difficult labor; caesarean section; obstetric tearing and lacerations; obstetric fistula; and postpartum hemorrhage (bleeding). For Type III FGM, deinfibulation may be required. This is the practice of cutting open the sealed vaginal opening of a woman who has been infibulated, which is often necessary for facilitating childbirth.

  Research by WHO examining the effects of FGM on childbirth in Africa found that women who had undergone Type III had a 30 percent higher risk for delivery by caesarean section and 70 percent higher risk of postpartum hemorrhage than women who had not had FGM.

- **Infant and maternal mortality.** FGM related obstetric complications are linked to increased risk of infants requiring resuscitation at delivery, stillbirth, and neonatal death. Research by WHO found that the severity of the adverse outcomes increased with the severity of the FGM. Compared to women who had not undergone FGM, death rates among infants during and immediately after birth were 15 percent higher for women with Type I, 32 percent higher for those with Type II, and 55 percent higher for those with Type III[9].

- **Sexual health problems.** FGM involves damaging or removing parts of the body that are directly involved in female sexual function, such as the clitoris and highly sensitive genital tissue. This may impact sexual sensitivity and cause sexual problems, including pain during intercourse; difficulties with penetration; decreased lubrication during sex; reduced sexual pleasure and desire; less frequent or no orgasm. Scar formation, pain, and trauma associated with being cut can also result in such problems.

  It is important to note that while many FGM survivors experience physical discomfort during intercourse, some women are still able to enjoy sexual activity despite having undergone FGM.

- **Mental health problems.** FGM can result in post- traumatic stress disorder, depression, and anxiety.

> "When you subject women and girls to FGM, you scar them for life. As journalists, we must expose the truth about the consequences of this violation by working with religious and community leaders to amplify awareness."
>
> **Hassan Ali Osman-Freelance journalist, Somalia.**

What are some of the social and cultural motivations behind FGM?

FGM is carried out for a range of complex cultural, religious, and social reasons, but underpinning them all is deeply entrenched gender inequality and discrimination.

DRIVERS FOR FGM INCLUDE

- **Controlling women's and girls' sexuality:** Justifications for FGM are closely tied to set gender roles and the positioning of women and girls as gatekeepers of family honor. Myths prevail about how girls' sexual desires must be moderated early to preserve their virginity and "purity," and therefore the honor of the family.

  FGM goes in tandem with cultural ideals relating to femininity, modesty, and "appropriate" female sexual behavior, and it is believed to help avert sex before marriage, prevent wives from being unfaithful, and reduce uncertainty relating to paternity[10].

  Many affected communities erroneously believe FGM reduces libido, discourages promiscuity, and curbs the spread of HIV/AIDS[11]. In these communities, women and girls are cut with the aim of controlling their sexuality, and in some affected communities, women who have not undergone FGM are viewed as dishonorable.

  With Type III FGM, fear of pain from having the vaginal closing reopened and being discovered, are seen as ways to discourage females from having extramarital sex.

- **Rite of passage into womanhood:** FGM is seen as a rite of passage that adolescent girls must go through in order to transition into womanhood, and a girl cannot be considered an adult until she has been cut[12].

- **Prerequisite for marriage:** FGM is often viewed as an essential part of raising a girl and preparing her for marriage and adulthood, and those who are cut are thought to have better marriage prospects.

  In affected communities, men may refuse to marry a girl or woman who has not undergone FGM, and men who marry a partner who has not been cut risk being subjected to social stigma, exclusion, and ridicule.

  In some communities, FGM ceremonies have traditionally been held as large community events involving celebrations and feasting. Girls also sometimes receive presents, including money[13]. The outlawing of FGM in some jurisdictions also means that it is now commonly carried out in secret to avoid detection and prosecution.

- **Hygiene and aesthetic justifications:** The clitoris is sometimes associated with maleness, while FGM is rooted in notions of femininity, cleanliness, and beauty, and the female genitalia are considered to be "ugly," "unhygienic," and "dirty."

- **Social pressure:** Social pressures to conform, the need to be socially accepted, and the fear of being rejected by the local community are strong motivators for the continuation of FGM. Myths and coercion are used to compel girls, women, and their families to agree to FGM and the "benefits" to individual and community are portrayed as outweighing possible harmful effects.

  If a daughter remains uncut and her family is therefore unable to arrange her marriage, she may be cast out without support or means of survival. Alternatively, girls who resist are sometimes cut by force.

- **Women and girls lack autonomy.** As girls are rarely given a choice, have few options available to them, and hold minimal negotiating power or influence within their family and community, many see FGM as a necessary part of life and accept the justifications given for its continuation.

  When a girl under the age of 18 is subjected to FGM, it is considered to be a form of child abuse, and the practice violates children's rights as defined in the United Nations Convention on the Rights of the Child[14] (for details, see page xxx).

  Economic dependence, patriarchal power dynamics, and repression of women's rights all influence a woman's acceptance of FGM[15].

- **Cultural identity, traditions, and power structures:** Pro-FGM advocates argue in support of its continuation on the grounds of religious adherence, and religious and cultural freedom. For some communities, FGM is seen as an integral part of their cultural identity and something that distinguishes them from other non-practicing ethnic groups. Proponents may resist calls to end the practice because they equate it with abandoning the cultural heritage and traditions of their ancestors.

  FGM is sometimes upheld by local structures of power and authority – including community leaders, religious leaders, and cutters who carry out FGM. One motivation is because these stakeholders often benefit financially. However, when local leadership is educated about the dangers of FGM and shift in support of abandoning the practice, they can be influential and effective advocates from positive change.

  In patriarchal cultures where women lack status, influence, and access to resources, working as a cutter is a way for women to acquire personal, economic and social empowerment, and renouncing it risks losing prestige and income. Grassroots programs aiming to bring an end to FGM need to address this gendered power dynamic.

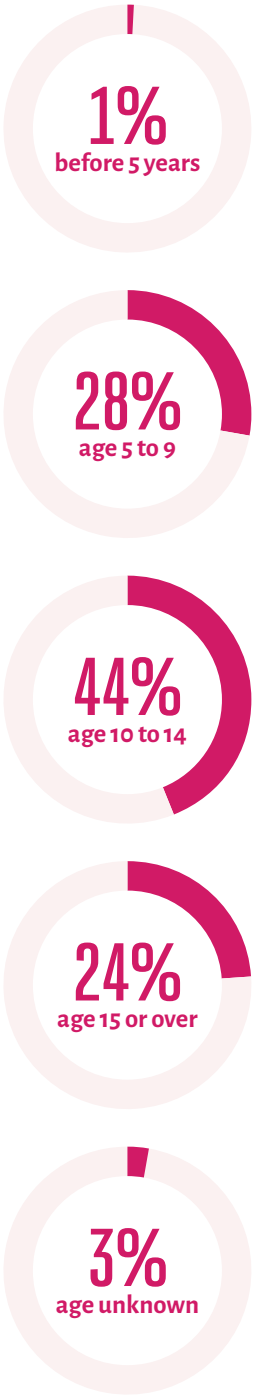
- **Religious justifications:** Although FGM is not required by any of the major religions, including Islam and Christianity, religious adherence is sometimes used to justify and validate the practice. However, the Quran does not require it.

  Religious leaders take varying positions over FGM: some support and promote it, some do not comment, while others clarify that it is not a requirement and advocate for its elimination. Although FGM is associated with some forms of Islamic practice, it's practice predates Islam.

