

Ireland's
National Plan of Action
to Address
Female Genital
Mutilation



Summary

IRELAND'S NATIONAL PLAN OF ACTION TO ADDRESS FGM

Female genital mutilation (FGM) is a harmful practice that violates the human rights of women and girls, perpetuates negative gender based stereotypes, infringes upon children's rights to special protections and has serious social, health and psychological consequences. International human rights instruments including the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa specifically target FGM as a practice that jeopardises the sexual and reproductive health and rights of women and girls and call upon all States to enact measures leading to its abandonment.

Definition

The World Health Organisation (WHO) defines FGM as any procedure involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Worldwide Prevalence

The WHO estimates that between 100 and 140 million girls and women worldwide have been subjected to some form of FGM and a further 3 million girls are at risk each year. The prevalence, type and age at which FGM is performed varies between and within countries and regions, with ethnicity as the most decisive factor.

Irish Prevalence

Statistical extrapolations undertaken by AkiDWA, using a model developed by Forward UK, estimate that there are at least 2,585 women living in Ireland who have undergone FGM.

Why does FGM persist?

The rationale for the continuance of FGM varies across regions, countries and cultures; however, in every society in which it is practised, FGM is an expression of gender inequality. Women consistently have less access to power, resources and education, and are also more vulnerable to sexual and physical violence because of the socially constructed roles assigned to them. Control over women, their bodies and their sexuality is a key mechanism of sustaining gender inequality.

Framed in this way, FGM can be understood to be motivated by the perpetuation of social systems organised around the subordinate position of women and consequently women's pragmatic strategies for survival within these systems. Women are often the key agents in the continuation of FGM because it is one of the limited avenues in which women and girls can obtain status and security (usually through marriage) within their respective communities. Understanding the reasons why many women may support FGM is essential to develop sensitive and effective intervention strategies.

FGM and Religion

Although practised by Christians, Muslims, Animists and other faiths, FGM is commonly and erroneously believed to be a religious obligation of Islam. Islamic scholars have publicly refuted the links between FGM and Islam through interpretation of texts and also by noting that FGM is not specified as a requirement in any religious text.

Why does Ireland Need a National Plan of Action?

Women and families from countries with high prevalence of FGM such as Northern Sudan (90% estimated prevalence of FGM in girls and women aged 15-49), Somalia (98%) and Nigeria (19%) are continuing to migrate to Ireland. Migration is challenging for families as they try to integrate and adjust to a completely different environment and at the same time preserve essential elements of their cultural identity. Migration is also challenging for Irish society as it attempts to meet the needs of an increasingly diverse population. Many Irish service providers may be unfamiliar with the health and care needs, child protection issues, legal technicalities and community development approaches related to FGM. This can be challenging for service providers, as well as communities affected by FGM, in their desire to provide high quality and culturally appropriate services and care.

SUMMARY

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Ireland has no coordinated strategy or interagency working group set up to address FGM. Presently, different government agencies, health care professionals, communities, women's organisations, NGOs and individuals are working in isolation from one another and often in a reactive and ad hoc basis. Best practice from other countries such as Sweden and Norway demonstrates that strategic interagency cooperation on FGM is not only possible but imperative. Such interagency cooperation ensures women and girls who have undergone FGM receive appropriate care and safeguards the rights and health of resident children.

With the exception of strong legislation, the Irish policy environment necessary to put in motion a Plan of Action to address FGM is already in place in the form of the HSE Intercultural Health Strategy, National Women's Strategy, Statement on Integration and Diversity Management, Child Protection Policy and Code of Behaviour, National Children's Strategy, National Guidelines for the Protection and Welfare of Children, National Health Strategy and the White Paper on Irish Aid policies. What is now required is a plan to join up these policies across the different agencies so that the women and girls affected or at risk of FGM can benefit from their implementation.

Goals of Ireland's National Plan of Action to Address FGM

Goal #1 To prevent the practice of FGM in Ireland

Goal #2 To provide high quality, appropriate health care and support for women and girls who have undergone FGM

Goal #3 To contribute to the worldwide campaign to end FGM

Five Strategies for Action

Five strategies have been identified as being essential to addressing FGM in Ireland and in other countries through Irish development policies. These strategies build upon best practice experiences which combine top-down policy and legislative measures with bottom-up community development approaches to maximise impact.

Actions flow from the following strategy headings which act to progress the goals of the plan: Legal, Asylum, Health, Community, Development Aid.

