



International Day of Zero Tolerance for Female Genital Mutilation: 6 February 2019

Introduction

Female Genital Mutilation (FGM) comprises all procedures that involve altering or injuring the female genitalia for non-medical reasons.¹ The International Day of Zero Tolerance for FGM, observed annually on 6 February, aims to promote international awareness of, and encourage actions against, the practice.²

Note on Terminology: UN bodies, including the World Health Organisation (WHO), use the term Female Genital Mutilation (FGM) to reinforce that the practice is a “serious violation” of the rights of women and girls. The terms Female Genital Cutting (FGC) and Female Genital Mutilation/Cutting (FGM/C) are often used among practising communities and individuals, as are the terms excision or genital cutting. The WHO has argued that the term female circumcision should be avoided, “since it draws a parallel with male circumcision and, as a result, creates confusion between these two distinct practices” (World Health Organisation, [Care of Girls and Women Living with Female Genital Mutilation: A Clinical Handbook](#), 2018, p 19).

UN agencies have classified FGM into four main types, with subdivisions to account for the wide variety of procedures that are considered to constitute FGM.³

Type 1: Partial or total removal of the clitoris and/or the prepuce (**clitoridectomy**).

- Type 1a: Removal of the clitoral hood or prepuce only.
- Type 1b: Removal of the clitoris with the prepuce.

Type 2: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (**excision**).

- Type 2a: Removal of the labia minora only.
- Type 2b: Partial or total removal of the clitoris and the labia minora.
- Type 2c: Partial or total removal of the clitoris, the labia minora and the labia majora.

Type 3: 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 3a: Removal and apposition of the labia minora.
- Type 3b: Removal and apposition of the labia majora.

Type 4: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

According to the WHO, FGM has no health benefits and, on the contrary, may interfere with normal body functions. It can have negative effects on the physical and mental health of affected women and girls.⁴ There has been international recognition that the practice represents a violation of the human rights of women and girls.⁵

A report laid before the UN General Assembly by the Secretary-General in 2018 stated there were “complex underlying motivations and reasons behind the perpetuation of FGM that stem from deep-seated gender inequalities and gender-based discrimination against women and girls”. The report continued:

Those include a desire to control female sexuality and to limit the right of women and girls to decide on matters relating to their own bodies. Other reasons include to ensure chastity, social status and marriageability, in particular where female genital mutilation is a pre-requisite; religious narratives that sanction the practice; the ritual marking of a girl’s transition into adulthood, which is often linked to other harmful practices including child, early and forced marriage; and limited access to education and economic opportunities for women and girls.⁶

The report added that the “desire for social acceptance and to avoid social ostracism as a result of not undergoing FGM” was the “most significant factor influencing the practice”.⁷

Global Prevalence and Initiatives

The exact number of women and girls who have undergone FGM is not known.⁸ However, according to the UN International Children’s Emergency Fund (UNICEF), 2016 estimates based on surveys from 30 countries in which the practice was prevalent suggested that over 200 million women and girls alive at that time had undergone FGM—44 million of whom were aged 14 or under at the time of the procedure and more than 100 million of whom lived in three countries: Egypt, Ethiopia and Indonesia.⁹

UNICEF has noted that FGM practices are highly concentrated in a “swathe” of countries across Africa, stretching from the Atlantic coast to the Horn of Africa; in areas of the Middle East (such as Iraq and Yemen); and in several countries in Asia (for example, Indonesia).¹⁰ In addition, FGM is practiced among some indigenous groups in Latin America, such as the Emberá in Colombia.¹¹ However, there is a wide variation in prevalence in affected countries. In Africa, FGM has been noted as “almost universal” in Somalia, Guinea and Djibouti—with levels of prevalence around 90 percent—while an estimated 1 percent of women and girls in Cameroon and Uganda are estimated to have been affected.¹²

While the UN has noted evidence suggesting an overall decline in the prevalence in FGM in Africa as a whole over the past 30 years, there is also evidence to suggest that the incidence of FGM appears to be increasing in other regions of the world. This has been attributed, at least in part, to increased migration to affected regions and countries—including Western Europe, North America, Australia and New Zealand—from countries in which the practice of FGM is prevalent.¹³

In 2008, UN bodies published an interagency statement on eliminating FGM.¹⁴ More recently, the UN’s sustainable development goals (SDGs), agreed in 2015 under the 2030 Agenda for Sustainable Development, included an ambition to “eliminate all harmful practices, such as child, early and forced marriage and FGM”.¹⁵ As part of efforts to meet the aim of ending FGM by 2030, the UN Population Fund (UNFPA) and UNICEF jointly lead a programme focused on accelerating the abandonment of the practice. Targets for the most recent phase of the programme included delivering appropriate FGM-related services to 8 million girls and women; public declarations for the abandonment of FGM from 19 million people in over 10,000 communities; and for 16 countries to have a national budget line and monitoring mechanism for eliminating FGM.¹⁶ Funding for this programme has been provided by the EU and several European countries, including the UK. The EU is also the primary financial supporter of the EU-UN spotlight initiative (with funding of €500 million offered in 2017), which assists efforts to eliminate violence against women and girls—including via anti-FGM community activities.¹⁷

