

Good Practice Sheet

Ending Female Genital Mutilation



According to World Health Organization estimates, throughout the world 140 million women and girls have been subjected to female genital mutilation (FGM). Each year an additional three million women and girls undergo the procedure. FGM is practiced predominantly in 28 African countries, to a limited extent in a few Asian countries, and, as a consequence of migration, in destination countries as well.

Promotion of Initiatives to End Female Genital Mutilation: the supraregional project

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) – German Technical Cooperation – has been active in international efforts to end female genital mutilation since 1999.

In collaboration with bilateral German development cooperation projects, the supraregional project combines approaches on both national and local levels. These approaches enable target groups and their representatives to alter their attitudes and behaviour, so that communities can renounce the harmful traditional practice collectively. In order to cope with the multiplicity of social, political and economic factors that lead to FGM, the project is active in a number of different fields: health, education, good governance (human rights, gender equality, legislation and application of the law) and youth.

Over years of accumulated project experience in various West and East African countries, a series of approaches have emerged that have proved successful: "good practices".

Integration of the issue of FGM in the classroom and in out-of-school teaching

Schools provide a setting not only for the conveying of knowledge and skills but also for discussion and an exchange of ideas about what has been learned. Controversial or taboo subjects such as female genital mutilation can be successfully raised in the classroom if teachers have been prepared in advance and appropriate teaching materials are made available to them. Young people are given support and information so that they can be in a position to form their own opinions and to make decisions for themselves and their families in future.

Yet in a number of African countries, schools cannot reach many girls and their families. Nearly half of these girls are raised at home and in accord with tradition. In cases such as these, education must take place through other channels. Thus the integration of the subject of FGM into classrooms is supplemented by out-of-school forums and other activities on ending the harmful traditional practice.

Case study Mali

Only a third of Mali's overall population and only 23 percent of women can read and write. The country's low level of education constitutes an obstacle to its development, which is why improving education is a top political priority. Pupil-focused classroom instruction in the local language is meant to improve the quality of basic education and to raise school enrolment to 100 percent by 2015 (Millennium Development Goal).

Female genital mutilation in Mali

In Mali, 92 percent of all women between the ages of 15 and 49 have been subjected to female genital mutilation, whatever their regional, ethnic or religious backgrounds may be. The rationales for the practice of FGM are: to maintain cultural traditions, to conform to supposed religious commandments, and to control female sexuality. Social sanctions and fear of social exclusion are the elements that sustain the practice. The Malian Government has been active against FGM since the mid-1980s and has signed most of the international agreements and conventions on the rights of women and children. In 1997, a national committee for overcoming harmful traditional practices was set up: among those sitting on the committee are representatives of the Ministry of Women, the Ministry of Health and a number of non-governmental organisations (NGOs). A national action plan to end FGM is intended to reduce the practice nationally to 40 percent. Draft legislation is now being formulated to make FGM punishable by law.

The supranational project has been active in Mali since 2003 advising a bilateral basic education project of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) – German Technical Cooperation – on integrating the subject of female genital mutilation into both classroom and out-of-school work.

Teaching guidelines were developed that raise the topic of FGM at school in a number of different subjects, as part of the children's schooling in family matters. The pupils become actively involved in their classes through the use of innovative, participatory methods that permit them to introduce their own points of view and previous knowledge. Examples are provided on how classes might be structured. The guidelines offer instructions on teaching methods along with answers to frequently asked questions. Intensive training courses introduce the teachers to the content and pedagogical foundation for the integration of FGM into classroom instruction.

Since on the one hand many girls do not go to school and since on the other FGM affects not only the girls but also their mothers, fathers, future partners, families and communities, educational initiatives must be combined into a comprehensive approach. As part of cooperation with schools and communities, out-of-school dialogue forums were set up in Mali for purposes of discussion, information and exchange of ideas, so that delicate issues like FGM can be raised in public.

Active and committed moderators from women's and youth organisations contribute to the informational and educational work that is conducted outside of the schools. These persons stimulate discussion about traditions and family life, for example, with the aid of intergenerational dialogues. The intergenerational dialogues are very well received among the local population, even though discussion on equal terms between the younger and older generation is unusual in Mali's hierarchical society, which accords older persons the prerogative.

With the support of the ministry of education and local school authorities, it has proved possible to achieve wide-ranging effects. A study shows that more than 80 percent of the specially trained teachers take up the issue of FGM in their respective classroom subjects and that the pupils are well informed about the harmful effects of FGM. About half of the instructors engage in extracurricular activities as well.