> "FGM is driven by social pressures that influence girls and women to undergo the practice to avoid social exclusion or mockery. It is therefore vital to support community-based interventions that empower influential community leaders to challenge existing cultural beliefs and social norms that perpetuate the practice of FGM."
>
> **Moses Ntenga, Joy for Children, Uganda**

At what age is FGM carried out?

The age at which FGM is carried out varies, often based on the community or region where it is taking place. In some communities, it is carried out during infancy - as early as a couple of days after birth, while in others, it takes place during childhood. FGM is most commonly performed on girls between infancy and adolescence. However, adult women are also sometimes subjected to FGM, especially when they marry into FGM-affected communities.[16] Recent reports suggest that the age has been dropping in some areas, with most FGM carried out on girls between the ages of 0 and 15 years.[17]



Who performs FGM?

FGM is usually performed by traditional practitioners or elderly people within the community; or by medical personnel.

- **Traditional practitioners:** In addition to performing FGM, traditional practitioners often play other critical roles within their communities, including as birth attendants. Most cutters are women. Traditional practitioners commonly use unsterilized razor blades and knives and girls and women are usually cut without any form of anesthesia and may be sewn with a needle and thread. Infections, excessive bleeding, and other complications are common.

- **Medical professionals:** Medical professionals including doctors, nurses, midwives and clinical officers also subject women and girls to FGM under the false belief that it is safe when performed by healthcare workers. UNICEF has noted that based on available data from 31 countries, one in four girls and women who have undergone FGM were cut by health personnel. This proportion is twice as high among adolescents, indicating growth in the medicalization of the practice[18].

> "There is a growing tendency for physicians and other health care professionals in some countries to perform FGM because of a wish to reduce the risks involved...Performing FGM is a breach of medical ethics and human rights, and involvement by physicians may give it credibility. In most countries performing this procedure is a violation of the law."
>
> **World Medical Association Statement on Female Genital Mutilation[19]**

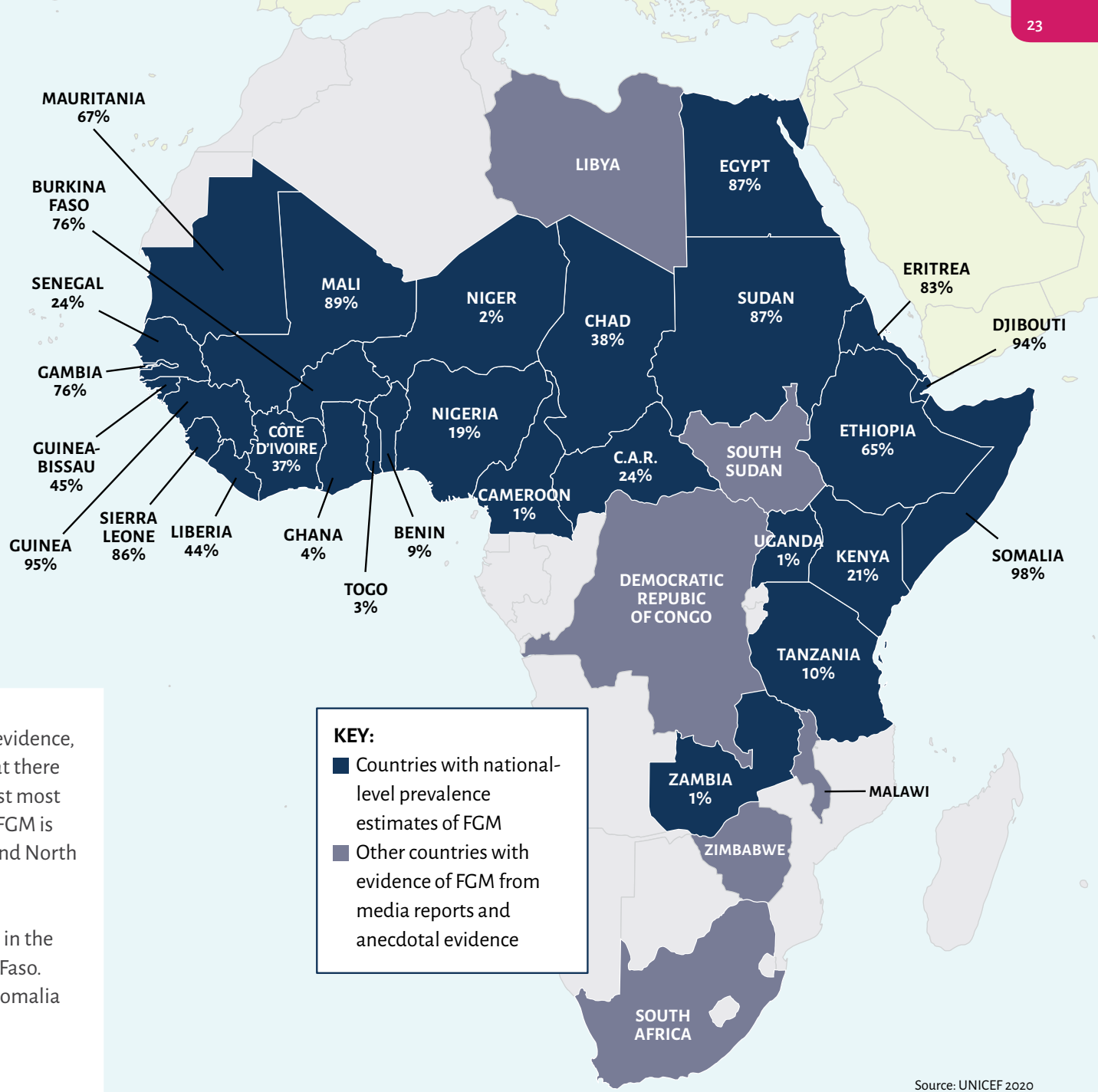
Where does FGM happen?

According to official UNICEF figures (2020)[20], FGM affects at least 200 million women and girls in 31 countries worldwide. This figure only includes countries where there is available data from large-scale representative surveys. However, it is widely acknowledged that this presents an incomplete picture of this global phenomenon. The current, already worrying numbers are a woeful under-representation since they do not take into account numerous countries where nationwide data on FGM prevalence is not available.

As part of achieving the SDGs, all countries are duty-bound to measure the extent to which FGM occurs amongst their own populations. It is vital that information is both gathered and made publicly available. Such data is invaluable in the effort to end this harmful practice because it pushes governments to take action, and provides a baseline from which we can measure the scale and effectiveness of interventions.

Data from indirect estimates, small-scale surveys and anecdotal evidence, in addition to nationally representative surveys demonstrates that there is evidence of FGM taking place in 92 countries worldwide.[21] Whilst most instances of FGM occur in Africa, Asia and Middle East countries, FGM is also practiced in Australia, Europe, Latin America, New Zealand and North American countries.

Africa has over the last three decades witnessed a relative decline in the prevalence of FGM in countries such as Kenya, Egypt and Burkina Faso. Unfortunately, the prevalence remains high in countries such as Somalia (98%), Mali (89%), The Gambia (75%) and Guinea Bissau (45%).



Source: UNICEF 2020

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FGM/C in the Regions of the Americas

USA

513,000* women and girls nationwide are at risk of undergoing FGM/C.