FGM in the UK: Prevalence, Legislative Context and Recent Developments

As at the global level, precise data on the incidence of FGM within the UK are not available.¹⁸ However, Home Office commissioned estimates from 2015 suggested that approximately 137,000 women and girls who had been subjected to FGM were permanently resident in England and Wales in 2011.¹⁹ In July 2017, NHS Digital published experimental statistics on the prevalence of FGM in England. These were based on attendances reported at NHS trusts and GP practices where FGM was identified or a procedure for FGM was undertaken.²⁰ The data showed that between April 2016 and March 2017 there were 9,179 such attendances recorded in the reporting period, of which 5,391 were newly recorded cases.²¹ This was a slight decrease on the 9,223 attendances recorded in 2015/16, of which 6,080 had been newly recorded cases. According to the latest iteration of the annual release, published in July 2018, 9,490 attendances were recorded for the period between April 2017 and March 2018, of which 4,495 had been newly recorded cases.²²

FGM was first made a criminal offence in the UK under the Prohibition of Female Circumcision Act 1985.²³ The Genital Mutilation Act 2003 replaced this legislation in England, Wales and Northern Ireland, while the Prohibition of Female Genital Mutilation (Scotland) Act 2005 did so in Scotland. The Serious Crime Act 2015 amended the 2003 Act (and the 2005 Act in Scotland) so that the extra-territorial jurisdiction provided for in relation to FGM-related offences in the 2003 Act would cover non-UK nationals who were either a perpetrator or a victim of FGM if they were habitually resident in the UK, rather than only those who were permanently resident.²⁴ The Act also provided for life-long anonymity for alleged victims of FGM; a new offence of failing to protect a girl from risk of FGM; the introduction of Female Genital Mutilation Protection Orders (FGMPOs), aimed at protecting potential or actual victims of FGM; and a mandatory reporting duty on certain professionals in England and Wales in cases where instances of FGM were discovered that appeared to have been carried out on a girl aged under 18 (at the time of the discovery).²⁵ In addition, the Act provided for statutory guidance to be published on FGM. Multi-agency statutory guidance was subsequently published in April 2016.²⁶ In October 2018, the Government confirmed that 248 FGMPOs have been made to protect victims and those at risk of FGM; and on 1 February 2019, it was reported that a woman had become the first person in the UK to be convicted of performing FGM—with sentencing expected in March 2019.²⁷

In July 2017, Lord Berkeley of Knighton (Crossbench) introduced the Children Act 1989 (Amendment) (Female Genital Mutilation) Bill.²⁸ This private member's bill would enable the courts to make interim care orders under the Children Act 1989 in cases relating to FGM.²⁹ The bill completed its stages in the House of Lords on 19 November 2018, but has yet to progress in the House of Commons.³⁰

The Department for International Development (DFID) has stated that DFID-supported programmes have helped “more than 8,000 communities, representing 24.5 million people, pledge to abandon FGM”; countries such as Nigeria, Mauritania and the Gambia to make the practice illegal; countries such as Burkina Faso, Egypt and Uganda to “strengthen their laws” on FGM; and “more than 3 million” women and girls to receive FGM protection and care services.³¹ In November 2018, DFID announced that an additional £50 million would be made available to support African-led initiatives to end FGM.

Further Information

- House of Lords Library, [Children Act 1989 \(Amendment\) \(Female Genital Mutilation\) Bill \[HL\]](#), 16 July 2018
- House of Lords Library, [International Day of Zero Tolerance for Female Genital Mutilation: 6 February 2018](#), 5 February 2018
- House of Lords Library, [International Day of Zero Tolerance for Female Genital Mutilation: 6 February 2017](#), 31 January 2017

