CHAPTER I

INTRODUCTION

1.1 Background

The World Health Organization (WHO) estimates a third of women worldwide will be subjected to gender-based violence (GBV) at some point in their lives. GBV encompasses acts of sexual, physical, as well as psychological abuses, such as Female Genital Mutilation or Cutting (FGM/C), child marriage, and other forms of violence committed in the name of "honour." As defined by the WHO, FGM/C is the term used to refer to the courses of action involving the partial or complete removal, for non-medical purposes, of the female genitalia or other injuries to the female sexual organs.[1] Before the term FGM/C came to be known, the act was commonly identified as 'female circumcision'. However, the term was soon discarded as it stirred up controversies and confusion with the procedure of male circumcision. The phrase 'female genital mutilation' was then introduced at the third IAC conference held in Addis Ababa. From that point on, the United Nations has endorsed the terminology in its official documents and records. It is believed that the use of 'mutilation' reflects the weight of the issue at hand with its extremely negative overtone. An alternative, 'cutting,' is commonly used in respect of traditional communities as it is perceived to be less violent.[2] Recent estimates of

[1] World Health Organization (WHO), *Female Genital Mutilation: an Overview*, (Geneva: 1998), 6.

[2] UNICEF, *Changing A Harmful Social Convention: Female Genital Mutilation/Cutting* (New York: 2005), 2.

200 million girls and women across continents have been victimized by forms of FGM/C. In addition, nearly three million girls are deemed vulnerable to the procedure each year.[3] As classified by the WHO, there are 4 major types of FGM/C:

Types	Term	Description
Type 1	Clitoridectomy	The clitoris is partially or completely removed.
Type 2	Excision	The clitoris and labia minora are partially or completely removed.
Type 3	Infibulation	The vaginal introitus is narrowed by cutting and relocating the labia to create a covering seal.
Type 4	-	Any other non-medical procedures that cause harm to the female genitalia.

Table 1.1 1 FGM/C classification according to WHO[4]

The harmful practice is typically performed in the name of cultural traditions and religious beliefs. Many consider the practice as a custom of Islam, despite the fact that it is also practiced by Christians and Jews. None of these religions, however, mentions or condones any form of FGM/C in either of their respective holy scriptures.[5] Often, FGM/C is undertaken as a transitional rite from

[3] UNFPA and UNICEF, *Proposal for Phase III of the UNFPA-UNICEF Joint Programme: Elimination of Female Genital Mutilation* (New York: 2017), 4.

[4] World Health Organization, *Female Genital Mutilation: an Overview*, 6.

[5] Bret L. Billet, "The Case of Female Circumcision," *Cultural Relativism in the Face of the West* (2007): 21, https://doi.org/10.1007/978-1-137-11913-1_2.

infancy to adulthood. Depending on the culture, the mutilation may be carried out on babies as young as a few days old, children, adolescents, as well as adult women at the time of marriage, first pregnancy, or during child labour. The practice is strongly endorsed and supported, more so by women, as it is believed to be a symbol of a woman's dignity, social acceptance (rite of passage), higher status, and a mark of womanhood.[6] FGM/C is particularly prevalent in countries throughout Africa, namely, in Somalia, Djibouti, Egypt, and Guinea, in which the majority of the female population is directly impacted by the practice. FGM/C is also widespread in the Middle East, Asia, as well as in migrant communities around South America and Europe.[7] The practice often comes hand-in-hand with a variety of immediate as well as long-term health risks. Infections, cysts, abscesses, and haemorrhages (severe bleeding) are just some of the many reported effects of FGM/C.[8] Based on a WHO study, women who have undergone FGM/C are more susceptible to difficulties during pregnancy and labour. The risk of birth complications rises in direct proportion to the severity of the type of FGM/C performed[9]. Furthermore, studies have linked several negative psychological implications to FGM/C. Victims

[6] World Health Organization (WHO), *Female Genital Mutilation: an Overview* (Geneva: 1998), 2.

[7] UNICEF, *FEMALE GENITAL MUTILATION/CUTTING: What might the future hold?* (New York: 2013).

[8] World Health Organization (WHO), *An update on WHO's works on Female Genital Mutilation (FGM)*, (2011): 3.

