



IFMSA

International Federation of
Medical Students' Associations

IFMSA Policy Document Abolishing Female Genital Mutilation/Cutting

Proposed by Team of Officials

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Policy Statement

Introduction

According to the World Health Organisation (WHO), the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF), Female Genital Mutilation is defined as *all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons.*

According to data collected by UNICEF, at least 200 million girls and women have undergone Female Genital Mutilation/Cutting (FGM/C) in 30 countries of the African, the Asia-Pacific and the Eastern Mediterranean Region. Although the prevalence of FGM/C is concentrated in these regions, evidence suggests that FGM/C is of worldwide concern with reports of the procedure being practiced in some places of South and North America as well as Australia and Europe. Despite the fact that there has been a decline of the FGM/C prevalence during the past thirty years, it is believed that the number of cases will increase as a result of growing populations of the world. If the practice of FGM/C continues at the current level, it is estimated that 4,6 million girls will be cut each year by 2030. While FGM/C is traditionally performed by elderly people or other people of high reputation in the respective community, data provides a rising medicalisation of FGM/C in certain countries, such as Egypt, Guinea, Indonesia, Kenya, Nigeria and Sudan.

Confirmed by multiple international conventions and conferences, every form of FGM/C is recognised as a violation of the human rights of girls, women and children. Moreover, the global commitment to eliminate all forms of FGM/C is explicitly stated as a target of the Sustainable Development Goal 5 "Achieve gender equality and empower all women and girls" of the United Nations Agenda 2030.

IFMSA Position

The International Federation of Medical Students' Association (IFMSA) condemns any form of Female Genital Mutilation/Cutting that girls and women undergo worldwide. IFMSA affirms that the practice of FGM/C violates the right to safety and personal freedom, to life and physical integrity, and the right to health of the affected girls or women while the procedure does not provide any health benefits. Representing the future generations of health professionals, IFMSA acknowledges its responsibility in opposing to the medicalisation of FGM/C and therefore opposing to the legitimisation of the practice.

Call to Action

Therefore, IFMSA calls on:

Health students and national medical students' associations to:

- Advocate for the integration of the issue around FGM/C in the medical curriculum, including the human rights approach to FGM/C as well as the potential health consequences of the practice and comprehensive healthcare for affected girls and women,
- Raise awareness on the issue of FGM/C as a reflection of gender inequity and violation of human rights, especially addressing communities in their entirety including opinion leaders, performers and victims of the practice, choosing a participatory approach and taking into account the community's culture and values.
- Organise educational and awareness-raising activities addressed to medical and other health students that aim at the prevention of FGM/C performed by health workers,
- As future health professionals, provide information on the health consequences of FGM/C as well as possibilities of seeking help to strengthen affected girls and women and provide them with skills to claim their rights to safety, bodily integrity and health.

Health organisations and medical schools to:

- Include the issue of FGM/C in the curricula of health students, including the human rights approach to FGM/C as well as potential health consequences of the practice and comprehensive healthcare for affected girls and women.



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- Educate health professionals on the complex of problems associated with the medicalisation taking a strong stance against any type of FGM/C performed in medical settings.
- Engage with affected women or organisations to deepen cultural understanding and how to approach the topic in a sensitive manner.
- Increase the public knowledge on the physical, emotional and social consequences of the practice fueling a critical contemplation of the tradition within communities by public campaigning and providing information packages.
- Promote research to acknowledge the statistics on FGM/C and their consequences at a local level to contribute with data to NGOs.

The health sector to:

- Oppose to the practice of FGM/C among medical professionals by implementing and executing strict policies against FGM/C performed in medical settings,
- Provide provide holistic, patient-centric support services for girls and women who are survivors of FGM/C, covering not only gynecological and other somatic help and consultancy, but also psychological and social support,
- Provide training aimed at changing the perception of service providers towards FGM/C in areas where medicalised FGM/C is common,
- Provide follow-up of the victims of FGM/C on mental and gynecological health issues with an integral approach.