The highest numbers of at-risk women and girls live in these metropolitan** areas:

1. New York, Newark, Jersey City - New York State: **65,893**
2. Washington DC, Arlington, Alexandria - Virginia: **51,411**
3. Minneapolis, St. Paul, Bloomington - Minnesota: **37,417**
4. Los Angeles, Long Beach, Anaheim - California: **23,216**
5. Seattle, Tacoma, Bellevue - Washington: **22,923**
6. Atlanta, Sandy Springs, Roswell - Georgia: **19,075**
7. Columbus - Ohio: **18,154**
8. Philadelphia, Camden, Wilmington - Pennsylvania: **16,417**
9. Dallas, Fort Worth, Arlington - Texas: **15,854**
10. Boston, Cambridge, Newton - Massachusetts: **11,347**

*Statistic from The Centers for Disease Control and Prevention 2016

**Metropolitan area statistics from Population Reference Bureau study, 2015

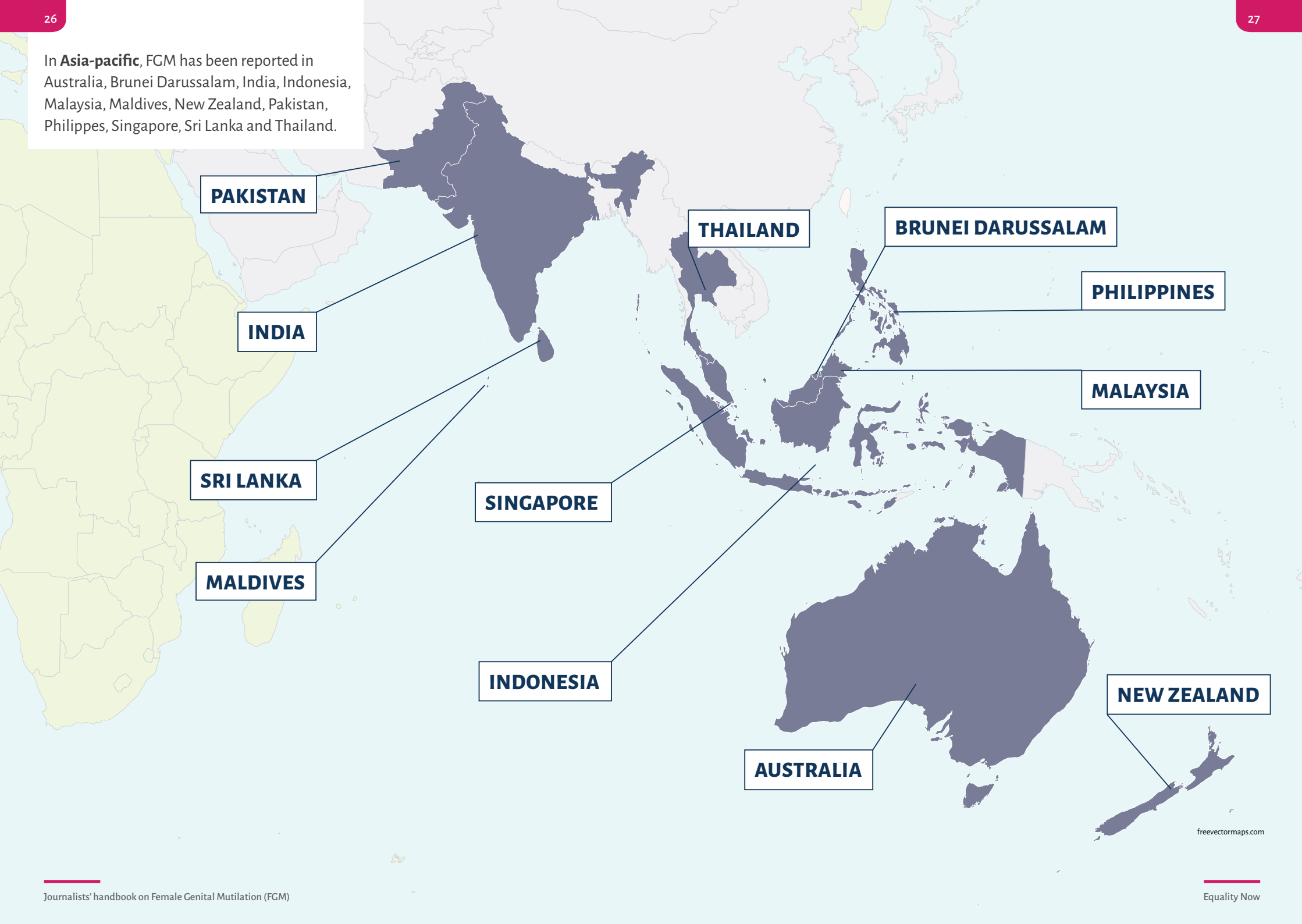
CANADA

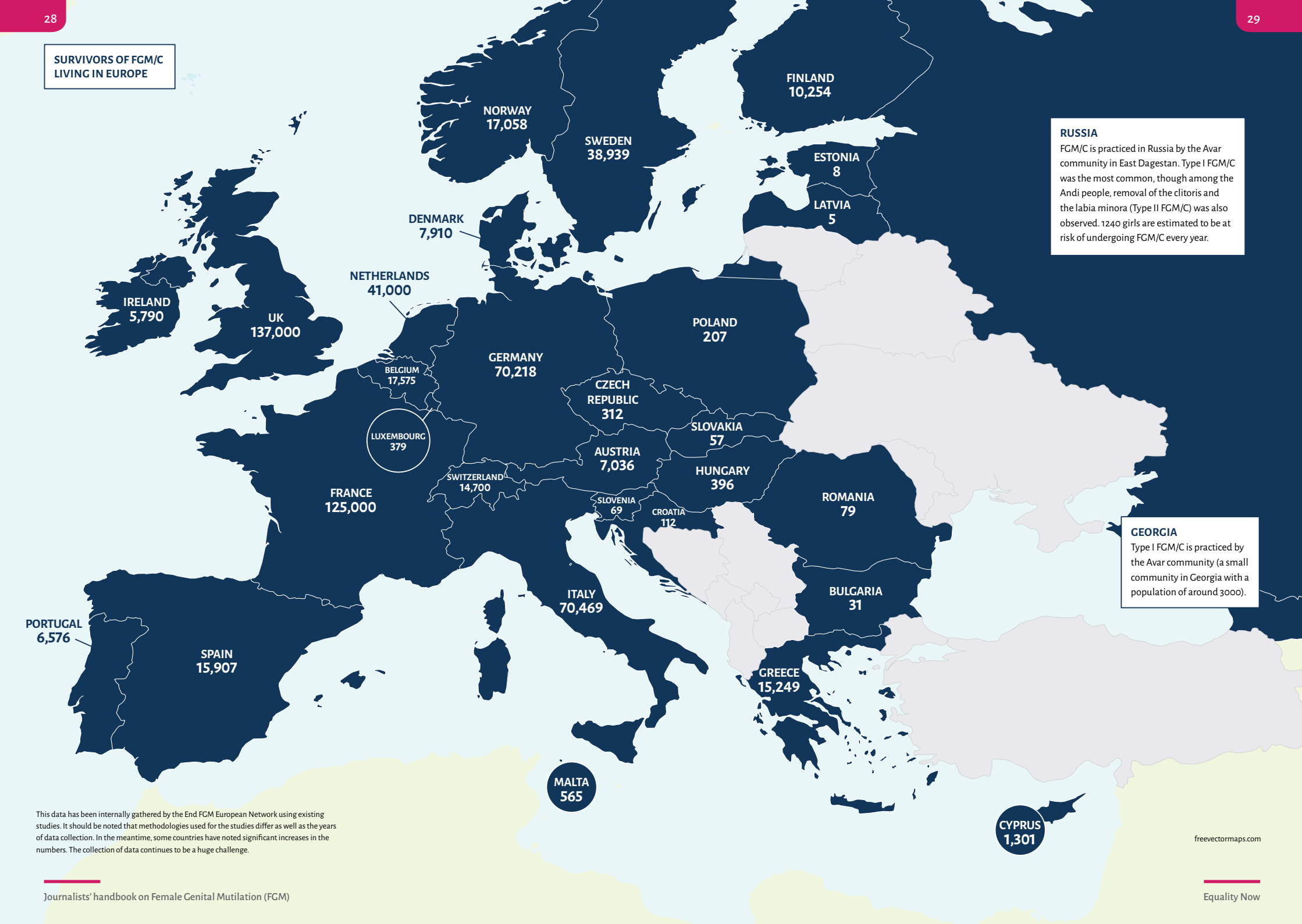
Though there are no estimates of the number of survivors of FGM/C living in Canada, or women and girls at risk of undergoing FGM/C, Canada has sizeable populations of diaspora communities from countries where FGM/C is known to be practiced.