The issue of FGM will continue to be integrated into classroom instruction and out-of-school education in Mali and stepped up.

In 2006, Plan International Germany and GTZ signed three cooperation agreements for joint commitment against FGM in West Africa.

Background reading

- Alice Behrend (Fr): "La Promotion de l'abandon de l'excision au Mali", Plan, West Africa Regional Office, 2005
- GTZ (Ger): "Als hätte es die Beschneidung von Mädchen nie gegeben", Programme Mali North, 2004

Imprint

Publisher:
Deutsche Gesellschaft
für Technische Zusammenarbeit (GTZ) GmbH

Postfach 5180
65726 Eschborn, Germany
T +49 (0) 6196 79-0
F +49 (0) 6196 79-1115
I www.gtz.de
E info@gtz.de

Responsible: Kerstin Lisy

Contact

Supranational project:
Promotion of Initiatives to End
Female Genital Mutilation

T +49 (0) 6196 79-1578, -1553, -1579
F +49 (0) 6196 79-7177
E kerstin.lisy@gtz.de
I www.gtz.de/fgm

February 2007

Good Practice Sheet

Ending Female Genital Mutilation



TARGET e.V. Ruediger Nehberg

According to World Health Organization estimates, throughout the world 140 million women and girls have been subjected to female genital mutilation (FGM). Each year an additional three million women and girls undergo the procedure. FGM is practised predominantly in 28 African countries, to a limited extent in a few Asian countries, and, as a consequence of migration, in destination countries as well.

Ending Female Genital Mutilation: the supraregional project

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) – German Technical Cooperation – has been active in international efforts to end female genital mutilation since 1999.

In collaboration with bilateral German development cooperation projects, the supraregional project combines approaches on both national and local levels. These approaches enable target groups and their representatives to alter their attitudes and behaviour, so that communities can renounce the harmful traditional practice collectively. In order to cope with the multiplicity of social, political and economic factors that lead to FGM, the project is active in a number of different fields: health, education, good governance (human rights, gender equality, legislation and application of the law) and youth.

Over years of accumulated project experience in various West and East African countries, a series of approaches have emerged that have proved successful: "good practices".

Communities support the empowerment of women in Ethiopia

The non-governmental organisation KMG (Kembatti Mentti Gezzima – Tope) is a local women's self-help organisation. It has implemented an integrated community education programme in five districts of Kambatta Tembaro region. KMG has become integrated into community structures through rural development projects such as the construction of bridges and rural roads, a mother-and-child health centre and a women's centre that also serves as a community centre.

Addressing women's status in society is integral to all project activities. KMG engages in the problems that women face as a consequence of their low status in society: inadequate opportunities for education and skills development, and a lack of social support.

Various forms of training offer women new opportunities and strengthen their ability to engage in societal decision-making processes. This includes courses in literacy and reproductive health, and also training to develop social and business skills. The aim they have in common is to find the best strategy for bringing about an end to female genital mutilation. As FGM is mainly carried out on young, unmarried women, these form the target group for KMG's work. KMG ensures that these young women receive the support they need and provides them with the means to negotiate with their fathers, brothers and future husbands.

Case study Ethiopia

From 2001 to 2003, GTZ's supraregional project supported KMG in introducing the community based approach in 29 villages in the Quacha-Birra district of Kambatta and the Hadiya zone of the southern region of Ethiopia.

Female genital mutilation in Ethiopia

About 74 percent of the women in Ethiopia have been subjected to FGM. The specific approach to and occurrence of the practice vary according to religion, region and population group. The rationale for FGM is to control women's reputedly ungovernable sexuality and emotionality. Hygiene and aesthetics are also given as reasons, as are the preservation of traditions and purported religious obligations. The practice of FGM is often kept up by the girls and their families to avoid social exclusion.

A central role in the project strategy is played by the members of the Women Advocacy and Support Groups (WASG) who act as mediators in the communities, raising awareness among the population and supporting girls who refuse to undergo FGM. A total of 145 support groups have been set up in 29 villages, with 5 groups in each village.

In addition, civic committees were established and intensively trained to deal with legal issues, domestic violence and women's rights. They work directly with the police and the judiciary. Their main task is to provide advocacy to girls and families seeking protection. Health committees are formed comprised of health professionals and community health services staff. They regularly hold discussions on topics such as family planning, safe motherhood, FGM and HIV/AIDS.

