



FGM POLICY

November 2019

TYPE OF POLICY: WHOLE SCHOOL



1. Introduction

This policy provides information about female genital mutilation (FGM) and what action should be taken to safeguard girls who may be at risk of being, or have already been, harmed. Whilst culturally important in some sections of society, FGM is extremely traumatic, can be fatal, and has significant short and long term medical and psychological implications. FGM is illegal in the United Republic of Tanzania.

2. What is Female Genital Mutilation (FGM)?

The East African Community Prohibition of Female Genital Mutilation Act (EAC Act) 10 defines FGM, in Article 2, as *'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female organ for non-medical reasons'*.

A wider definition, from the Prohibition of Female Genital Mutilation Act 2011 in Kenya, states that female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons, and includes:

- (a) clitoridectomy, which is the partial or total removal of the clitoris or the prepuce;
- (b) excision, which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;
- (c) infibulation, which is the narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora or the labia majora, with or without excision of the clitoris, but does not include a sexual reassignment procedure or a medical procedure that has a genuine therapeutic purpose.

FGM is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. In Kiswahili FGM is called 'ukeketaji'; the Somali term is 'gudnin' and in Sudanese it is 'tahir'. FGM is not like male circumcision. It is very harmful and can cause long-term mental and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old. However, it can vary from soon after birth, up until adulthood.

3. Legal Status of FGM in Tanzania

According to the Thomson Reuters Report of May 2018, the following is true with regard to Tanzanian laws on FGM:

- The main law criminalising FGM in Tanzania is the Sexual Offences Special Provisions Act 1998 (SOSPA), which amended Section 169 of the Penal Code and prohibits FGM on girls under the age of 18 years.