COLOMBIA

Type I FGM/C is known to be practiced by the Embera indigenous people in Colombia, normally on newborn babies. Media reports also indicate that some other indigenous communities like the Nasa community may practice FGM/C.

In **Asia-pacific**, FGM has been reported in Australia, Brunei Darussalam, India, Indonesia, Malaysia, Maldives, New Zealand, Pakistan, Philippes, Singapore, Sri Lanka and Thailand.





This data has been internally gathered by the End FGM European Network using existing studies. It should be noted that methodologies used for the studies differ as well as the years of data collection. In the meantime, some countries have noted significant increases in the numbers. The collection of data continues to be a huge challenge.

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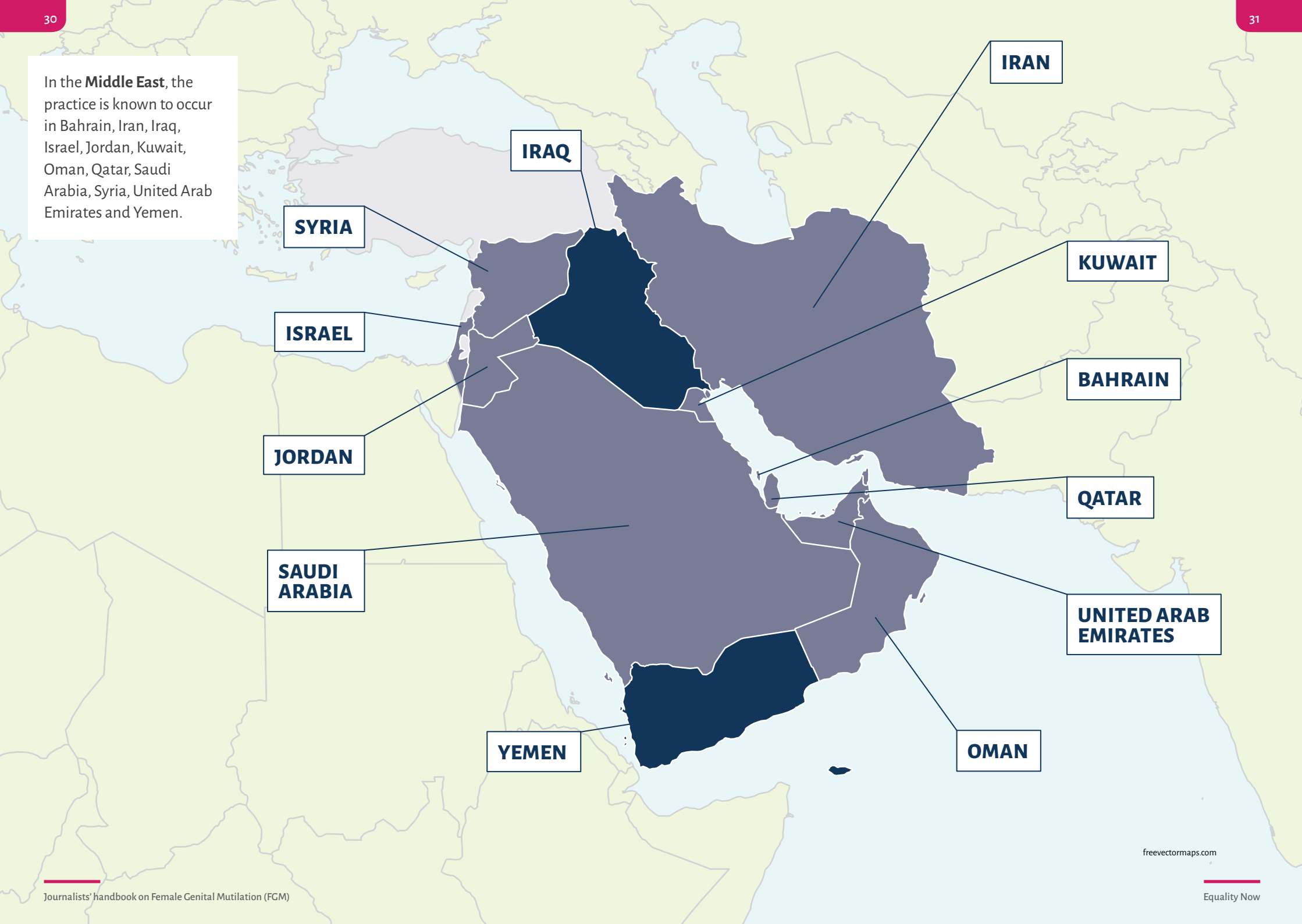
In the **Middle East**, the practice is known to occur in Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, Syria, United Arab Emirates and Yemen.



What is the economic impact of FGM?

National healthcare costs: FGM causes immediate and long-term health problems that can require medical attention, including expensive hospital stays. The direct financial expense of treating health complications associated with FGM can impact all ages, and the harm can last a lifetime. This places significant pressure on healthcare systems and also burdens economic systems.

The WHO FGM Cost Calculator estimates the current and projected financial health care costs associated with FGM in specific countries, as well as the potential cost savings to health systems of reducing new cases of FGM; and can be consulted to determined the actual financial cost for a particular country.

Reduced life opportunities for survivors: FGM hinders the economic development of nations by using up vital economic resources, preventing women and girls from reaching their full potential, and entrenching poverty at an individual and community level.

Girls who have undergone FGM may be less likely to complete their education in some instances. They may have to miss school to recuperate after being cut, and many suffer longer-term medical complications, infections, and pain which impacts their class attendance and can damage their academic performance[22].

FGM can also be a forerunner to child marriage, which in turn, is accompanied by increased vulnerability to other human rights violations including physical and psychological coercion, domestic abuse, social isolation, and subordination.

Girls are often excluded from decision making regarding the choice of spouse or timing of marriage, and they can face an abrupt and often violent initiation into sexual relations. Those who become pregnant before they are biologically ready are at further risk of harm, including from medical complications such as obstructed labor, post-partum hemorrhaging, and obstetric fistula – all of which FGM increases the risk of.

On the flip side, international studies have found that women with higher levels of education and economic status are more likely to support the discontinuation of FGM, and are less likely to allow their daughters to be subjected to FGM. Education provides access to a range of information, new concepts, and exchanges of ideas, and fosters critical thinking and personal relationships. It also provides the opportunity to learn about social and legal rights, and welfare services[23].

Education enables women and girls to challenge inequality, advocate for their rights, and articulate calls for change, both within the family and wider community. It also empowers them to make decisions about their own lives, which is key to ending FGM.

B. TRENDS OF FGM

Cross-border FGM and Vacation Cutting

This refers to the practice of moving girls, women, and cutters across national borders to avoid detection and criminal prosecution for performing FGM.