As the WASG members are part of the community, they have the benefit of "insider information" and know which girls are at risk. Only when girls marry are they considered to be free of the threat of FGM. Crucial to the whole process is not only the dialogue between girls and WASG members, but also building a relationship of trust with the families. Regular meetings take place for the girls, providing them with a "safe space". They receive information on their rights and learn negotiation skills and how to cope with social exclusion and peer pressure.

The initial results of KMG's work were remarkable:

- Women were given legal representation and protection for the first time ever concerning the issue of FGM
- The first public wedding of an uncircumcised girl had a snowball effect; over the next few months, hundreds of girls announced their unwillingness to be circumcised.
- Public weddings and declarations against FGM have broken the traditional silence surrounding the issue.

By the end of 2003 a total of 5655 girls had declared that they did not want to be circumcised. 35 couples got married, publicly announcing their rejection of FGM in well-attended wedding ceremonies. The civic committees successfully brought charges in the name of girls who had been abused by family or community members. After initially high investment costs, the KMG project was subsequently able to continue running on minimal funds.

Imprint

Publisher:
Deutsche Gesellschaft
für Technische Zusammenarbeit (GTZ) GmbH

Postfach 5180
65726 Eschborn, Germany
T +49 (0) 6196 79-0
F +49 (0) 6196 79-1115
I www.gtz.de
E info@gtz.de

Responsible: Bianca Schimmel

Contact

Supraregional project:
Ending Female Genital Mutilation

T +49 (0) 6196 79-1579, -6399, -1553
F +49 (0) 6196 79-7177
E bianca.schimmel@gtz.de
I www.gtz.de/fgm

April 2008

Good Practice Sheet

Ending Female Genital Mutilation



According to World Health Organization estimates, throughout the world 140 million women and girls have been subjected to female genital mutilation (FGM). Each year an additional three million women and girls undergo the procedure. FGM is practiced predominantly in 28 African countries, to a limited extent in a few Asian countries, and, as a consequence of migration, in destination countries as well.

Promotion of Initiatives to End Female Genital Mutilation: the supraregional project

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) – German Technical Cooperation – has been active in international efforts to end female genital mutilation since 1999.

In collaboration with bilateral German development cooperation projects, the supraregional project combines approaches on both national and local levels. These approaches enable target groups and their representatives to alter their attitudes and behaviour, so that communities can renounce the harmful traditional practice collectively. In order to cope with the multiplicity of social, political and economic factors that lead to FGM, the project is active in a number of different fields: health, education, good governance (human rights, gender equality, legislation and application of the law) and youth.

Over years of accumulated project experience in various West and East African countries, a series of approaches have emerged that have proved successful: "good practices".

In support of the legal ban on FGM: awareness-raising and information campaigns within the framework of a health project

The harmful effects of female genital mutilation on women's health has been a central issue ever since the global movement to stop FGM began. It was originally believed that this traditional practice could be eliminated through health education based on medical facts alone. However, the focus on health arguments gave rise to other problems instead. For one, this approach encouraged the spread of the medicalisation of FGM, that is, of having the procedure conducted by qualified medical personnel operating under hygienic conditions. In agreement with the position of the World Health Organization (WHO), GTZ rejects medicalisation of the procedure. Genital mutilation remains harmful to health and a violation of human rights even when it is performed in accord with "medical" practice.

Nor are legislative bans alone, which have been enacted in various African countries, necessarily sufficient to bring about behaviour change. The elimination of FGM must rather be decided by the community as a whole, as the outcome of a prolonged awareness-raising and educational process. Otherwise, persons who no longer wish to continue the practice may be threatened with exclusion from the community.

Successful campaigns therefore deal with health issues and information about legal bans within the framework of a comprehensive information / education / communication (IEC) strategy that points out, in addition to the physical harm caused by FGM, the psychological and sexual problems that result from it – and social, economic, cultural and historical implications as well. Health is made an integral part of a broad spectrum of other issues, such as education, human rights, women's and children's rights, religion and gender equality.

Case study Senegal

In Senegal, a GTZ / KfW Entwicklungsbank (KfW development bank) cooperative project for family planning and HIV/AIDS control (FANKANTA) provided support to the Senegalese Ministry of Health. Because of the strong prevalence of FGM in the project region, Casamance, the supraregional FGM project also provided advisory input to FANKANTA (FANKANTA means roughly "getting set for tomorrow's problems").