Governments to:

- Involve communities where FGM/C is practiced and religious leaders in the creation of strategies to address and prevent the practice, showing an inclusive approach that enables a change of perception on FGM/C not only on governmental but also on community level.
- Adopt laws that not only strictly prohibit the performance of FGM/C, but also mandate comprehensive healthcare services as well as social support for girls and women that have undergone the procedure,
- Provide financial resources for collecting data on FGM/C that gives comprehensive information on the number of girls and women affected - segregated by geographical as well as age and social measures - and that as well increases the understanding of the root causes and corresponding barriers to conquer the ongoing practice of FGM/C, with adequate consideration and protections for the privacy of the participants.
- Develop curricula with focus on human, sexual and reproductive rights in primary and secondary schools to empower girls and teenagers.

Non-Governmental Organisations (NGOs) and international agencies to:

- Use their outreach to advocate for the abandonment of FGM/C, with the help of campaigns targeting the sociocultural causes of ongoing FGM/C practices as well as related social, psychological and health-related consequences, choosing an inclusive approach that makes the voices of affected girls and women heard and strengthened.
- Hold governments accountable to build new and execute implemented laws that protect the rights violated through FGM/C by raising awareness about FGM/C-related laws and monitoring as well as reporting governmental measures taken for the rights protection of affected girls and women,
- Provide educational resources that give girls and women the tools to make use of their rights and support affected girls and women to seek medical and psychosocial help.



Position Paper

Introduction

According to the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF), Female Genital Mutilation is defined as *all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons*.^[1]

According to data collected by UNICEF, at least 200 million girls and women have undergone Female Genital Mutilation/Cutting (FGM/C) in 30 countries of the African, the Asia-Pacific and the Eastern Mediterranean Region, more than half of them living in Egypt, Ethiopia and Indonesia. Although the prevalence of FGM/C is concentrated in these regions, evidence suggests that FGM/C is of worldwide concern with reports of the procedure being practiced in some places of South and North America as well as Australia and Europe.^[2]

Despite that there has been a decline of the FGM/C prevalence during the past thirty years^[2], it is believed that the number of cases will increase as a result of growing populations of the world. Today it is estimated that almost 4 million girls are cut each year. If the practice of FGM/C continues at the current level, this number will rise to an estimated 4,6 million by 2030.^[3]

While FGM/C is traditionally performed by elderly people or other people of high reputation in the respective community, data provides a rising medicalisation of FGM/C in certain countries, such as Egypt, Sudan, Kenya, Nigeria and Guinea.^[3] It has further been reported that more than half of girls living in Indonesia have undergone the practice performed by a medical professional.^[2]

Confirmed by multiple international conventions and conferences, such as the United Nations Convention on the Rights of the Child (1989) [4], the United Nations International Conference on Population and Development (Cairo, 1994) [5] and the Fourth World Conference on Women (Beijing, 1995) [6], every form of FGM/C is recognised as a violation of the human rights of girls, women and children. The global commitment to eliminate all forms of FGM/C has been reaffirmed since its first mentioning and is explicitly stated as a target of the Sustainable Development Goal 5 "Achieve gender equality and empower all women and girls" of the United Nations Agenda 2030.^[7]

Background

Definition and types of FGM/C

Female genital mutilation/cutting can be performed through a broad variety of procedures. The most recent classification was published by WHO in 2007, which subdivisions include the major variations documented:

- Type I or clitoridectomy: partial or total removal of the clitoris and/or the prepuce.
 - Type Ia: removal of the clitoral prepuce only.
 - Type Ib: removal of the clitoris and clitoral prepuce.
- Type II or excision: partial or total removal of the clitoris plus the labia minora, with or without excision of the labia majora.
 - Type IIa: removal of labia minora only.
 - Type IIb: removal of labia minora with either part or the entire clitoris.
 - Type IIc: removal of labia minora, labia majora and either part or the entire clitoris.
- Type III or infibulation: narrowing of the vaginal opening through the creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, sometimes through stitching, with or without excision of the clitoris. Reinfibulation is also included under this definition.



