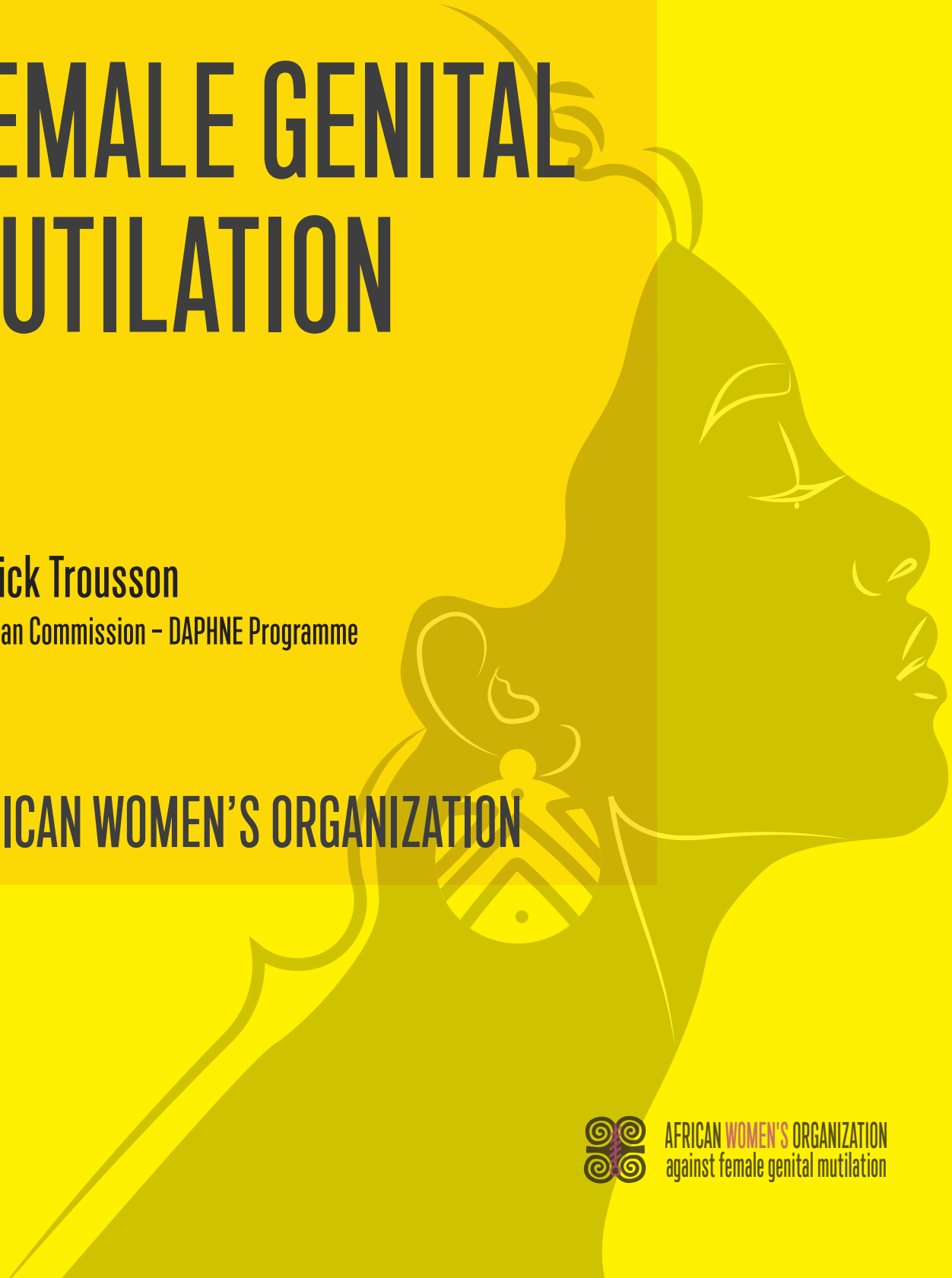
FEMALE GENITAL MUTILATION

Patrick Trousson
European Commission – DAPHNE Programme

AFRICAN WOMEN'S ORGANIZATION



AFRICAN WOMEN'S ORGANIZATION
against female genital mutilation

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European Commission - DAPHNE Programme - Addis-Abeba, Ethiopia - 4-6 February 2003

Female genital mutilation is an ignominious violation in children's and women's rights and is a disastrous breach to their physical and mental health.

It is important that Member States and indeed the European Union as a whole keep addressing the issue. Let me refer here to various works carried out recently within the scope of the Daphne programme. It shows that the number of girls and women victims or at risk of being victims amount to around 270.000 in the Union. The most concerned countries are France, Italy, the United Kingdom and Germany.

Moreover, almost 50 per cent of health care providers have been confronted with FGM complications, and most of them - over 90 per cent - would never perform a FGM procedure. Yet, the British Medical Association estimates the number in the UK to reach 3000 procedures every year.