Female genital mutilation in Senegal

On average, 28 percent of Senegalese women are affected by genital mutilation. However, the numbers vary widely from region to region. In some areas, 70 to 80 percent or even all women have been subjected to the procedure. Religious and ethnic allegiance is the primary determinant in the prevalence of FGM. For most ethnic groups, FGM is a rite of initiation that takes place on the threshold of adult life. Other defences of the practice are based on its supposed hygienic, health or reproductive benefits. In 1999, the government passed a law that provides for up to five years of imprisonment for FGM. Protest groups objected to the criminalisation of the practice, however, urging awareness-raising and education instead. They argued that the law alone was not sufficient to eradicate deeply rooted traditions. The same year, the Ministry of Family and National Solidarity drafted a plan of action to eliminate FGM that provides for the networking of actors in the field, the strengthening of local organisations (capacity development), information campaigns and research and documentation.

One critical factor in the project's success is the political situation in the province of Casamance in the south of the country. For nearly 20 years now, there has been armed conflict between rebels and the central government. The rebels base their claims for independence on recognition of their own distinct identity.

Thus there was a risk that the population might see any legal ban on FGM as the imposition of external values by the central government.

The FANKANTA project was fortunate in being able to draw upon a network of actors for the development and implementation of the campaigns: representatives of non-governmental organisations and community groups, religious leaders, traditional healers and health staff, heads of schools, pupils, teachers and artists. Together, they developed the content, the methods and the means of communication for raising the issue of FGM in local communities. The material is sensitively formulated and presented and takes local values, languages, images and taboos into account. A training module and illustrated guidelines help to prepare multipliers for their tasks.

The impact of the public debate on FGM ignited by the project's awareness-raising and educational work was virtually incredible. The legal ban was no longer viewed as an imposition of foreign cultural values but as a rationally based decision, one that was well understood and popularly supported. Several villages took the step of renouncing FGM collectively in public ceremonies.

The multipliers are well trained, committed persons, who come from and live in local communities. The network covers the entire region, including even isolated population groups. Even independent of the project, the network is active in supporting the long-drawn-out process of changing behaviour patterns permanently.

Background reading

GTZ: "Female Genital Mutilation in Senegal", Country Fact Sheet, Eschborn 2002

Imprint

Publisher:
Deutsche Gesellschaft
für Technische Zusammenarbeit (GTZ) GmbH

Postfach 5180
65726 Eschborn, Germany
T +49 (0) 6196 79-0
F +49 (0) 6196 79-1115
I www.gtz.de
E info@gtz.de

Responsible: Kerstin Lisy

Contact

Supraregional project:
Promotion of Initiatives to End
Female Genital Mutilation

T +49 (0) 6196 79-1578, -1553, -1579
F +49 (0) 6196 79-7177
E kerstin.lisy@gtz.de
I www.gtz.de/fgm

February 2007

Good Practice Sheet

Ending Female Genital Mutilation



According to World Health Organization estimates, throughout the world 140 million women and girls have been subjected to female genital mutilation (FGM). Each year an additional three million women and girls undergo the procedure. FGM is practiced predominantly in 28 African countries, to a limited extent in a few Asian countries, and, as a consequence of migration, in destination countries as well.

Promotion of Initiatives to End Female Genital Mutilation: the supraregional project

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) – German Technical Cooperation – has been active in international efforts to end female genital mutilation since 1999.

In collaboration with bilateral German development cooperation projects, the supraregional project combines approaches on both national and local levels. These approaches enable target groups and their representatives to alter their attitudes and behaviour, so that communities can renounce the harmful traditional practice collectively. In order to cope with the multiplicity of social, political and economic factors that lead to FGM, the project is active in a number of different fields: health, education, good governance (human rights, gender equality, legislation and application of the law) and youth.

Over years of accumulated project experience in various West and East African countries, a series of approaches have emerged that have proved successful: “good practices”.

Harmonising traditional norms and national law

Most countries have signed the international conventions that can be applied to FGM. To be effective, the content of these conventions must be integrated into national laws. However, national legislative bans are not enough in themselves, since the practice of female genital mutilation is supported by traditional norms and customary law. Moreover, such bans often drive the practice underground, so that it is carried out in secret, in neighbouring countries or earlier and earlier in the girls’ lives. For this reason, to be effective, national law must have the support of traditional and local legal structures.

Legal claims based on national law are not in fact recoverable and enforceable for most women in German development cooperation partner countries. For this reason, women seek help from local traditional legal authorities, despite the disadvantage of marked and fundamental discrimination against them. In the event of conflict, these local legal structures are often the women’s only resort, offering them at least some degree of legal protection.