- Type IIIa: removal and apposition of the labia minora.
- Type IIIb: removal and apposition of the labia majora.
- Type IV or unclassified: includes all other harmful procedures done to the female genitalia for non-medical purposes. Some examples are: cauterizing, piercing, scraping, pricking or incising.[8]

In this terminology, “clitoris” makes reference to the clitoral glans, which is the external part of the clitoris, but not to the whole clitoral body that is inside the soft tissue. Reinfibulation mentioned under Type III refers to the recreation of infibulation after an event that needed defibulation, such as childbirth. [8]

Regarding to Type IV, although pricking doesn't lead to provable anatomical changes, it has been included there because of the tendency to use this term to cover up more harmful procedures such as Type I, II and III. The use of noxious substances in the female genitalia is also considered part of Type IV FGM/C, especially when done in a context of high social pressure with potential health threats. There are some procedures such as hymen repair or genital cosmetic surgery which are not considered part of the Female Genital Mutilation/Cutting practices. [1]

Discussion

History of FGM/C and social and cultural perceptions around FGM/C

Although FGM/C is practiced in some communities in the belief that it is a religious requirement, research shows that FGM/C predates Islam and Christianity. Some anthropologists trace the practice to 5th century BC in Egypt, with infibulations being referred to as 'Pharaonic circumcision'. Other anthropologists believe that it existed among Equatorial African herders as a protection against rape for young female herders; as a custom amongst stone-age people in Equatorial Africa; or as 'an outgrowth of human sacrificial practices, or some early attempt at population control'.[9] A Greek historian and geographer in the second century BC reported that a group along the eastern coast of the Red Sea cut their women in “Egyptian style” and that another group “cut off in infancy with razors the whole portion that others circumcise”.[10]

There certainly appears to be a link between FGM/C and slavery as in 1609. Dos Santos reported that a group near Somalia had a custom to sew up their females, especially young slaves, to make them unable for conception which makes them sell dearer, both for their chastity and for better confidence which their masters put in them. It was reported in 1799 that Egyptians practiced FGM/C to prevent pregnancy in women and slaves.[10]

Many commentators believe that the practice evolved from earliest times in primitive communities that wished to establish control over the sexual behavior of women. The Romans performed a technique involving slipping of rings through the labia majora of female slaves to prevent them from becoming pregnant and the Scotsi sect in Russia performed FGM/C to ensure virginity. The practice is supported by traditional beliefs, values and attitudes. In some communities it is valued as a rite of passage to womanhood while others value it as a means of preserving a girl's virginity until marriage. FGM/C is often considered a prerequisite to marriage that guarantees a bride price for the family of the daughter and therefore some wealth as the girl is married off. This might increase the pressure on families and girls to maintain the tradition, with marriage being vital to many women's social and economic survival. A common conception is that FGM/C is done for religious reasons, although it has not been confined to a particular culture or religion. The procedures defined as FGM/C have neither been mentioned in the Quran nor Sunnah.[11] [12]



Some of the traditional myths and beliefs that have propagated and keep propagating the practice of FGM/C include:

- It was promoted as a prerequisite for a woman's cleanliness and health of the baby, especially in areas with a high infant mortality.
- In Mali and Burkina Faso, the clitoris was perceived to be dangerous during childbirth and able to cause death when the baby's head touches it.
- In some communities, the clitoris is told to produce a foul-smelling discharge
- In some parts of Ethiopia, a common belief is shared that if the outer parts of the female genital are not cut, they will grow and hang in between the legs like that of a man.
- In some parts of Ivory Coast, it was believed that woman who don't undergo the practice cannot conceive.
- In some communities, infibulation is used as a beautification process said to create a smooth and desirable skin surface.
- In some communities, the clitoris was thought of as a masculine feature needed to be removed in order to reach true femininity.[13]

For a very long time, the social pressure and the belief of the above-mentioned myths has propagated the practice which is still ongoing till today in some regions and communities.

FGM/C is an integral part of the societies that practice it, where patriarchal authority and control of female sexuality and fertility are given. Most girls are subjected to societal pressure to undergo the practice. In some instances, the groom's family is given permission to inspect the girl's body and ensure that they are still 'closed'. A girl's virginity is considered essential for her family to be able to receive her bride price and honour.[14] In other instances, it has been used a beautification technique by some communities.[12]

Health consequences of FGM/C

FGM/C is associated with a great multitude of health consequences - physical and psychological - that can be severely debilitating or life-threatening to the women affected. These include complications in the realms of gynaecological, obstetric, sexual and psychological health, as well as encompass the full temporal spectrum of consequences, from immediate to lifelong.