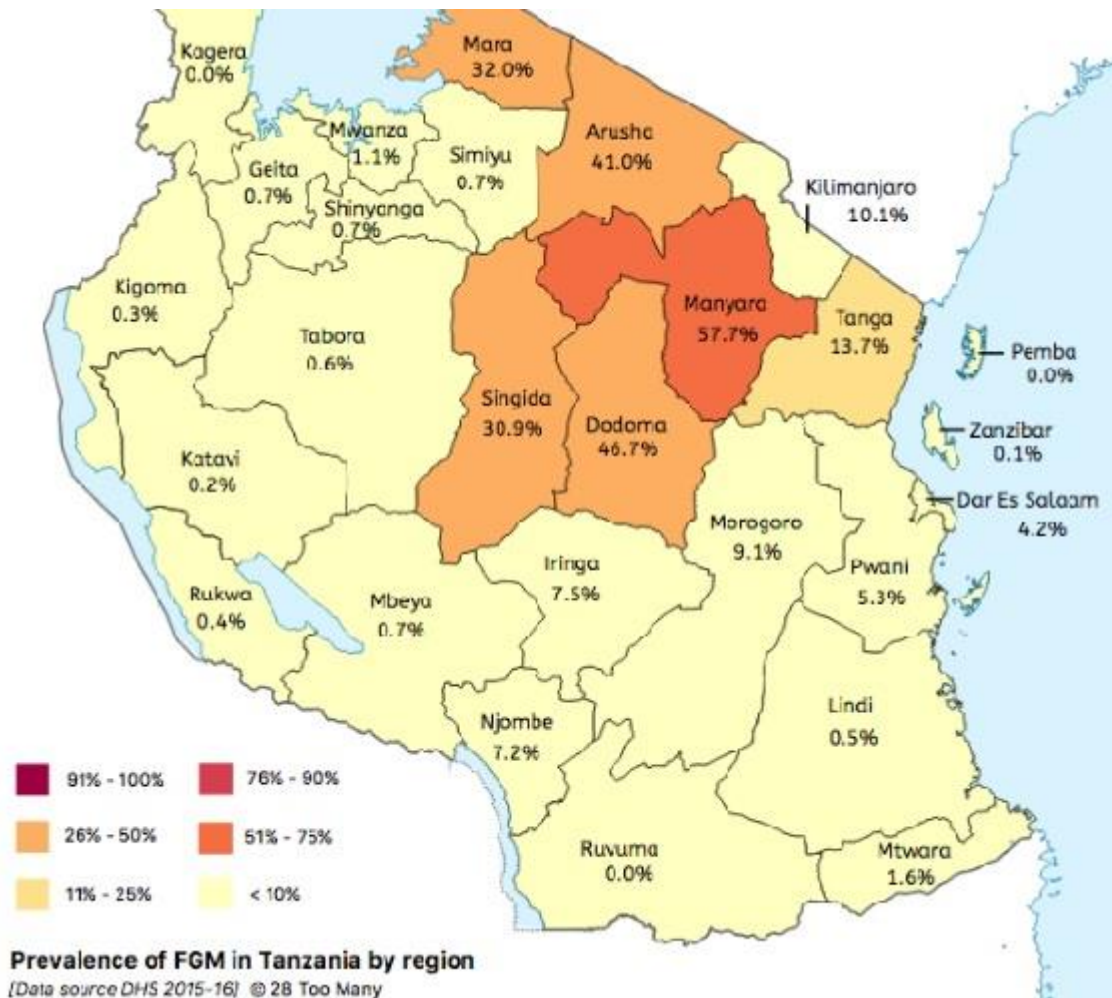


- Section 169A (1) of the Penal Code now reads: *“Any person who, having the custody, charge or care of any person under eighteen years of age, ill-treats, neglects or abandons that person or causes female genital mutilation or procures that person to be assaulted, ill-treated, neglected or abandoned in a manner likely to, cause him suffering or injury to health, including injury to, or loss, of sight or hearing, or limb or organ of the body or any mental derangement, commits the offence of cruelty to children.”*
- Additionally, the Law of the Child Act 2009 protects persons under the age of 18, and Article 13 (1) makes it a criminal offence to *‘subject a child to torture, or other cruel, inhuman punishment or degrading treatment including any cultural practice which dehumanizes or is injurious to the physical and mental well-being of a child.’*
- Section 169A (2) in the Penal Code sets out the following penalties for anyone performing and procuring FGM in Tanzania:
 - Imprisonment for not less than five years and not exceeding 15 years;
 - A fine not exceeding 300,000 shillings (approx. US\$135); or both the fine and imprisonment.
 - The perpetrator will also be ordered to pay compensation to the victim of the crime of an amount determined by the court.
 - In addition, any person in violation of Section 13(1) of the Law of the Child Act 2009 shall, under Section 14, be liable on conviction to a fine not exceeding five million shillings (approx. US\$2,200), or to imprisonment for a term not exceeding six months, or both.
- In 2016 the East Africa Community (which includes Kenya, South Sudan, Tanzania, Rwanda, Burundi and Uganda) enacted the East African Community Prohibition of Female Genital Mutilation Act (EAC Act) 10 to promote cooperation in the prosecution of perpetrators of FGM through the harmonisation of laws, policies and strategies to end FGM across the region. The EAC Act aims to raise awareness about the dangers of FGM and provide for the sharing of information, research and data.
- In relation to the fact that SCIS is a school, and we are often dealing with parents, the following punishments from the 2016 EAC Act are particularly noteworthy:
 - Articles 4(2) & (3) – ‘aggravated’ FGM carries a punishment of **imprisonment for life**. ‘Aggravated’ FGM occurs if the procedure results in the death or disability of the victim, or if she is infected with HIV, **or if the perpetrator is a parent, guardian or health worker**.
- It should be noted that, Article 18 of the Law of the Child Act (2009), allows a Tanzanian court to issue a care order or an interim care order to remove a child from any harmful situation.



4. Prevalence of FGM in Tanzania

In Tanzania, the overall prevalence of FGM in women aged 15–49 is 10% (2016) and there has been a general downward trend since the passing of the SOSPA in 1998. The regions with the highest prevalence are in the centre and north of the country. Arusha, where SCIS is located, at 41.0%, is amongst the highest in the country, as can be seen on the map below:



5. SCIS Policy Statement on FGM

As a school we recognise that, whilst there is usually no intent to harm a girl through FGM, this illegal practice directly causes serious short and long term medical and psychological complications. Consequently, it is a physically abusive act. It is our aim to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with all members of our school community. All staff should be alert to the possibility of FGM. This policy represents a preventative strategy that focuses upon education, as well as the protection of girls at risk of significant harm. The following principles should be adhered to:



- The safety and welfare of the girl is paramount;
- All agencies and staff, including volunteers, will act in the interest of the rights of the girl, as stated in the UN Convention on the Rights of the Child (1989);
- All decisions or plans for the girl should be based on thorough assessments which are sensitive to the issues of age, race, culture, gender, religion. Stigmatisation of the girl or their specific community should be avoided.

6. The Cultural Context of FGM

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity. FGM is also often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community;
- Keeps her virginity / chastity;
- Is a rite of passage within the custom and tradition in their culture;
- Makes her socially acceptable to others, especially to men for the purposes of marriage;
- Ensures the family are seen as honourable;
- Helps girls and women to be clean and hygienic.

7. The Consequences of FGM

The FGM procedure is usually carried out by an older woman in the community, who may see conducting FGM as a prestigious act as well as a source of income. The procedure usually involves the girl being held down on the floor by several women. It is carried out without medical expertise, attention to hygiene or an anaesthetic. Instruments used include un-sterilised household knives, razor blades, broken glass and stones. The girl may undergo the procedure unexpectedly, or it may be planned in advance.