The supraregional project supports in drafting and applying laws against female genital mutilation. However, it also supports non-governmental actors who use dialogue with the population to tap the opportunities within traditional legal structures as well to protect girls and women from FGM.

Case study Ethiopia

The Ethiopian Government has signed a number of international conventions on the elimination of discrimination against women and children. The constitution guarantees the basic rights and freedoms of the population and specifically includes those of women. In 2004, the government passed legislation against FGM.

Female genital mutilation in Ethiopia

About 80 percent of the women in Ethiopia have been subjected to FGM. The specific approach to and occurrence of the practice vary according to religion, region and population group. The rationale for FGM is to control women's reputedly ungovernable sexuality and emotionality. Hygiene and aesthetics are also given as reasons, as are the preservation of traditions and purported religious obligations. The practice of FGM is often kept up by the girls and their families to avoid social exclusion.

Within the framework of community education programmes, the Ethiopian non-governmental organisation HUNDEE has been active on behalf of empowering women and women's equality since 1988, also in regard to guarding them from harmful traditional practices.

Possible multipliers from all age groups and social backgrounds are selected, including local opinion-makers, traditional authorities, village elders, judges of the Sharia courts, and representatives of local police forces, the judiciary system and a women's office. Two-day workshops take place separately for women and men in which relations between the sexes are discussed, as are the local values, norms and practices that are bound up with them. HUNDEE workers serve as moderators in these processes and interject relevant information, for example about FGM's harmful effects on health or about rights guaranteed by the state that apply equally for men and women.

The next step is to have men and women participate in a workshop together, in which their various points of view are discussed. In this setting, lengthy and lively debate takes place and sharply conflicting opinions are expressed. In the end, jointly supported proposals are then made for reforming local legal practice. Some examples of proposals for reform:

- a ban on the forced marriage of girls and women
- a setting of the minimum age for the marriage of girls at 16 years
- a ban on bridal abduction
- a ban on female genital mutilation
- setting of reasonable sums for the "bride price"

The proposals are announced in public at town meetings and are discussed until there is agreement on the respective adjustments to the law. The final step is a ceremony marking public finalisation of the new law. Not only local people but also the district and municipal administrations and representatives of the police, the judiciary system and the women's office are in attendance; these persons actively support and welcome the harmonisation of local, traditional and national law. The resolutions for modification of local law are recorded in the local language and are available to all official bodies.

Background reading

- GTZ: "Bridging the Gap between Modern Legislation and Legal Reality", Good Practice Sheet, sector project Strengthening Women's Rights, Eschborn 2005
- Osterhaus, Juliane (Ger): "Stärkung der Rechte von Frauen in pluralen Rechtssystemen" in: Benda-Beckmann, Franz (Publ.), Saarbrücken 2005
- GTZ, HUNDEE / Oromo Grassroots Development Initiative Ethiopia: "Promotion of Initiatives to End Female Genital Mutilation", Fact Sheet on NGO Activities, Eschborn 2003

Imprint

Publisher:
Deutsche Gesellschaft
für Technische Zusammenarbeit (GTZ) GmbH

Postfach 5180
65726 Eschborn, Germany
T +49 (0) 6196 79-0
F +49 (0) 6196 79-1115
I www.gtz.de
E info@gtz.de

Responsible: Kerstin Lisy

Contact

Supraregional project:
Promotion of Initiatives to End
Female Genital Mutilation

T +49 (0) 6196 79-1578, -1553, -1579
F +49 (0) 6196 79-7177
E kerstin.lisy@gtz.de
I www.gtz.de/fgm

February 2007

Good Practice Sheet

Weibliche Genitalverstümmelung beenden

Nach Schätzungen der Weltgesundheitsorganisation sind weltweit 140 Millionen Frauen und Mädchen von weiblicher Genitalverstümmelung – Female Genital Mutilation (FGM) – betroffen. Jährlich kommen weitere drei Millionen Mädchen und Frauen hinzu. FGM wird überwiegend in 28 afrikanischen Staaten, in geringerem Umfang in wenigen Ländern Asiens und im Zuge von Migration auch in Einwanderungsländern praktiziert.

Überregionales Projekt „Förderung von Initiativen zur Überwindung der weiblichen Genitalverstümmelung“

Im Auftrag des Bundesministeriums für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) beteiligt sich die Deutsche Gesellschaft für technische Zusammenarbeit (GTZ) seit 1999 an den internationalen Bemühungen, weibliche Genitalverstümmelung zu überwinden.

