



**Female Genital Mutilation/Cutting (FGM/C)** is practised in more than 28 countries across Africa, affecting 97 per cent of women in Egypt, 80 per cent in Ethiopia and Somalia, and more than a quarter in Senegal and Kenya. FGM/C is also practised in immigrant communities living in Europe and the United States. Prevalence of this practice varies across ethnicities and religion.

FGM/C results in increased health risks, including several obstetric difficulties, such as prolonged and obstructed labour, episiotomies, and perineal tears. Women subjected to FGM/C are twice as likely not to experience sexual desire, and 1.5 times more likely to have painful intercourse.

Laws prohibiting the practice exist in some African countries, including Burkina Faso, Egypt, Eritrea, Ethiopia, and Senegal. While in north Sudan and Mali, existing criminal codes can be applied to criminalise FGM/C. Yet, prevalence remains high and legalisations are not sufficient in abandoning the practice.

## Key findings

- FGM/C has proven health risks but prevalence remains high in many countries.
- Changes in the law are by themselves not enough.
- Interventions that were not aligned with community needs, or did not involve religious leaders, suffered low attendance and drop outs.
- Educational sessions for men and women, including sessions on reproductive health for female university students, demonstrated an increase in awareness of the risks of FGM/C.

## What did we learn?

Despite considerable research on FGM/C, there is little knowledge of what really works based on quantitative impact evaluations. However, a recent review of eight studies in African countries concludes the following:

**National laws and codes are not enough.** In Egypt, Mali, Senegal and Burkina Faso, where national laws and codes exist, prevalence of FGM/C exceeds by 70%. Legislation alone has at best a limited effect. It is necessary to work directly with parents, community leaders and those who perform FGM/C. The presence of a law may help legitimise these interventions and underpin opposition to FGM/C.

**Working with health workers requires intensive engagement.** A training programme for health workers in Mali showed no difference in the prevalence of the practice, possibly because of the limited time allocated for training the health personnel.

**Working with communities can change attitudes, but it depends on design, implementation and context.** The Tostan education programme in Senegal and Mali succeeded in shifting attitudes against FGM/C. The programme was tailored to local needs, including separate educational sessions for men and women. But the same programme in Burkina Faso failed to retain participants, undermining potential achievements.

Programmes in Nigeria, Ethiopia and Somalia also affected beliefs through community-based initiatives including group meetings with community leaders, multimedia communications, and action plans that improved advocacy efforts. In Ethiopia, inclusion of religious leaders facilitated greater knowledge uptake.

**Working with youth may be a cost effective alternative.** A programme for second year female university students in Egypt made a substantial difference to their knowledge about the dangers of FGM/C. As future mothers such an approach may be cost effective, but may also be ineffective without shifting the attitudes of men and community leaders.

## What is a Systematic Review?

Systematic reviews provide an unbiased assessment of what works and why by identifying relevant studies and synthesizing quantitative and qualitative evidence. Using rigorous and transparent methods, they include published and unpublished research relevant to the research questions and synthesise the findings in a way that is easily accessible to decision-makers and practitioners.

## About the Systematic Review

The review "Interventions to Reduce the Prevalence of Female Genital Mutilation/Cutting in African countries" by Rigmor C. Berg and Eva Denison, funded by the International Initiative for Impact Evaluation (3ie), used an integrative evidence approach to understand the effectiveness of interventions in reducing the prevalence of FGM/C, and the related contextual factors. Eight effectiveness studies were included, that involved 7,042 participants from different African countries including Burkina Faso, Egypt, Ethiopia, Somalia/Kenya, Mali, Nigeria and Senegal. Twenty seven context studies were included from those countries where an intervention study had already taken place (except Ethiopia).