Many people may not be aware of the relation between FGM and its health consequences; in particular, the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

- Severe pain and shock;
- Infections;
- Urine retention;
- Injury to adjacent tissues;
- Fracture or dislocation as a result of restraint;
- Damage to other organs;
- Death.



Depending on the degree of mutilation, FGM can cause severe haemorrhaging and result in the death of the girl through loss of blood.

Long term health implications include:

- Excessive damage to the reproductive system;
- Uterus, vaginal and pelvic infections
- Infertility
- Cysts
- Complications in pregnancy and childbirth;
- Psychological damage;
- Sexual dysfunction;
- Difficulties in menstruation;
- Difficulties in passing urine;
- Increased risk of HIV transmission.

8. Signs and Indicators of FGM

Some indications that FGM may have taken place include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family;
- A girl may spend time out of the classroom or from other activities, with bladder or menstrual problems;
- A long absence from school or in the school holidays could be an indication that a girl has recently undergone an FGM procedure, particularly if there are behavioural changes on her return;
- A girl requiring to be excused from physical exercise lessons without the support of her doctor;
- A girl may ask for help, either directly or indirectly;
- A girl who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression.

Some indications that FGM may be about to take place include:

- A conversation with a girl where they may refer to FGM, either in relation to themselves or another female family member or friend;
- A girl requesting help to prevent it happening;
- A girl expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin;
- A boy may also indicate some concern about his sister or other female relative.



9. What to do if you think a girl is at risk of FGM

Any information or concern that a girl is at risk of, or has undergone FGM should result in an **immediate** referral to the relevant Child Protection Officer (CPO) for either Primary or Secondary. If a girl is thought to be at risk of FGM, **you should be aware of the need to act quickly** - before she is abused by undergoing FGM within Tanzania, or taken abroad (potentially across a regional / international border) to undergo the procedure.

10. Action to be taken by the CPO in the event of an FGM referral

Once a referral has been received for either a girl who is at risk or has undergone FGM, a meeting must be convened within two working days by the relevant CPO. This should involve the girls' parents, the relevant CPO themselves and, if deemed appropriate, a member of the medical community, such as gynaecologist or paediatrician.

In the case of a girl who is at risk of FGM taking place:

The meeting must first establish if the parents and/or girl have had access to information about the harmful aspects of FGM. If not, the parents/girl should be offered the opportunity of educational/preventative programmes before any further action is considered. Every attempt should be made to work with parents on a voluntary basis to prevent abuse of FGM occurring. The investigating team should ensure that parental co-operation is achieved wherever possible, including the use of community organisations and/or community leaders to facilitate the work with parents/family. However, if it is not possible to reach an agreement, the first priority is protection of the girl and the following paragraph applies.

If the parents cannot satisfactorily guarantee that they will not proceed with the mutilation and the meeting decides that, as such, the child is in immediate danger, then the member of the Board of Directors with responsibility for child protection will be contacted within 12 hours. The Board member will then attend school for a meeting with the parents/guardians within 24 hours of being contacted. At this point, the primary focus remains preventing the child undergoing any form of FGM, rather than removal from the family. However, the school will pursue a care order so as to remove the child from immediate danger in the event that the parents are still unable to guarantee the child's safety from FGM, following the meeting with the Board member. In such a case, further steps will then be taken in accordance with the laws detailed in Section 3 of this policy. Legal advice must be sought before any legal action is taken.

At all stages during these meetings, consideration should be given to establish if there are any younger sisters, and an assessment is needed to determine if there are any risks to younger siblings.



In the case of a girl who has already undergone FGM:

Where FGM has been practised, a meeting with the relevant CPO, with referral to the member of the Board of Directors with responsibility for child protection, should consider how, where and when the procedure was performed and its implications for the girl. A girl who has undergone FGM should be seen as a child in need of support and offered services as appropriate. The meeting should consider the need for medical assessment and/or therapeutic services for her. The meeting will also consider the legality of the procedure and will consider whether the child would benefit from an application for a care order to remove her from her parents/guardians. The risk to other female children in the family and extended family **must** be considered at the meeting and a referral made to the appropriate services.

11. Concluding Statement on St. Constantine's International School's position with regards to FGM

If St. Constantine's International School becomes aware that FGM has either taken place or is going to take place, the school has a moral and legal responsibility to inform the Tanzanian authorities. The school will support any prosecution in relation to such a case through supplying of documents, giving evidence in court, or any other reasonable request from the state.

12th November 2019

For Review in November 2020