[9] World Health Organization (WHO), *An update on WHO's works on Female Genital Mutilation (FGM)*.

of this harmful practice are proven to be more susceptible to psychiatric disturbances, namely PTSD, anxiety, and depression.[10]

Despite its harmful effects and legislations banning the practice, FGM/C is still performed and upheld in most African countries, including Egypt and Burkina Faso. Both are amongst the countries with the highest percentage of FGM/C rates, with 87% in Egypt and 76% in Burkina Faso.[11] While the numbers have decreased through the years, many still view FGM/C as an indispensable part of their culture, faith, social values, and norms. Moreover, both countries are Islam-dominated countries, adopt a semi-presidential system of government, and have a generally balanced gender distribution, with 51.6% male and 48.4% female in Egypt and 48.2% male 51.8% female in Burkina Faso.[12] Hence, this thesis will narrow down to the comparative study between Egypt and Burkina Faso.

In efforts to accelerate the abandonment of the practice, UNFPA and UNICEF established a Joint Programme on Female Genital Mutilation/Cutting: "Accelerating Change" in 2008. The program aims to fulfil the Sustainable Development Goal (SDG) 5, specifically target 5.3; "Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation."[13] As the leading global force to address the pressing issue, the Joint Programme

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[10] World Health Organization (WHO), *An update on WHO's works on Female Genital Mutilation (FGM)*.

[11] The DHS Program, *Egypt: Health Issues Survey 2015* (2015): 103; The DHS Program, *Burkina Faso: Enquête Démographique et de Santé et à Indicateurs Multiples EDSBF-MICS IV 2010* (April 2012).

[12] United Nations Department of Economic and Social Affairs, *Population and Vital Statistics Report: Statistical Papers Series A, Vol. LXXIII* (2021): 5.

[13] UNFPA and UNICEF, *Proposal for Phase III of the UNFPA-UNICEF Joint Programme*, 2.

collaborates closely with national governments, community organizations, as well as other stakeholders. The program focuses on an approach that emphasizes the importance of cultural values, in acknowledgment of the religious and traditional backgrounds of FGM/C. Currently, the Joint Programme concentrates its efforts on 17 countries, including Egypt and Burkina Faso, which joined in 2008 and 2009 respectively.

1.2 Research Question

Based on the previously mentioned findings and information, it is evident that FGM/C is a critical issue that must be tackled immediately. Furthermore, recognizing the growing influence of IGOs on the matter, this thesis will focus on the following research questions:

1. How does the UNFPA-UNICEF Joint Programme "Accelerating Change" contribute to eradicating FGM/C practices in Egypt and Burkina Faso?
2. How do the contributions of the UNFPA-UNICEF Joint Programme "Accelerating Change" compare between Egypt and Burkina Faso?

1.3 Research Objective

In accordance with the research questions, the objective of this research is:

1. To describe the contributions of the UNFPA-UNICEF Joint Programme "Accelerating Change" in eradicating FGM/C practices in Egypt and Burkina Faso.

2. To compare the implementation of the UNFPA-UNICEF Joint Programme “Accelerating Change” in Egypt and Burkina Faso.

1.4 Research Significance

This thesis, along with its findings, is made in hopes to bring light to FGM/C that is still freely performed worldwide. More specifically, the purpose of this thesis is to provide an understanding, analysis, and comparison regarding the contribution of the Joint Programme between UNFPA and UNICEF in eradicating FGM/C in Egypt and Burkina Faso. It is hoped that this thesis would be useful, whether as a reference or a source of information, for further research within the scope of the issue discussed.

1.5 Structure of Writing

The first chapter serves as the foundation of this thesis, discussing the background of the issue, research questions to be addressed, the objectives, and the relevance of this study. The second chapter is divided into two parts, literature review as well as theory and concepts. The first section reviews findings from previous studies related to the topic of this thesis. Meanwhile, the latter discusses the theoretical and conceptual framework that will be used in this study. The third chapter discusses the methodology utilised in the writing of this thesis, which includes the research method, data collection procedures, and data analysis procedures. The fourth chapter, which is the focus of this study, first lays the groundwork of analysis by discussing FGM/C in Egypt and Burkina Faso. It then explores and analyzes the contributions of the UNFPA-UNICEF Joint Programme

in eradicating FGM/C in Egypt and Burkina Faso. The fifth chapter concludes and summarizes the preceding chapters, as well as provides recommendations for the Joint Programme and for further research on this topic.