Porous borders, humanitarian crises, political instability, weak administrative structures, lack of laws prohibiting FGM, poor implementation of these laws where they exist and ineffective coordination among law enforcement agents between neighboring countries contribute to cross-border FGM in Africa.

In addition, communities that live at border points share common cultures and customs, making it easy for them to move across borders for purposes of FGM and especially in situations where FGM is prohibited in their native country.

The practice is common in West and East Africa, where in some areas, the same communities and ethnic groups that have traditionally practiced FGM live on either side of national boundaries, making it easy to cross-borders for purposes of FGM.

In West Africa, cross-border FGM is rampant in Burkina Faso and Mali, Burkina Faso and Cote D'Ivoire, Mauritania and Senegal, Sierra Leone, Liberia and Guinea.

In East Africa, on the other hand, Kenya has witnessed cross-border FGM where girls, women and cutters are taken to Uganda, Tanzania, Ethiopia and Somalia to commit this human rights abuse, as perpetrators attempt to circumvent the laws and systems that have been put in place to end this practice.

While there have been attempts by the governments of Kenya, Uganda, Tanzania, Ethiopia and Somalia to end cross-border FGM in East Africa through a joint initiative, these efforts had not been finalized or adopted as of December 2021.

There have also been instances where women and girls from other nationalities have been transported into Kenya for the cut. The practice known as "vacation cutting" is common in countries where FGM is practiced by diaspora communities, whereby girls are sent to their countries of origin for FGM, especially during vacation or summer months. It is common in the U.S., Canada and many European countries, and the legislations in a number of countries also specifically ban the transport of girls outside the state/country's borders for the purpose of performing FGM.

In addition, only Guinea-Bissau, Kenya and Uganda address cross-border FGM in their national laws.

Medicalization of FGM

This refers to instances where medical professionals perform FGM. It can be within a hospital setting, clinic, or private home and is performed under the false belief that FGM is safe when conducted by medical professionals.

Families that opt for medicalized FGM do so because they perceive it to have fewer health risks and a shorter healing time, and the likelihood of it being detected by authorities is reduced because it is performed by health care workers in secret[24].

Justifications given by medical professionals for performing FGM include that they are respecting the cultural rights of patients and meeting the cultural demands of communities; the risk of medical complications is reduced by carrying out FGM in sanitary conditions; and the "value" of the girl or woman is enhanced[25].

However, medicalised FGM is not necessarily safer or less extensive[26]. In fact, data from one study in Malaysia actually demonstrates an alarming trend of health professionals undertaking more extensive forms of cutting than those practiced by traditional practitioners[27].

In fact, a major motivating factor is the high fees that can be charged, particularly in contexts where FGM is illegal. There is no medical justification for FGM, and when performed in a clinical setting, this violates medical ethics and contravenes the fundamental medical mandate to "do no harm." Even when FGM is performed in a sterile environment by a health care professional, there is risk of health consequences immediately and later in life. It can also erroneously provide false legitimacy to FGM or give the impression that it is without health consequences, which undermines efforts to eliminate the practice.

Media coverage should make clear that medicalized FGM is a grave human rights violation and should be condemned at local, national and international levels.

FGM in humanitarian crises

Humanitarian crises such as political conflict, insecurity, armed conflict, pandemics and natural disasters put women and girls at increased risk of SGBV including FGM. These situations expose women and girls to increased violence and exacerbate their vulnerability by limiting and restricting access to the existing protective channels. Similarly, the failure to include women in conflict resolution processes compounds these violations further.

For instance, many girls living in Kenya are believed to have been subjected to FGM during the prolonged mass closure of schools that was designed to curb the spread of the COVID-19 pandemic in the country[28]. It is therefore important for journalists to consider the increased risk of FGM that such crises pose on women and girls.

C. INTERNATIONAL AND REGIONAL FRAMEWORKS THAT ADDRESS FGM

African Charter on the Rights and Welfare of the Child (ACERWC)[29]

ACERWC is a comprehensive instrument adopted by the African Union and sets out rights and defines universal principles and norms for the status of children.

Article 20 calls on States to: "Take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child. FGM is internationally recognized as a violation of the human rights of girls and women, particularly their rights to health, physical integrity and life."

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment of Punishment (commonly known as the United Nations Convention against Torture (UNCAT))[30]

UNCAT is an international human rights treaty, under the review of the United Nations, that aims to prevent torture and other acts of cruel, inhuman, or degrading treatment or punishment, including FGM. It calls on each Party to take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)[31]

CEDAW is an international treaty adopted by the United Nations General Assembly in 1979, and is described as an international bill of rights for women. CEDAW includes legally binding obligations that relate to the elimination of FGM as a form of gender-

based discrimination. Countries therefore have an obligation under CEDAW to take steps to ensure that human rights violations such as FGM (and other harmful cultural practices) are prevented and eliminated by adopting appropriate legislation, alongside other measures and sanctions.

Declaration on the Elimination of Violence against Women [32]

The Declaration on the Elimination of Violence Against Women (DEVAW) was adopted by the United Nations General Assembly in 1993, and recognizes "the urgent need for the universal application to women of the rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings." General Assembly Resolution 48/10420, Article 2 (a) of DEVAW defines FGM as violence against women and urges State Parties to recognize it as such.

International Covenant on Civil and Political Rights (ICCPR) [33]

The ICCPR is a multilateral treaty adopted by the United Nations General Assembly in 1966. It commits its parties to respect the civil and political rights of individuals, and reinforces the right to be free from cruel, inhuman and degrading treatment. Given its debilitating effects both physically and psychologically, FGM constitutes cruel, inhuman and degrading treatment devoid of 'free consent' under Article 7.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) [34]

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) is a binding legal instrument that was adopted in 2003. It explicitly prohibits FGM and compels African states that are party to it to take all appropriate measures (legislative and otherwise) to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child. This includes legal prohibition (backed by legislative sanctions) of all forms of FGM.

The Protocol specifically prohibits FGM under Article 5, and further recognizes the right of women to live in a positive cultural context in Article 17. It similarly acknowledges FGM as an internationally recognized violation of the human rights of girls and women, particularly their rights to health, physical integrity and life.

African states that have ratified the Maputo Protocol are obligated to "prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards."

Sustainable Development Goals (SDGs) [35]

The SDGs are a collection of 17 interlinked global goals designed to be a "blueprint to achieve a better and more sustainable future for all". They were set by the United Nations General Assembly in 2015 and are intended to be achieved by 2030.

The SDGs (outlined in Resolution A/69/1550) set Goal 5 to "achieve gender equality and empower all women and girls", and 5.3 to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation".

FGM hampers the attainment of the SDGs as it affects gender equality; the promotion of maternal health; the fight against HIV/AIDS; eradication of poverty and attainment of universal primary education.

United Nations Convention on the Rights of the Child (UNCRC or CRC) [36]

The UNCRC is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. As FGM primarily affects girls under the age of 18, the issue is integral to the protection of the rights of the girl child. The Convention makes explicit reference to FGM as a harmful traditional practice that is a violation of human rights. It recognizes the role of parents and family in making decisions for children, but the ultimate responsibility for protecting the rights of a child is placed with the government (Article 5) and mandates governments to abolish "traditional practices prejudicial to the health of children."

United Nations resolutions on ending FGM

The United Nations has passed several resolutions on ending FGM. Some of these resolutions include:

- Resolution 44/1652 on the elimination of FGM[37]. It was adopted by the UN Human Rights Council on July 17, 2020 and urged States to take "comprehensive, multi-sectoral and rights-based measures to prevent and eliminate FGM."

