



FEMALE GENITAL MUTILATION AND EDUCATION

Introduction

It is estimated that some 140 million women, girls and babies throughout the world have been genitally mutilated. Another three million girls are at risk of such mutilation each year. Female genital mutilation (FGM) is primarily practised in 28 African countries, to a lesser extent in certain countries in Asia and the Middle East and also, as a result of migration, in western host countries.

Although the elimination of FGM was originally regarded as a mere question of health education and information, today FGM is recognised as a socio-cultural problem that is deeply rooted within the societies in which it is practised. Thus social change is indispensable if the practice is to be ended permanently. Commitment to ending FGM is symbolic of the effort to strengthen the position of women and women's rights generally, because FGM is a serious violation of human rights, and its elimination would serve to advance virtually every one of the UN Millennium Development Goals.

The importance of education and the educational situation in Africa

(Basic) education is an essential precondition for self-determination and self-realisation. It communicates elementary capabilities and life skills, including the ability to interpret information and to employ knowledge purposefully.

The global action plan on Education for All (EFA), adopted in 2000 provides for all children, particularly girls, to attend and complete elementary school by 2015, by which date gender equality is also to be achieved throughout the global educational sector. Yet although the EFA Global Monitoring Report 2008 documents progress being made towards this goal, the situation in sub-Saharan Africa remains critical. Of the 72 million children worldwide who are unable to attend school, 45 per cent live in this region. And even though the number of girls enrolled in school is rising, only 92 girls start school for every 100 boys.

WHO classification:

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

FGM as an obstacle to education

(Basic) education enables girls and women to realise their individual rights and to enjoy true participation in their societies. Thus education also harbours the potential for them to change their role in the family and in society.

Within the family and their immediate social environment, the education of girls leads to a new approach to various spheres of life, such as health, work, productivity, school attendance for their own children when the time comes and a voice in the taking of important decisions.

This new perspective has positive impacts on the ambitions and expectations of the women and their children, not to mention the economic circumstances of the entire family. Thus education clearly plays a key role not only in individual and societal development but also in poverty reduction.

In the countries of sub-Saharan Africa in which FGM is practised, girls who are excluded from (basic) education suffer a number of disadvantages. They are denied the advantages and opportunities accruing from the acquisition of knowledge – for instance, about health, nutrition or legal

rights. Information about the risks of harmful practices – to the extent that it is included at all in teaching curricula – is kept from them, as is the potential ability to reflect on these.

There may also be assumed to be an inverse connection between FGM and (basic) education. Although few studies have been conducted on the effects of FGM on the schooling of girls, and what information there is has been gathered in only a few countries, this limited documentation has nevertheless yielded the following information:

In some regions in Africa, for instance in Kenya, FGM is part of an initiation ritual that continues over a period of months, so that during this time girls come to school late or not at all. After this interval, the girls have trouble catching up with the rest of the class if indeed they ever do.

In Kenya, too, school-age girls who have been subjected to FGM are often considered grown up and eligible for marriage. In some areas of Kenya they are then married off following the procedure and drop out of school. Sometimes this accords with the wishes of the girls themselves, who lose interest in school and identify entirely with their new role as wives. Some girls continue to go to school in spite of being married, but they soon become pregnant and cease school attendance at that point.

Another reason that girls have to leave school is that their parents, having had to pay for an expensive FGM ceremony, are unable or unwilling to go on financing their daughter's education, as has been reported in Sierra Leone and Guinea.

Many girls suffer from health problems, pain and trauma following the FGM procedure. There are indications that girls enrolled in school are often absent or less attentive in class for these reasons. This leads to poor performance, interruptions and premature termination of schooling.

Education and ending FGM

(Basic) education can be an effective instrument for eliminating the practice of FGM. Ministries of education in the African countries affected should therefore develop instruction units and teaching materials on the issue for various age groups and subjects, and they should see that FGM becomes integrated into national curricula and teacher training programmes. Experienced educators should be involved in drafting these concepts.

FGM can only be ended permanently, however, if the entire society or community supports this idea. Educational initiatives must therefore be extended to embrace other members of the community as well, including girls who do not attend school. To complement school-based education, therefore, out-of-school measures should also play a major role.

GTZ's sectoral and supraregional project Ending Female Genital Mutilation has developed approaches that address young people specifically and encourage them to question the practice of FGM and take action to end it.

Innovative approaches

In Burkina Faso and Mali, the issue of FGM has been successfully integrated into school classrooms. 'Tomorrow's parents' are encouraged not to accept FGM unquestioningly but to form their own opinions on the subject. In both countries, back-up services have been provided to integrate out-of-school dialogue forums.

In Burkina Faso young people conducted a campaign called 'Youth against FGM' to inform their peers about health issues, whereupon these, too, began to question harmful customs and traditional practices and to examine the decision-making authority of their parents and grandparents in this regard.

The intergenerational dialogue, a method developed in Guinea which has since also been used successfully in Mali and Kenya, is based on the principle of listening and questioning rather than instructing. This method enables young and old, women and men, to reflect upon their own values and traditions within accepted parameters in a familiar environment.

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