Das überregionale Projekt kombiniert in Zusammenarbeit mit bilateralen Vorhaben der deutschen Entwicklungszusammenarbeit Ansätze auf nationaler und lokaler Ebene. Diese ermöglichen, dass Zielgruppen und Mittler ihre Einstellung und ihr Verhalten ändern, und sich Gemeinschaften kollektiv von der schädlichen traditionellen Praktik lossagen. Um die vielfältigen gesellschaftlichen, politischen und wirtschaftlichen Faktoren, die FGM bedingen, zu bearbeiten, ist das Projekt in mehreren Bereichen tätig: Gesundheit, Bildung, Good Governance (Menschenrechte, Gleichberechtigung der Geschlechter, Gesetzgebung und -umsetzung) und Jugend.

Aus den langjährigen Projekterfahrungen in verschiedenen west- und ostafrikanischen Ländern gingen eine Reihe von erfolgreichen Ansätzen als Good Practices hervor.



Generationendialog

Vielerorts sind die negativen Folgen von FGM bekannt, trotzdem wird die Praktik beibehalten. Aufklärung und Sensibilisierung allein scheint für eine Verhaltensänderung nicht ausreichend zu sein. Aus diesem Grund entwickelte das überregionale Projekt in Zusammenarbeit mit Nichtregierungsorganisationen (NROs) in Guinea den Generationendialog: Statt die Bevölkerung zu belehren, setzt dieser Ansatz auf das Prinzip „Zuhören und nachfragen statt aufklären“.

Der Generationendialog ermöglicht es jungen und alten Menschen, Frauen und Männern, ihre jeweiligen Werte, Traditionen und Erwartungen zu reflektieren, und abzuwägen, in welchem Zeitrahmen, unter welchen Bedingungen und auf welche Art und Weise es Veränderungen geben soll. Die Methode schafft einen sicheren Raum, um verdeckte Konflikte und Dilemmata zu erkennen, zu diskutieren und gemeinsame Lösungen zu finden. Speziell für die Generationendialoge geschulte lokale Moderatoren und Moderatorinnen stellen sicher, dass sich alle Generationen einbringen können und eine respektvolle und konstruktive Annäherung stattfindet. Kommunikation über sensible und tabuisierte Themen wie Geschlechterbeziehungen, Sexualmoral und weibliche Genitalverstümmelung wird möglich, über die Grenzen von Alter und Geschlecht hinweg. Mit sprachlichen und kulturellen Anpassungen an die jeweilige Umgebung kann der Dialogansatz auch für Themen wie HIV/AIDS, reproduktive Rechte und Gesundheit Jugendlicher eingesetzt werden.

In der Regel hat der partizipative Diskussions- und Konsensfindungsprozess vier Phasen:

- In einem Workshop lernt man sich kennen und diskutiert zunächst getrennt nach Geschlechtern. Kleingruppendiskussionen, Paargespräche und Arbeit im Plenum wechseln sich ab. Eingesetzt werden Rollenspiele, Musik und Lieder, traditionelle Sprichwörter oder religiöse Bilder.

- In der Praxisphase probieren die Teilnehmenden die neuen Dialogformen, unterstützt durch die Moderatorinnen und Moderatoren, in ihren Familien und der Nachbarschaft aus.
- In einem Folge-Workshop diskutieren zunächst jeweils Frauen und Männer einer Generation darüber, wie die Beziehungen zwischen den Geschlechtern und Generationen verbessert werden können. An diese Diskussionen schließt sich dann ein generationen- und geschlechterübergreifender Dialog an.
- Um den Generationendialog in Gang zu halten, finden regelmäßige Treffen der Teilnehmenden und Generationendialoge auf Gemeindeebene statt.

Das Fallbeispiel Guinea

Die guineische Verfassung garantiert das Recht auf körperliche Unversehrtheit und verurteilt schädliche traditionelle Praktiken wie FGM. 2000 wurde ein Gesetz zur Förderung der reproduktiven Gesundheit verabschiedet. Das Sozialministerium, Entwicklungsorganisationen und nationale NROs haben gemeinsam einen Nationalen Aktionsplan (2001 bis 2010) für die Abschaffung von FGM entwickelt.