- Resolution 67/14653 on "intensifying global efforts for the elimination of female genital mutilations"[38]. Its adoption by the United Nations General Assembly in December 2012 demonstrated universal agreement that FGM constitutes a violation of human rights that all countries should address through "all necessary measures, including enacting and enforcing legislation to prohibit FGM and to protect women and girls from this form of violence, and to end impunity".

- Resolution 54/7 on ending FGM was adopted in 2010 as part of the Commission on the Status of Women[39]. It urges States to condemn FGM and take all measures necessary to protect women and girls from this harmful practice.

- Resolution 52/255 of 2008 further calls on States to allocate sufficient resources towards ending FGM in addition to developing harmonized data collection methods and indicators on all forms of violence against women and girls, including FGM[40].

- Resolution 51/356 of 2007 urges States to address forced marriage of the girl child[41].

D. NATIONAL FRAMEWORKS THAT ADDRESS FGM

Of the population of 92 countries where FGM is practiced, across the various data categories, about 55% (51 countries total) have specifically prohibited FGM under their national laws, either through a specific anti-FGM law or by prohibiting FGM under a criminal provision in other domestic laws such as the criminal or penal code, child protection laws, violence against women laws or domestic violence laws[42].

Laws against FGM are most common in the African continent with 55% of total laws globally coming from the 29 countries in Africa that have enacted specific laws or specific legal provisions against FGM namely: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Cote D'Ivoire, Djibouti, Egypt, Ethiopia, Guinea, Guinea Bissau, Ghana, Kenya, Mauritania, Niger, Nigeria, Senegal, South Sudan, Sudan, Tanzania, Togo, Uganda and Zambia[43].

Apart from the African continent, 41% of total laws against FGM are of countries where FGM is most commonly practiced by diaspora communities, with 16 European countries, the U.S., Canada, Australia, and New Zealand all having specific laws or legal provisions against FGM. Georgia has also recently passed a law against FGM.

In contrast, in the Middle East, only Iraq (Kurdistan) and Oman have specific laws or legal provisions banning FGM, in addition to Egypt. In Asia, not a single country has enacted a specific legal prohibition against FGM. There are also no specific laws or legal provisions against FGM in Latin America.

For a full list of laws addressing FGM, please refer to the World Bank's Compendium of International and National Legal Frameworks on Female Genital Mutilation[44].

“As journalists, we need to make sure that we are amplifying the voices of those who do not have the platforms to do so and making sure that their stories are relatable and can be understood by all.”

Maya Misikir, Ethiopia

“As a journalist, I cannot be silent as young girls are subjected to FGM every year. I believe that media personnel must remain brave & do whatever it takes to raise FGM awareness & ensure that survivor voices are amplified.”

Rose Mirembe, The East African Newspaper, Tanzania

“Because FGM is illegal in Kenya, it is performed under high levels of secrecy as communities invent ways of circumventing the law. This has been slowing down Kenya's efforts in ending the practice. It calls for a Multi Sectoral Approach that will go to the grassroots, ensure that communities are involved while working with the media to continuously educate the public on its negative effects. I believe that this will accelerate the abandonment of FGM in our country.”

Dorcus Parit, Hope Beyond Foundation, Kenya

“It is necessary to intensify awareness-raising and advocacy actions, but also promote the education of girls in Burkina Faso to end FGM. This is because religious, customary and traditional considerations; impunity; lack of anti FGM laws in countries bordering Burkina Faso; high illiteracy levels; insufficient surveillance measures and awareness fule this practice.”

Raphael Zongonaba, Voix de Femmes, Burkina Faso

E. REPORTING ON FGM: THE CRITICAL ROLE OF MEDIA IN ENDING FGM

This section contains practical tips for journalists in accordance with best practices on reporting on FGM. These tips are guided by gender and human rights principles regarding the role of journalists in shaping opinions, influencing systemic change, amplifying survivor voices, and enhancing state accountability as society's watchdog.

Setting agendas, shaping public opinion, and holding duty bearers to account

The media helps to determine what topics become the focus of public attention and interest, and it influences what issues are perceived as a priority. The media also directs attention to specific aspects of an issue, providing audiences with information and opinions that people use to understand and form views.

In this way, the media has an essential role to play in holding the government and other duty bearers to account on their obligations to end FGM, and protect women and girls. Media professionals can help reduce the prevalence of FGM by opening up discussion and debate, promoting zero tolerance, and showcasing the experiences and insights of survivors and activists.

> “As a journalist, I cannot be silent as young girls are subjected to FGM every year. I believe that media personnel must remain brave & do whatever it takes to raise FGM awareness & ensure that survivor voices are amplified.”
>
> **Rose Mirembe,** The East African Newspaper, Tanzania

How can the media contribute to ending FGM?

The media can play its part by:

- increasing public understanding about why and how FGM is a human rights violation;
- shedding light on the nature and scale of the problem (including its global nature), including reporting on violations, and prosecutions of cases;
- driving conversations on the topic and encouraging public engagement;
- giving a public platform to survivors, activists, and those at risk;
- increasing state accountability by putting FGM on the media and political agenda, particularly in countries where the practice of FGM is not widely known or publicly acknowledged by the government;
- calling for prompt investigations and prosecutions of crimes;
- highlighting the need for women and girls to get support, and access to justice if their rights have been violated;
- showcasing the progress made to abandon FGM in affected communities;
- changing the narrative and telling stories that illustrate that FGM is a human rights violation;
- reporting FGM stories authoritatively, factually and sensitively;
- flagging gaps that allow FGM to thrive, including failure to effectively address cross-border FGM;
- highlighting the national, regional and international obligations that states have on ending FGM;
- amplifying stories that illustrate the need to ensure that perpetrators are held accountable for FGM;
- conducting in-depth stories that are survivor-centred and that allow them to tell their stories while casting a spotlight on the trends and dynamics of FGM;
- using powerful photographs and ensuring that the identities of survivors are protected;
- amplifying the voices of stakeholders supporting the anti FGM movement on the ground.

Do No Harm

The principles of Do No Harm call on journalists not to "cause damage or bring suffering" to those who have been affected by FGM or slight the culture of practising communities through their media reports. How journalists use photographs, headlines and words to frame and weave together a story on FGM has an impact on how that information is processed and interpreted by audiences.

For example, a headline reading "Cut women more fertile, don't demand sex — Doctor," misleads audiences and validates the practice to some extent. Such a headline affirms the misconceived notion that FGM promotes fertility at first glance.

Media practitioners are therefore advised to promote messages that advance the need to protect women and girls from FGM by reminding audiences of the consequences of the violation and grounding their reports on it being a human rights violation. Journalists should put survivors of FGM at the heart of their stories and consider the following Dos and Don'ts.

> "To end FGM in Africa and the world, journalists must use their pens, microphones and cameras to write and tell stories that are aimed at creating awareness on the dangers of #FGM and the devastating consequences it has on women and girls."
>
> **William Wise** – SLBC , SierraLeone

Do's and don'ts of reporting on FGM

Do's:

Framing the FGM Correctly

- ✓ Do always frame FGM as a human rights issue, and a form of gender- based violence, and child abuse. Remember that some vernacular terms glorify FGM while ridiculing women and girls who are uncut.
- ✓ Do portray all types of FGM as harmful, and challenge cultural assumptions that portray FGM as necessary or the norm.
- ✓ Do challenge harmful stereotypes, misinformation, and disinformation. If for instance you are hosting a talk show and a caller says that uncut women are unclean, challenge this assertion and correct the misconception. Challenge misinformation whenever it occurs.