In light of these figures, it is interesting to note that specific laws prohibiting all or some forms of the practice exist in eight European countries (Austria, Belgium, Denmark, Norway, the Netherlands, Sweden, Switzerland and the United Kingdom). Other European countries, have only general laws prohibiting serious body injury without making specific reference to FGM.

As to the countries with specific laws, Sweden introduced already in 1982 legislation by prohibiting health professional from performing the operation. The United Kingdom outlawed the practice in 1985 by passing the Prohibition of Female Circumcision Act. Norway followed the example of these countries in 1998.

In this context, it is important to note that the European Institutions and the international community have recognised female genital mutilation as a profound violation of the human rights of women. (Beijing and the Convention against all Forms of Discrimination against Women). More recently, in 2001, the European Parliament approved a resolution on this phenomenon and, in 2002, the Commission initiated a Regulation (of the EP and the

Council) on aid for policies and actions on reproductive and sexual health and rights in the developing countries that explicitly mentions the fight against Female genital mutilations as an action that can be financially supported by the European Commission.

The Commission is convinced that simply denouncing female genital mutilation and condemning those who perpetrate it, would not bring about the necessary change. FGM will only disappear if people, including women, become convinced that they could give up the practice without giving up the meaningful aspects of their culture. Multifaceted strategies are needed, including legislation and those directed at the education of health and social workers. The dissemination of appropriate information emphasising the dangerous health consequences is another important tool.

Any legislative measures, however, to combat FGM are not within the competence of the EU, and neither are provisions for the deinfibulation to be performed under proper medical conditions.

However, the European Commission has been active in the past few years.

For example, the Daphne programme has put the fight against Female Genital Mutilations as a priority for two consecutive years. Today, it has funded 10 projects on this specific subject, of which 6 are for a 2-year duration, which leads us to expect that the actions will tackle the subject in debts. These actions represent an European funding of more than 1,6 M€.

I am particularly pleased that the Daphne programme could be used to combat this phenomenon, because this means that grassroots level organisations can collaborate with each other, but also with the academic world and the authorities, to tackle this problem on the field and, most of the time, with the direct involvement of the victims.

These actions are multi-disciplinary and wide ranging. Let me quote three examples:

1. In 2000, at the occasion of the International Day organised on 29 November 2000 by the European Parliament, a Daphne project officially set up a "European network for the prevention of FGM". Since than, this network has been very active. They developed a database with educational material and one with resource people. Also, they set up a Framework for training of health professionals on FGM and a Framework for developing guidelines for caring of women with FGM. This year, again with the help of the Daphne funding, they are now evaluating the impact of existing legislation in 5 Member States with regards to FGM. The different legal approaches and the respective judicial outcomes will be investigated. A harmonised European legal strategy towards this practice will be formulated.

2. Another project, involving 17 partners is currently mapping precisely FGM in 10 countries and developing prevention tools. They also produced a guide to FGM for journalists and professionals.

3. The last example is a group of 19 organisations in 6 countries, is defining and experimenting testing strategies in order to prevent FGM among immigrant communities, based on experience achieved in northern Europe. Specific material dedicated to victims or potential victims is also being developed in appropriate languages (Somali, Arabic, Amharic in addition to English and French).

The most important added value of these project is that they all work directly with the concerned population and therefore can have a direct impact.

But this should just be the beginning of a more comprehensive approach, which must encompass a whole range of policy fields. Let me outline the three axes of such an approach:

- At the political level, we need a clear commitment to combating the practice of female genital mutilation on the grounds that it is a crime and violates the fundamental human rights of women. For the last two decades, women's organisations have called for the recognition of gender-based violations of human rights to be recognised as a legitimate reason for granting asylum. In this respect, the Council Directive on the minimum standards for qualifying third country nationals as refugee states that the risk of Female genital mutilation is recognised as a ground of persecution.

  But you will agree with me that everything possible must be tried to prevent the practice in the first place. Therefore, we need to work closely with our development co-operation partners and the NGOs which work in the field. We may also consider making aid to recipient countries contingent on their commitment to fight the practice of female genital mutilation via legislation and education.

- Within the European Union, Member States must start to collaborate and find a common framework in which to address the issue. The figures mentioned earlier tell us that there is a need for specific legislation. Health care providers and educators need to get a clear message from policy- makers that such practice cannot continue. In addition, they need to be sensitised to the whole range of dangers - from psychological to physical - that such a practice produces. They need to be trained to counsel the immigrants who ask for the procedure to be performed.

- Finally, society as a whole needs to be made aware of the dimension of the problem and its repercussions for the individual women who have this procedure performed. We tend to think this is not our problem here in Europe, but given the numbers I quoted above, we have to act according to our values and our commitments to human rights and the inviolability of the human body.

Thank you.