



INTENSIFYING GLOBAL EFFORTS FOR THE ELIMINATION OF FEMALE GENITAL MUTILATION. REPORT OF THE SECRETARY-GENERAL (2022)

FGM IS A HARMFUL PRACTICE AND AN ACT OF VIOLENCE, AFFECTING WOMEN AND GIRLS GLOBALLY

More than



200 million girls and women have undergone FGM globally



Most girls undergo the practice before the age of

15 years



The decline in prevalence is not uniform across all countries and is not happening fast enough to achieve zero new cases by 2030

Nearly



140 million girls and women in Africa have undergone FGM



1 in 4

girls and women who have undergone FGM have been cut by health care providers



Groups of women who are at higher risk of undergoing FGM include refugee and migrant women and girls, asylum-seekers and internally displaced women and girls

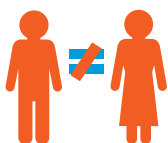
Evidence suggests that FGM is practiced in at least



90 countries worldwide.

A girl is approximately **one third less** likely to have undergone the practice now compared with **three decades ago**

SOCIOCULTURAL AND ECONOMIC FACTORS CONTRIBUTING TO THE PREVALENCE OF FGM



FGM is a manifestation of **gender-based inequality** and **discrimination**



FGM is seen as part of a girl's initiation into womanhood and **often performed as a prerequisite to marriage**

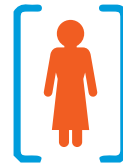
FGM is **sometimes performed to promote hygiene and aesthetic beauty** in some communities, or as a way to control a woman's sexuality



Over

40 million

girls and women in Africa have experienced both FGM and child, early and forced marriage. Younger women are less likely than older women to have experienced both harmful practices



Women and girls who do not undergo FGM, along with their families, may be **ostracized by the wider community**

IMPACT OF GLOBAL HEALTH, HUMANITARIAN AND CLIMATE EMERGENCIES



Humanitarian and emergency settings such as conflict and climate change **increase women's and girls' vulnerability to violence**, including harmful practices such as FGM



The COVID-19 pandemic has increased the vulnerability of girls and women, including those at risk of FGM, and has exacerbated existing gender inequalities, economic disparities and health risks and disrupted prevention efforts



Over **half of the countries** where girls are at the highest risk of undergoing FGM are experiencing humanitarian emergencies, including conflict



Cross-border FGM – where girls are moved to neighbouring countries to undergo the practice – is becoming more widespread and is an obstacle to eliminating

PROMISING INTERVENTIONS TO END FGM



Educating mothers and girls can potentially eliminate FGM. The higher the level of formal education of a mother, the less likely her daughter is to undergo FGM.



Public statements, especially by **religious leaders** and **when accompanied by post-declaration follow up activities**, may help change attitudes towards ending FGM



Health education and community dialogues with parents and religious leaders can help change attitudes about FGM, which can lead to abandonment of the practice



Legislation accompanied by political will, in combination with additional interventions such as **community sensitization** and **locally appropriate enforcement mechanisms** are promising practices in reducing FGM



In some settings, **large-scale media efforts** have been successful in changing social norms and attitudes



Health-care provider training can improve capacity for prevention and treatment of FGM

RECOMMENDATIONS

As the deadline on eliminating all harmful practices (Target 5.3 of the Sustainable Development Goal 5) such as FGM, is fast approaching, Member States are encouraged to:

- **Accelerate action** to identify evidence-based policy, programming and advocacy measures aimed at eliminating FGM, taking into consideration current challenges, e.g., rapid population growth among young girls, especially in high-prevalence countries.
- **Adopt and continue to implement** comprehensive, evidence-based prevention strategies that have shown promise in reducing the number of girls undergoing FGM, including: health education and community dialogues with, inter alia, parents and traditional and religious leaders; advocacy and awareness-raising with a range of key stakeholders, especially communities, men and boys and the media; and investment in the education of girls and their mothers, to help change existing norms, attitudes and behaviors that condone and justify gender inequality, violence against women and girls and FGM.
- **Adopt** a comprehensive, coordinated and multidisciplinary approach to eliminating FGM, which includes adopting or amending legislation criminalizing the practice and providing appropriate and specialized trauma-informed and survivor-centered support services for women and girls. In this context, States are urged to ensure participation of all relevant sectors of government, including the health, social services, child protection, justice and policing and education sectors and work closely with civil society and women's rights organizations, as well as United Nations entities.
- **Intensify** efforts to reduce the number of incidents of cross-border and 'internal cross-border' FGM, which includes advocating legislation that is enacted and implemented. States are also encouraged to strengthen transnational police and judicial cooperation in the exchange of information on victims and perpetrators of FGM.
- **Build** synergies between initiatives aimed at eliminating FGM and other forms of violence against women and girls, such as child, early and forced marriage, and those aimed at achieving gender equality and the empowerment of women and girls. In order for actions to be effective, efforts aimed at eliminating FGM and violence against women and girls must be integrated into broader national action plans, cross-sector policies and programmes on gender equality.
- **Ensure** that FGM programming is mainstreamed in humanitarian and emergency preparedness and response plans. States should integrate FGM into coordination mechanisms as part of the continuum of essential and specialized services for survivors of sexual and gender-based violence across the humanitarian-development-peace nexus. States are encouraged to consider the nuanced differences of populations in humanitarian and other crisis settings, particularly high-risk populations who face multiple and intersecting forms of discrimination, including refugee and migrant women and girls, asylum-seekers and internally displaced women and girls.
- **Improve** national and subnational data collection on FGM, using standardized methods that allow for the comparability of data across countries, especially in humanitarian and other crisis settings, including at health-care facilities, and in countries where FGM reportedly exists but where national data are currently insufficient or unavailable.
- **Increase** financial and human resources for programmes aimed at eliminating FGM, including by engaging donors and stakeholders who traditionally do not invest in FGM programming, particularly within the humanitarian sphere.