Don'ts:

- × Don't sideline FGM as a "women's issue". The effects of FGM are wide reaching and impact everyone within affected communities, alongside having significant ramifications for society as a whole.
- × Don't depict FGM as an individual woman or girl's choice, or place the blame on them.
- × Don't frame FGM within the context of cultural relativism. Avoid justifying FGM as having value by virtue of it being a tradition that has been practiced over a long period of time, and although viewed as wrong by western standards, it is permissible according to the values of communities that practice FGM.
- × Don't promote a hierarchy within FGM, with Type III being portrayed as the most harmful, thereby minimizing the pain and the trauma caused by other Types of FGM, including Types I and IV.

> “As journalists our role is to do stories that create change. We must therefore use our privileges and platforms to create change and amplify the voices of those who do not have the platforms to do so.”
>
> **Olivia Komugisha, NTV, Uganda.**

Do’s:

Use the right terminology

- ✓ Do use the term Female Genital Mutilation/FGM as this is the internationally agreed upon description.
- ✓ Do use accurate language when reporting on FGM and avoid euphemisms and clichés. Challenge these whenever interviewees use them.
- ✓ Do use the term “affected communities” instead of “practicing communities” because it incorporates those who support the abandonment of FGM.

Don’ts:

- × Journalists should be aware of vernacular terms that glorify FGM while ridiculing women and girls who are uncut.
- × Don’t use the term “circumcision” when you describe or refer to FGM as it incorrectly implies a parallel between FGM and male circumcision.
- × Don’t use specific terms, such as “infibulation”, to refer to all types of FGM.

Do's:

Be accurate, factual and include survivor voices

- ✓ Do ensure stories are well researched, accurate, and fact checked. This is particularly imporant as FGM is likely a crime in your country and reporting on FGM cases has legal implications.
- ✓ Do make a clear distinction between opinion and fact.
- ✓ Do avoid 'single source' journalism and add authority to your reporting by featuring a range of sources. Use the expertise of activists and experts to set the agenda about how to better hold duty bearers to account in order to end FGM.
- ✓ Do feature relevant, accessible and in-depth information which enables the general public to gain a better understanding about FGM, and equip them to voice their concerns, and hold duty bearers to account. Include useful links to sources for editorial features online.
- ✓ Do help to increase public understanding about FGM by including comments from survivors, experts, activists, and duty-bearers such as politicians, community leaders, and law enforcement.
- ✓ Do build relationships and network with activists and civil society organizations, who are a good source of information, newsworthy stories, and expert comment. They can assist with access to communities with high prevalence rates, and arrange interviews with survivors. Collaborating on awareness raising campaigns.
- ✓ Do forge links with the police and other law enforcement officials who can assist with reporting on stories when there are potential safety concerns for media professionals who might encounter hostility in affected communities.
- ✓ Do include reliable data and statistics in your reporting, and reference the source material. This type of information fosters a culture of transparency and accountability; helps increase public understanding; can be used to hold duty bearers to account and highlight both gaps and advancements in the protection of women and girls.
- ✓ Do feature data and statistics in ways that audiences can relate to.

Don'ts:

- ✗ Don't focus just on the physical aspects of the procedure, or include salacious or graphic details, images, or insensitive comments that compromise the dignity of women and girls.
- ✗ Don't assume that everyone in a community where FGM occurs holds the same views about the practice.
- ✗ Don't expose individuals who you feature to the risk of reprisals.
- ✗ Don't oversimplify complex issues, or promote superficial solutions.
- ✗ Don't reinforce harmful gender, cultural, ethnic or religious stereotypes and misunderstandings.
- ✗ Don't use sensational or misleading headlines. Emotive headlines capture public attention and can add to the commercial value of a news article by attracting more people to read a story or click on a link. However, this must be weighed up against the possible damage that harmful headlines may cause with respect to public reactions to FGM, and to the individuals and communities being reported about.

Do's:

And do play your part in helping to change hearts and minds

- ✓ Do report on the legal consequences of FGM or the failure of the government to pass an anti-FGM law (as applicable), and cover stories about offenders who have been found guilty of perpetrating this violation.
- ✓ Do raise awareness about how and where women and girls can access help if they are at risk of FGM or need assistance after being cut.
- ✓ Do tell success stories – such as about women and girls who abandon FGM and stories of female empowerment that demonstrate how positive change is possible.
- ✓ Do include solutions in stories to promote a better understanding within communities where FGM is prevalent about what remedies are available.

> "As a journalist, I will use my techniques and articles to shine a spotlight on FGM, its consequences on women and girls and the approaches that can be used to end this violation not only in Sierra Leone but in the world at large."
>
> **Amin Kef Sesay** - Editor, The Calabash Newspaper, Sierra Leone

Principles of ethical reporting

Informed consent

'Informed consent' is when a person freely consents to being featured in a media item, and they fully understand the consequences of their decision to appear, have agreed with the way they will be portrayed, and where the content will appear.

Informed consent is not possible when agreement is obtained through deception, misinterpretation or if the survivor's right to decline the interview is limited.

Journalists must obtain written or filmed oral consent from interviewees.

Informed consent allows interviewees to withdraw from the interview and also offers them a chance to register any discomfort they may have regarding the interview process. In instances when an interviewee cannot read or write, the consent form should be read to them and explained to ensure they understand what is contained and what they are being asked to agree to.

Securing informed consent

- This means ensuring interviewees understand the implications of having their comments, story, or image featured in the media.
- Being transparent with interviewees and providing appropriate information about the potential benefits and risks so they are able to make an informed decision about giving their consent. They should understand the objective of the media item, why you are speaking to them, and how their comments or story might be used.
- Informing individuals about the potential consequences and risks of appearing in the media, including the possibility of experiencing backlash from community members.
- Being mindful about what potential repercussions people might face as a consequence of speaking out against FGM, or sharing their stories publically.
- Discussing the level of identification they would be comfortable with. For instance, what pseudonym would they like?

- Agreeing on what information they want to remain confidential, and what they are comfortable with being shared publicly. Being clear and reaching agreement about what is on and off the record.
- Being mindful of what is in someone's best interest.
- Weighing up the public's right to know against the individual's right to privacy. Respecting the privacy of both FGM survivors and bereaved families if they have not given consent.

Anonymity

Journalists should ensure that they do not publish any information that would reveal the identity of their interviewees if anonymity is requested.

Journalists should always protect their sources and ensure that their safety is upheld. Use anonymous names and make sure that private details about their lives are not revealed.

Be wary of 'jigsaw identification' when granting anonymity. This happens where audiences work out the identity of a survivor or victim based on individual pieces of information provided in media reports (such as location and clothing).

Interviewing minors

In addition to the guidelines above, below are additional recommendations when dealing with minors under the age of 18:

- Obtain informed consent from a parent or guardian.
- Explain to the child and trusted adult why you would like to feature them, how you would like to use the content, and where it will appear.
- The parent, guardian or other responsible adult must be present at all times during the interview. Never be left alone with a minor.
- In stories featuring children, avoid giving specific details about location, school or club names. Use names of larger towns or counties instead.

Interviewing vulnerable adults

This includes any person aged 18 years or over who is in need of assistance due to age, illness or a mental or physical disability, or unable to take care of themself, or unable to protect themself against significant harm or exploitation. Consider their ability to understand what is being asked of them. Don't have unaccompanied access to vulnerable people.