Legal

Legislation by itself is not sufficient to prevent FGM but it can strengthen the ability of agencies to protect children at risk and provide appropriate care. Human rights treaties such as the Convention on the Elimination of all forms of Discrimination Against Women specifically call upon signatory governments to take all measures necessary including legislation to prevent FGM. In addition, the European Parliament and the Council of Europe both passed resolutions in 2001 calling upon member states to enact domestic legislation to prohibit FGM.

OBJECTIVE 1:

Enact legislation to specifically prohibit FGM in Ireland, including the principle of extraterritoriality as an extension of national legislative protection.

Irish Asylum Process

Even though gender is not specifically referenced in the refugee definition, it is widely accepted that it can influence, or dictate, the type of persecution or harm suffered and the reasons for this treatment. The refugee definition, properly interpreted, therefore covers gender-related claims. In Ireland, FGM is recognised as a form of persecution and may lead to grant of protection if the other requirements of the convention are met. Implementation of best practice gender guidelines in the Irish asylum process will allow for improved practices in assessing gender-related claims of persecution.

OBJECTIVE 2:

To enhance the capacity of the asylum process to accommodate gender related claims.

Health

Women who have undergone FGM have specific health and care needs, particularly as they relate to childbirth. Equally, health care professionals and those involved with supporting women in their health, require training, information, guidelines, evidence based research and access to referral pathways in order to respond appropriately to these needs.

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In line with government commitments to improving health and care for migrant women as articulated in the Intercultural Health Strategy 2007-2012, initiatives aimed at improving access to appropriate care for women and girls who have undergone FGM are urgently required.

OBJECTIVE 3A:

To develop professional supports for those involved with providing care and support for women and girls who have undergone FGM.

OBJECTIVE 3B:

To assist professional capacity building in the provision of health care and support services for women presenting with FGM.

OBJECTIVE 3C:

To address the physical, psychological and emotional health care needs of women and girls living in Ireland with FGM.

OBJECTIVE 3D:

To improve data collection of women with FGM presenting to maternity hospitals.

Community

In developing strategies to abandon or prevent FGM, UNICEF recommends focussing on non directive communication approaches led by members of the affected community. These approaches create spaces for dialogue on sensitive issues eventually working towards a collective will to change. The added value of this approach is that issues related to gender equality, employment, education and violence can also be addressed in this context and indirectly contribute to the abandonment and prevention of FGM.

OBJECTIVE 4A:

To support dialogues relating to FGM within migrant communities.

OBJECTIVE 4B:

To encourage community abandonment of FGM.

OBJECTIVE 4C:

To promote the capacity of women to articulate their needs relating to gender equality, human rights and FGM.

Development Aid

In order to achieve the goal of preventing FGM in Ireland, strategies must also examine ways in which to contribute to the worldwide abandonment of FGM. The Irish Aid White Paper recognised FGM as a form of gender based violence and its Health Policy has further committed to advocating for action on specific health issues that stem from women's position in society, such as FGM. Furthermore, Irish Development NGOs have been working with communities to encourage abandonment FGM and also to promote women and girls human rights generally. There is a wealth of knowledge from these organisations regarding their successes and challenges. Transference of knowledge and lessons learned has the capacity to significantly impact upon the prevention of FGM in Ireland and also the abandonment of FGM worldwide.

OBJECTIVE 5A:

To raise the issue of FGM in international fora.

OBJECTIVE 5B:

To transfer knowledge and experience of international efforts to combat FGM.

The formation of the National Steering Committee and the development of the Plan of Action is partly funded by the European Commission through EuroNet-FGM, a European network dedicated to the prevention and eradication of harmful traditional practices which affect the health of women and children. 15 EU countries are participating in this project and all will launch their respective Actions Plans on November 25th 2008, International Day for the Elimination of Violence Against Women.

The Irish Steering Committee was formed early in 2008 and comprises representatives from both statutory agencies and non-governmental organizations including AkiDwA, Amnesty International (Irish Section), Barnardos, Cáirde, Christian Aid, Children's Rights Alliance, Comhlámh, HSE, Integration of African Children in Ireland, Integrating Ireland, Irish Aid, Irish Family Planning Association, National Women's Council of Ireland, Refugee Information Service, Somali Community in Ireland, Somali Community Youth Group, Women's Health Council and UNICEF.

SUMMARY