

Intensifying Global Efforts: Working Together Toward Zero Tolerance for Female Genital Mutilation/Cutting

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Today, on the tenth anniversary of the International Day of Zero Tolerance for Female Genital Mutilation (FGM), the U.S. government stands in solidarity with the four African first ladies who first declared this Day on February 6, 2003, and with the people around the world and here in the Netherlands who are working together to help end female genital mutilation/cutting (FGM/C).

FGM/C is a procedure that involves partial or total removal of the external female genitalia. The practice is often performed by untrained practitioners, without anesthesia, and uses instruments such as broken glass, tin lids, scissors, or unsterilized razors. In addition to causing intense pain and psychological trauma, the procedure poses severe short- and long-term health risks, including hemorrhage, infection, increased risk of HIV transmission, birth complications, and even death. In the places where FGM/C is most prevalent, it is accepted as a rite of passage rather than as the harmful traditional practice and human rights abuse that it is.

As Secretary Clinton has noted, “we cannot excuse this as a cultural tradition... We cannot excuse it as a private matter because it has very broad public implications... And as we think about the rights of young girls to be free from both physical and mental violence, we can understand why this is such an important issue that deserves attention from the United States Congress and from leaders across the globe.”

It is estimated that 100 to 140 million women around the world have undergone FGM/C. Ending this practice requires high-level political commitment as well as community-based approaches and solutions. In December 2012, the United Nations General Assembly for the first time adopted a resolution calling on nations to intensify efforts to eliminate female genital mutilation/cutting in their countries. This resolution was sponsored by two-thirds of all the UN member states, including the United States, and was supported by the Group of African States, a sign of the willingness to address this issue in the region.

The practice of FGM/C is most commonly associated with Sub-Saharan Africa because of the high prevalence rates in the region. It is, however, also a problem outside Africa. There is evidence of the practice in a number of other countries not often talked about, including: in Middle Eastern countries such as Iraq, Oman, Saudi Arabia, and the United Arab Emirates; Asian countries including Indonesia, Malaysia, the Philippines, and among the Bohra Muslim communities in India and Pakistan; as well as among certain ethnic or indigenous groups in countries including Colombia.

Countries that have made tremendous strides to abolish the practice – such as Senegal and Burkina Faso – are models, largely due to the leadership of local communities to accept abandonment of the deeply held attitudes, norms and practices that underpin FGM/C. Often, this

success is accomplished in partnership with community-based NGOs who help develop effective local solutions. But this is not just a local issue, we must all remain vigilant to the possibility that women and girls who are vulnerable to FGM/C live in countries around the world. In recent years there have been an alarming number of cases among Diaspora communities in Europe, Australia, and even the United States of families sending children back to their countries of origin to be cut.

The U.S. government supports the women and men around the world who denounce this egregious practice and act to abolish it. We have made tremendous progress over the past decade, but much remains to be done. We must all work together – men, women, grandfathers, grandmothers, community and religious leaders, governments, civil society, and multilateral organizations – to overturn deeply entrenched social norms that are harmful not only to women and girls, but to our families, communities and nations.