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USAID Policy on Female Genital Cutting (FGC) **Effective Date: 09/01/2000**

1. Policy: By this guidance, USAID recognizes FGC as a harmful, traditional practice that violates the health and human rights of women and hinders development.

USAID opposes any practice of or support for Female Genital Cutting (FGC) and works toward the goal of total elimination of FGC. Under no circumstances does USAID support the practice of FGC by medical personnel.

As a highly sensitive and culturally specific problem, USAID believes that entire communities must be involved in efforts to eliminate FGC to create an enabling environment for change. This policy on FGC is designed to support the Agency Strategic Plan and other existing U.S. Government (USG) policies, in addition to supporting the international community's policies and efforts to reduce the incidence of FGC in the affected areas.

While taking into account the Agency's staffing, programmatic, and financial constraints, USAID will undertake the following actions to ensure that the issue of FGC is effectively integrated into and deliberately considered within Agency policy, programs, and strategies:

- a) Update the Agency strategy to guide future activities in the areas of health (especially reproductive health), human rights, education, gender, democracy, governance and other relevant areas;
- b) Support indigenous NGOs, women's groups, community leaders, and religious organizations to ensure that eradication activities are culturally appropriate and will reach all stakeholders, including men and boys;
- c) Acknowledge that, while USAID supports host country legislation against the practice of FGC, a successful elimination process is one that ends the demand for the practice. Therefore, USAID will continue to work in close partnership with indigenous groups at the community level, as well as with global and national policymakers, to promote broader education and dissemination of information on the harmful effects of FGC in order to reduce demand;
- d) Establish a regular liaison with other donors/activist groups to gather information and develop a framework for research and advocacy that will enhance collaboration and coordination of elimination efforts, share lessons learned, and stimulate public

understanding of FGC as a health-damaging behavior and a violation of fundamental human rights;

USAID has established an Intra-Agency Working Group on FGC that has taken the lead in building capacity and commitment to addressing FGC eradication. Members represent Africa Bureau, the Center for Population Health and Nutrition, Office of Women in Development, Bureau for Policy and Program Coordination, and Bureau of Humanitarian Response. The Agency's approach is cross-sectoral, recognizing that FGC affects female reproductive health, the status of women, democracy and human rights.

2. Rationale:

FGC is a serious human rights violation of women and girls that has grave health consequences. It directly violates both Article 3, "Everyone has the right to life, liberty, and security of person," and Article 5, "No one shall be subjected to torture or to cruel, inhuman, or degrading treatment or punishment," of the Universal Declaration of Human Rights. As it is indicative of women's subordination, it further violates the Universal Declaration's Article 7, "All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination."

Although FGC occurs primarily in Africa, its practice is not confined to that continent. Through migration, it has spread to Europe and North America; minority groups in some Asian countries (e.g., India, Indonesia) also practice it.

In affected countries, FGC is typically required for women and girls during childhood or before marriage. It is considered by the international community, under the United Nations Convention on the Rights of Child, a breach of the rights of children. The Convention stipulates:

States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development (Art.32(1)).

Some of the short-term health consequences of FGC include pain, injury to adjacent tissue of the urethra, hemorrhage, shock, acute urine retention, infection, and failure to heal. Long-term complications include recurrent urinary tract infection, pelvic infections, infertility, keloid scars, dyspareunia, fistulae, and obstructed labor. The type and severity of complications depend on the type of FGC performed.

Almost all of the practicing communities believe that FGC preserves the girl's virginity by diminishing sexual desire. For families in FGC-practicing countries, the ultimate goal of FGC is to render a woman marriageable. It is also believed that a circumcised woman will attract a favorable dowry, thus benefiting her family. Cited reasons for FGC also include giving pleasure to the husband, religious mandate, maintaining good health, and achieving good social standing. The practice is perceived as an act of love to daughters that will ensure full community recognition. When the medical complications noted above occur, they are not generally understood as having resulted from the practice of FGC.

The Agency has placed FGC elimination on its development agenda in response to:

- a) The expressed needs of national governments, women's NGOs, and other African institutions. While governments and citizens of societies where FGC is practiced must take the initiative for eradication, it is clear that outside support is often desired and vital. USAID has offered assistance to local elimination efforts since the 1980s in response to stakeholder requests;
- b) Unequivocal consensus reached at world conferences on the need to combat all forms of violence against women, including FGC;
- c) Rising concern and demand for action by the Administration, the American public, and members of the U.S. Congress:

In June 1995, the House of Representatives passed a Sense of Congress Resolution Regarding Female Genital Cutting. This resolution urged the President to seek to end the practice of FGC worldwide, by "ensuring that all appropriate programs in which the U.S. participates include a component pertaining to FGC, so as to ensure consistency across the spectrum of health and child related programs conducted in any country in which FGC is known to be a problem." Congressional funding was made available that year to "develop and integrate, where appropriate, educational programs to eradicate FGC into [USAID's] population, education, and women in development activities." In September 1996, the practice of FGC was prohibited in the United States.

- d) The United States' status as a signatory, along with the governments of most countries where FGC is practiced, to the International Conference on Population and Development Programme of Action (1994) and the Fourth World Conference on Women Platform for Action (1995).

Both documents call for states to adopt policies/legislation to prohibit FGC and support efforts among community organizations to eliminate the practice. Furthermore, the Organization of African Unity has recently made a commitment to African NGOs to support elimination efforts.

Annex to USAID Policy on FGC: Explanation of Terminology

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Female Circumcision (FC), Female Genital Mutilation (FGM), Female Genital Cutting (FGC), Female Genital Surgeries (FGS) are all terms that have been used to refer to the tradition of altering female genitalia. Under current policy, USAID uses the neutral term, Female Genital Cutting (FGC). This decision has been prompted by the rejection of the term FGM by many practicing communities and activists who consider it judgmental, pejorative and not conducive to discussion and collaboration. Those who link activism against FGC to the colonial period consider the term FGM to be evidence of cultural imperialism.

Issues of identity, culture and other social norms are interwoven in the practice. Naming the tradition after its physical effects ignores the cultural underpinnings of FGC. Further, the practicing societies regard circumcision as a beautification process while the campaigns against FGC seek to convince those who practice FGC that it is "mutilation." Calling a woman 'mutilated' insults her and may lead to psychological trauma, particularly for young girls and women living in non-practicing societies.

For those who practice FGC, it is considered a beneficial act. FGC renders a girl marriageable in societies where a woman's quality of life depends on her status as a wife and a mother, and a respectable woman who qualifies for a good status in her community even if she does not get married. The term "female genital mutilation" stigmatizes the practice to the detriment of the programs trying to change it.