- ¹ United Nations, '[International Day of Zero Tolerance for Female Genital Mutilation: 6 February](#)', accessed 28 January 2019.
- ² *ibid*; and United Nations General Assembly, [Resolution Adopted by the General Assembly on 20 December 2012: Intensifying Global Efforts for the Elimination of Female Genital Mutilations \(A/RES/67/146\)](#), 5 March 2013, p 5.
- ³ World Health Organisation, '[Classification of Female Genital Mutilation](#)', accessed 28 January 2019; and [Eliminating Female Genital Mutilation: An Interagency Statement](#), 2008, p 24. Illustrations of the various types of FGM can be found in the following WHO document: [Care of Girls and Women Living with Female Genital Mutilation: A Clinical Handbook](#), 2018, pp 27–32.
- ⁴ World Health Organisation, [Care of Girls and Women Living with Female Genital Mutilation: A Clinical Handbook](#), 2018, p 15.
- ⁵ United Nations, '[International Day of Zero Tolerance for Female Genital Mutilation: 6 February](#)', accessed 28 January 2019.
- ⁶ United Nations General Assembly, [Report of the Secretary-General: Intensifying Global Efforts for the Elimination of Female Genital Mutilation](#), 27 July 2018, p 6.
- ⁷ *ibid*, p 7.
- ⁸ UNICEF Data, '[Female Genital Mutilation](#)', February 2018; '[New Statistical Report on Female Genital Mutilation Shows Harmful Practice is a Global Concern](#)', 5 February 2016; and [Female Genital Mutilation/Cutting: A Global Concern](#), 2016.
- ⁹ *ibid*.
- ¹⁰ UNICEF Data, '[Female Genital Mutilation](#)', February 2018.
- ¹¹ United Nations, '[International Day of Zero Tolerance for Female Genital Mutilation: 6 February](#)', accessed 30 January 2019.
- ¹² UNICEF Data, '[Female Genital Mutilation](#)', February 2018.
- ¹³ United Nations General Assembly, [Report of the Secretary-General: Intensifying Global Efforts for the Elimination of Female Genital Mutilation](#), 27 July 2018, p 5; and United Nations, '[International Day of Zero Tolerance for Female Genital Mutilation: 6 February](#)', accessed 30 January 2019.
- ¹⁴ World Health Organisation, [Eliminating Female Genital Mutilation: An Interagency Statement](#), 2008.
- ¹⁵ United Nations, '[Sustainable Development Goals: Goal 5—Achieve Gender Equality and Empower All Women and Girls](#)', accessed 30 January 2019; and United Nations General Assembly, [Resolution Adopted by the General Assembly on 25 September 2015: Transforming Our World—The 2030 Agenda for Sustainable Development](#), 21 October 2015, p 18.
- ¹⁶ United Nations Population Fund, '[UNFPA-UNICEF Joint Programme to Eliminate Female Genital Mutilation](#)', 6 February 2018. Efforts towards these targets began in 2018. Funding requests for this work were for the period 2018 to 2021.
- ¹⁷ United Nations, '[Spotlight Initiative to Eliminate Violence Against Women and Girls](#)', accessed 30 January 2019; and [EU-UN Spotlight Initiative: Frequently Asked Questions](#), accessed 30 January 2019, pp 3–4. See also: European Commission, '[EU-UN Spotlight Initiative: Ending Violence Against Women and Girls](#)', 26 November 2018.
- ¹⁸ House of Commons Home Affairs Committee, [Female Genital Mutilation: Abuse Unchecked](#), 15 September 2016, HC 390 of session 2016–17, p 7.
- ¹⁹ City University, [Prevalence of Female Genital Mutilation in England and Wales: National and Local Estimates](#), July 2015, p 5.
- ²⁰ NHS Digital, [Female Genital Mutilation \(FGM\) Enhanced Dataset: April 2016 to March 2017, England—Experimental Statistics](#), 4 July 2017, p 9.
- ²¹ *ibid*. 'Total attendances' may include one or more attendances in the reporting period by an affected woman or girl and includes both newly recorded and previously identified women and girls. 'Newly recorded' does not necessarily mean that the attendance was a woman or girl's first attendance for FGM, or that the FGM was undertaken recently (*ibid*, p 7).
- ²² NHS Digital, [Female Genital Mutilation \(FGM\) Enhanced Dataset: April 2017 to March 2018, England, Experimental Statistics](#), 5 July 2018, p 8.
- ²³ Home Office and Ministry of Justice, [Serious Crime Act 2015: Factsheet—Female Genital Mutilation](#), March 2015, p 1.
- ²⁴ *ibid*, pp 2–5; and Home Office, [Serious Crime Act 2015: Explanatory Notes](#), 3 March 2015, pp 62–8.
- ²⁵ *ibid*. The duty applies to healthcare or social care professionals (including doctors, nurses and midwives), and teachers.
- ²⁶ HM Government, [Multi-agency Statutory Guidance on Female Genital Mutilation](#), April 2016.
- ²⁷ House of Commons, '[Written Question: Female Genital Mutilation: Arrests and Prosecutions](#)', 22 October 2018, 178461; and BBC News, '[FGM: Mother Guilty of Genital Mutilation of Daughter](#)', 1 February 2019.
- ²⁸ UK Parliament website, '[Children Act 1989 \(Amendment\) \(Female Genital Mutilation\) Bill \[HL\] 2017–19: Bill Stages](#)', accessed 30 January 2019.
- ²⁹ House of Lords Library, [Children Act 1989 \(Amendment\) \(Female Genital Mutilation\) Bill \[HL\]](#), 16 July 2018, p 1. Interim care orders give shared parental responsibility for a child to a local authority on a temporary basis while a decision is made on what may be best for the child (Thomson Reuters Practical Law, '[Glossary: Interim Care Order](#)', accessed 30 January 2019).
- ³⁰ See, for example: Lord Berkeley of Knighton, '[Sir Christopher Chope Shouldn't be Allowed to Sabotage Important Issues](#)', *Times* (£), 18 January 2019.
- ³¹ Department for International Development, '[UK Aid Makes Largest Ever Investment to Help End FGM Worldwide by 2030](#)', 23 November 2018.

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