Weibliche Genitalverstümmelung in Guinea

Genitalverstümmelung wird in Guinea landesweit praktiziert. 1999 zeigten Studien, dass nahezu alle Frauen zwischen 15 und 49 Jahren betroffen sind. Einige Anzeichen sprechen allerdings dafür, dass FGM rückläufig ist. Durchschnittlich sind Mädchen zum Zeitpunkt der Beschneidung neun oder zehn Jahre alt. Als Hauptgrund für die Praktik wird genannt, dass FGM zum Initiationsritus eines Mädchens gehöre, es reinige und ihm angemessenes Benehmen beibringe. Religion und Tradition werden als weitere Argumente für die Beibehaltung der Praktik genannt.

Seit 2000 unterstützt das überregionale Projekt mehrere Organisationen in Guinea, die sich mit Frauenrechten und Frauengesundheit befassen, in ihrem Engagement gegen FGM. Die geförderten lokalen NROs arbeiten in einem Netzwerk zusammen. Ihre Ansätze, gemäß dem Prinzip „Zuhören und nachfragen statt aufklären“, haben

zu viel versprechenden Ergebnissen geführt. Was zunächst als „Diskussionstage“ begann, entwickelte sich zum Ansatz des Generationendialogs. Motiviert durch die offene, aufrichtige Atmosphäre der Diskussionstage, regten die jungen Frauen ähnliche Veranstaltungen mit ihren Müttern und Großmüttern an. In einem nächsten Schritt wurden auch Männer in den Dialog einbezogen.

In einer Evaluierung nach den ersten Generationendialogen wurde 40 Familien befragt, die an den Workshops teilgenommen hatten, sowie 40 Kontrollfamilien ohne Teilnahme. Die Befragung ergab folgendes Bild:

- Familien, die an den Workshops teilgenommen hatten, sprechen deutlich mehr als andere Familien über Themen wie Sexualmoral, HIV/AIDS und FGM.
- Sie halten die Kommunikation zwischen den Generationen in ihren Familien für erheblich intensiver und stärker aufeinander bezogen als die Kontrollfamilien.
- Sie finden, dass sich Kommunikation und Beziehungen zwischen den Generationen in ihren Familien seit den Workshops verbessert haben.

Es verändert sich jedoch nicht nur die Kommunikation in den Familien. Durch die Integration traditioneller Meinungsführer in den Dialogprozess verändern sich Gemeinden, sprechen Imame über die Themen des Dialogs in den Freitagspredigten.

Generationendialog in Kenia und Mali

Der Ansatz des Generationendialogs konnte auch in Kenia und Mali erfolgreich eingesetzt und angepasst werden. In Kenia engagiert sich ein Kooperationsvorhaben der GTZ und der KfW Entwicklungsbank im Bereich Gesundheit für die Überwindung von FGM. Der Generationendialog wird dort genutzt, um sogenannte „Alternative Rituale“ und Aufklärungskampagnen über FGM und HIV/AIDS mit dialogischen Ansätzen zu ergänzen. In Mali kommen Generationendialoge zum Einsatz, um die Integration des Themas weibliche Genitalverstümmelung in den Schulunterricht durch außerschulische Dialogforen zu begleiten und so sicher zu stellen, dass nicht nur Schülerinnen und Schüler, sondern auch deren Familien und Gemeinden erreicht werden.

Impressum

Herausgeber:
Deutsche Gesellschaft
für Technische Zusammenarbeit (GTZ) GmbH

Postfach 5180
65726 Eschborn, Germany
T +49 (0) 6196 79-0
F +49 (0) 6196 79-1115
I www.gtz.de
E info@gtz.de

Verantwortlich: Kerstin Lisy

Kontakt

Überregionales Projekt:
Förderung von Initiativen zur Überwindung
weiblicher Genitalverstümmelung
T +49 (0) 6196 79-1578, -1553, -1579
F +49 (0) 6196 79-7177
E kerstin.lisy@gtz.de
I www.gtz.de/fgm

Good Practice Sheet

Ending Female Genital Mutilation

According to World Health Organization estimates, throughout the world 140 million women and girls have been subjected to female genital mutilation (FGM). Each year an additional three million women and girls undergo the procedure. FGM is practiced predominantly in 28 African countries, to a limited extent in a few Asian countries, and, as a consequence of migration, in destination countries as well.

Promotion of Initiatives to End Female Genital Mutilation: the supraregional project

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) – German Technical Cooperation – has been active in international efforts to end female genital mutilation since 1999.

In collaboration with bilateral German development cooperation projects, the supraregional project combines approaches on both national and local levels. These approaches enable target groups and their representatives to alter their attitudes and behaviour, so that communities can renounce the harmful traditional practice collectively. In order to cope with the multiplicity of social, political and economic factors that lead to FGM, the project is active in a number of different fields: health, education, good governance (human rights, gender equality, legislation and application of the law) and youth.