Photography

Do's:

Photography and filming

- ✓ Do get informed consent and a signed release form granting permission for an individual to be quoted in a story and have their image featured publicly.
- ✓ Do prioritize the safety and best interests of survivors and featured community members when taking photographs or filming for the media. The purpose of taking photographs should be clearly explained and images should uphold the dignity of the survivor.
- ✓ Do use images that illustrate a general situation, rather than a specific incident of FGM.
- ✓ Do make it clear when using stock photographs or footage that the persons featured are not the same as those being reported on.
- ✓ Do be careful when using pixelated images, scrambling voices, or other forms of anonymous shots that it is not possible for people to potentially be able to identify the featured individual.
- ✓ If pictures are taken by photographers, it is important to obtain written consent from the survivor and to stay in contact with photographers to review and select images, clarify any information, and discuss possible uses.

Don'ts:

- × Don't photograph or film survivors without their informed consent.
- × Don't feature survivors under 18 years of age face-to-camera. Children who have undergone FGM should always be anonymous as they are too young to consent to being identified.
- × Don't feature anything that could give away the identity of a survivor or other featured individuals if they want to remain anonymous. For example, a shot that identifies the name of a school could be used to locate a child.
- × Don't use graphic or gory images that feature blood, rusty blades, or individuals undergoing FGM. This type of content can re-traumatize survivors, alienate community members, and stigmatize groups that perform FGM.

Examples of recommended anonymous photos

F. RESOURCES

Glossary of terms

Alternative Rites of Passage (ARP): This is when girls are able to celebrate their transition to womanhood, experience ceremonies with their peers, and learn about their cultural and community values – without being cut. ARPs have been successful in contexts where FGM is part of initiation practices, when accompanied by community awareness raising, and when girls are supported to continue their education.

Clitoridectomy: Also referred to as Type I FGM, it involves the partial or total removal of the external part of the clitoris and/ or its prepuce (clitoral hood).

Cross-border FGM: This refers to the practice of moving girls, women, and cutters across national borders to avoid detection and criminal prosecution for performing FGM.

Cutter: A person who performs FGM.

Cutting season: A period – often during school holidays – when girls are subjected to FGM en masse.

Deinfibulation: The practice of cutting open the sealed vaginal opening of a woman who has gone through FGM and had her vaginal opening sealed (infibulation). Deinfibulation is often performed to improve the health and wellbeing of FGM survivors in order to allow intercourse or to facilitate hildbirth.

Excision: Also referred to as Type II FGM. It involves the partial or total removal of the clitoris and the inner labia, or inner skin folds surrounding the vagina, with or without excision of the outer labia (the labia are skin folds that surround the opening of the vagina).

Female genital cutting/FGC: An alternative term used to describe FGM. The term "cutting" is viewed as less judgmental and value-laden than mutilation, and some think it is more effective for engaging groups in dialog around ending the practice.

FGM survivor: A girl or a woman who has been subjected to FGM.

FGM victim: A girl or a woman who has died as a result of medical complications arising from FGM.

Harmful cultural practice: According to UNICEF, a harmful cultural practice is a discriminatory practice committed regularly over such long periods of time that communities begin to consider it acceptable. It may have become culturally normalized. FGM is a harmful practice.

Human rights: Defined as rights, standards or principles that are inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

Human rights violation: Refers to various forms of human rights abuses. FGM has been defined as a form of violence and discrimination against girls and women, so is a human rights violation.

Infibulation: Also known as Type III FGM or pharaonic type. The procedure consists of narrowing the vaginal opening with creation of a covering seal by cutting and repositioning the labia minora and/or labia majora, with or without removal of the external part of clitoris. The edges of the wound are stitched or otherwise held together for a period of time (for example, girls' legs are bound together), to create the covering seal. Only a small opening is left for urine and menstrual blood to exit. Often, infibulated women are cut open on their first night of marriage for sexual intercourse. Many women also have to be cut again for childbirth because the vaginal opening is too small to allow for a baby to pass through.

Medicalized FGM: Instances where medical caregivers perform FGM. This can be in a hospital setting, clinic, or private homes.

Perpetrator: An individual who carries out, aids, abets, counsels or procures FGM.

Social norm: A standard of behavior that members of a community are expected to follow and are motivated to adhere to through a set of rewards and sanctions. It is important to note that the social and economic pressures to undergo FGM do not negate the violation of human rights or violence inherent within the practice.

Vacation cutting: A phrase commonly used to describe the practice of bringing a girl from overseas to her family's country of origin during school holidays to be subjected to FGM.

Resources

Conclusions and Resolutions on Violence Against Women. Published by UN Women and available here:
https://www.un.org/womenwatch/daw/vaw/v-esc-csw. htm

Female Genital Mutilation/Cutting: A call for a global response. This report by Equality Now, End FGM European Network and the US End FGM/C Network covers the presence of FGM/C in over 90 countries. Available here:
https://www.equalitynow.org/fgmc_a_call_for_a_ global_response_report

FGM Cost Calculator by WHO. Provides the current and projected financial healthcare costs associated with FGM. Available here:
https://www.who.int/ westernpacific/news/q-a-detail/fgm-cost-calculator

World Bank's Compendium of International and National Legal Frameworks on Female Genital Mutilation. Available Here:
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Asia Network to end Female Genital Mutilation/Cutting: Consultation Report. Available here:
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Acknowledgements

This second edition of the FGM Toolkit is a product of the Spotlight Initiative, produced with support from the United Nations Population Fund.

Editors: Judy Kosgei, Sarah Wambui, Tara Carey

Design: Peter Wilbourne

Photography: Millicent Kwambai, Sarah Wambui, Tara Carey

With thanks to: Bernadette Loloju, Marceline Nyambala and Equality Now's Asenath Mwithigya, Carol Lagat, Divya Srinivasan, Emma Thompson, Faiza Mohamed, Florence Machio, Grace Uwizeye, Judy Gitau, Katherine Payne and Millicent Kwambai and UNFPA's Fahmia AL-Fotih and Meltem Agduk.

Finally, we are extremely thankful to all the survivors, activists, law enforcement officials, and media professionals that are striving to bring an end to FGM throughout Kenya.

February, 2022

About Equality Now

Founded in 1992, Equality Now is an international human rights organization that works to protect and promote the rights of all women and girls around the world. Our campaigns are centered on four program areas: Legal Equality, End Sexual Violence, End Harmful Practices, and End Sex Trafficking, with a cross-cutting focus on the unique needs of adolescent girls.

Equality Now combines grassroots activism with international, regional and national legal advocacy to achieve legal and systemic change to benefit all women and girls, and works to ensure that governments enact and enforce laws and policies that uphold their rights. As a global organization, Equality Now has offices in the USA (New York), Africa (Nairobi), Europe (London), and MENA (Beirut), and partners and members all around the world.

For more information: equalitynow.org

About the Spotlight Initiative:

The Spotlight Initiative is a two-year plan of action aimed at accelerating the elimination of FGM in Africa through collaborative and multi-sectoral approaches under the Spotlight Initiative led by the United Nations in partnership with the European Union and the African Union. The Initiative seeks to work with the African Union, Regional Economic Communities and individual member states, media and CSOs, on violence against women including ending FGM by strengthening existing anti-FGM strategies. By leveraging on the capacities and strengths of diverse actors including state and non-state agents, Equality Now and its partners push for the implementation of anti FGM laws while at the same time addressing cross-border.

Endnotes

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2 https://www.equalitynow.org/fgm-a-global-picture/
3 https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation#:~:text=Female%20genital%20mutilation%20(FGM)%20involves,benefits%20for%20girls%20and%20women.
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If you would like any additional information regarding how to best report on FGM or to arrange a media interview please contact us at **press@equalitynow.org**

Equality Now
A just world for women and girls.

JOURNALISTS' HANDBOOK ON FEMALE GENITAL MUTILATION (FGM)

Guidelines for gender-sensitive reporting

Spotlight Initiative