Over years of accumulated project experience in various West and East African countries, a series of approaches have emerged that have proved successful: “good practices”.



Village Empowerment Programme

The Village Empowerment Programme is a one-year extracurricular basic education programme conducted in the local language of each area. It seeks to raise the level of education of the rural population, especially women, in order to improve their living conditions and those of their children. The participants are encouraged to engage in self-reflection, develop assertiveness and seek means of conflict resolution.

The aim is to improve women's health and to end female genital mutilation. Female genital mutilation and violence against women are taken up as part of four thematic areas:

- human rights
- conflict resolution
- environmental awareness
- personal hygiene and health for women

Practical skills are taught using interactive methods as part of a participatory process. The participants take their newly acquired knowledge back with them to their communities, provide “instruction” to their family members and cultivate an exchange of ideas with village elders. The gearing of the programme to consensus in decision-making and problem-solving particularly suits it to rural communities, who are most comfortable with joint decision-making processes. Mediators in village education are at hand to aid the community in this development process. Methods such as games, discussion in small groups, theatre and dance support the groups' learning experiences.

The Village Empowerment Programme was shaped in cooperation with the international non-governmental organisations (NGOs) TOSTAN (Senegal), Population Council (USA) and Mwangaza Action, which is located in Burkina Faso. It is based on an approach developed by TOSTAN with UNICEF support, and it has been successfully used to eliminate FGM in Senegal since 1996.

Case study Burkina Faso

The NGO Mwangaza Action of Burkina Faso implemented the Village Empowerment Programme in 23 villages between 2000 and 2003. Experience in Burkina Faso was reviewed and evaluated (baseline study, interim and final assessment) by professionals in the field.

Female Genital Mutilation in Burkina Faso

Sixty-six percent of women in Burkina Faso have been subjected to female genital mutilation. Although studies indicate that the practice has declined in frequency, it must unfortunately be assumed that the unofficial, actual figures have actually risen: since the legal ban on FGM was passed in 1996, the procedure has often been carried out in secret and on younger and younger girls – even on infants.

FGM is practised by all religious and most ethnic groups. It is deeply rooted in the country's culture and traditions and is commonly believed to be a religious obligation and a hygienic and medical necessity. In a survey, half of the women named social pressure as the main reason for continuing the practice.

Men play a key role in any decision for or against FGM and thus were integrated into the programme in Burkina Faso.

The participants met together a number of times each week for more than a year. They evaluated these meetings together and decided what information they wanted to pass on to their friends and families.

Parallel to this, the participants organised public meetings: villagers, respected elders and religious leaders were invited to these gatherings, at which the public was encouraged through poems, songs and plays to think about human rights and how to make them a real part of village life.

The educational programme was particularly well received by the participants. More than three-quarters of them visited all of the events. At the end of the programme, 23 communities made a public declaration announcing that they would reject female genital mutilation from then on – a clear and impressive demonstration that the process of thought and behavioural change had begun.

Knowledge about human rights, health and FGM has notably increased not only among the participants but also among other members of the communities. A positive change of attitude is to be seen, for example, in the renouncing of violence against women, acceptance of modern contraceptive methods, rejection of FGM, and a readiness to talk openly about topics that were taboo in the past. The successful transfer of the TOSTAN approach to Burkina Faso shows that other African countries can use the programme, too, as long as the content and methods used are adapted to conditions there and local languages are used.

Background reading

- Djingri Ouba et al. (Fr): "Expérience d'un Programme d'Education de Base Communautaire au Burkina Faso", Study, 2004
- Nafiston Diop et al.: "Replication of the Tostan Programme in Burkina Faso", Study, 2003
- GTZ: "Good Practice Village Empowerment Programme", Eschborn 2007

Imprint

Publisher:
Deutsche Gesellschaft
für Technische Zusammenarbeit (GTZ) GmbH

Postfach 5180
65726 Eschborn, Germany
T +49 (0) 6196 79-0
F +49 (0) 6196 79-1115
I www.gtz.de
E info@gtz.de

Responsible: Kerstin Lisy

Contact

Supraregional project:
Promotion of Initiatives to End
Female Genital Mutilation

T +49 (0) 6196 79-1578, -1553, -1579
F +49 (0) 6196 79-7177
E kerstin.lisy@gtz.de
I www.gtz.de/fgm

February 2007