The short-term health consequences that can occur after the procedure of FGM/C include severe pain, septic or haemorrhagic shock, genital infection and oedema, difficulty urinating or defecating, post-traumatic stress, other psychological consequences and death.[1] Many of these are, however, commonly underreported due to failure to seek medical treatment. Therefore, the full degree to which they occur is still unclear.[15]

The practice of FGM/C also has many medium to long-term effects on many aspects of the woman's health. Some of the most significant health outcomes associated with cutting are the increased risk of contracting sexually transmitted infections (24% increase) and genital problems (15% increase) [16] such as bacterial vaginosis, unintentional labial fusion, keloid scars, dermoid cysts, abscess formation, dysmenorrhoea and menstrual product retention. Apart from gynaecological consequences, there are medical implications like chronic anaemia due to repeated surgeries, urinary tract infection and pyelonephritis due to urinary retention, incontinence, chronic pelvic and back pain, septicaemia, chronic infection (e.g. hepatitis or HIV) and shock.[17]

Furthermore, there is considerable evidence to demonstrate a greater degree of obstetric complications in affected women, including prolonged labour, dystocia, obstetric lacerations, increased perinatal mortality. Additionally, these women are more likely to have a difficult delivery, including instrumental delivery.[18]



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Sexual and psychological problems associated with FGM/C are extremely common, with affected women being significantly more likely to report dyspareunia, lack of sexual desire, poor sexual satisfaction and vaginal dryness during intercourse. Women who have undergone FGM/C are also 3.2 times more likely to report sexual violence, 2.8 times more likely to report physical violence and 2.2 times more likely to report emotional violence. Anxiety disorders, sleep disorders, eating disorders, mood disorders as well as cognitive disorders are more likely to occur in women who have suffered the trauma of FGM/C, in particular post-traumatic stress, anxiety, depression, fear and inhibition.[17]

Medicalisation of FGM/C

According to WHO, medicalisation of FGM/C occurs “when FGM/[C] is performed by a health-care provider, such as a community health worker, midwife, nurse or doctor”. Medicalised FGM/C can take place in different settings such as public hospitals, private clinics or at home. Medicalisation can include all types of FGM/C defined by WHO, including the procedure of reinfibulation as it might for example be done after childbirth.[3]

Demographic and Health Surveys data show that in recent years the medicalisation of FGM/C has increased significantly, particularly in Egypt, Guinea, Kenya, Nigeria, Northern Sudan, Mali, and Yemen and recently in Indonesia. In many of these countries, one-third or more of the girls and women underwent the procedure of FGM/C done by a trained medical professional [19], while in Indonesia the number even rises to more than half of the girls.[20] An increased number of younger compared with older women are undergoing FGM/C by medical personnel, demonstrating a trend toward the practice.[19]

Medicalisation usually happens due to the false belief of health care providers that procedure is safe when medicalised.[21] Some governmental and non-governmental stakeholders as well as medical professionals consider medicalisation as a harm-reduction strategy and support the notion that when the procedure is performed by a trained healthcare professional, some of the immediate risks may be reduced.[1] However, FGM/C is never a safe practice, since even when the procedure is performed in highly hygienic settings and by trained health workers, there are still multiple immediate and long-term health risks associated with it. Against common beliefs, there is no evidence for a reduction of the obstetric and other long-term health complications caused by FGM/C. Hence, medicalised FGM/C gives a false image of safety and health benefits.[3]

Local authorities, e.g. elderly members of the community, religious role models, traditional practitioners of FGM/C and also medical professionals, play an important role in the continuation and institutionalisation of the tradition.[21] Healthcare professionals often have a reputation of power and respect in communities and therefore greatly impact the perceptions around FGM/C in society.[1] Therefore, the performance of FGM/C in medicalised circumstances can fuel the perception of FGM/C being medically indicated or having a health-related indication and legitimise it as beneficial for the health of the respective girl or woman. Some have argued that medicalisation is a useful or necessary first step towards total abandonment, but there is no documented evidence to support this.[3]

FGM/C can never be medically justified. Therefore, promoting or supporting any form of cutting of girls' and women's genitals by offering or facilitating medicalised FGM/C contradicts the public health approach of healthcare and violates the right to life, to health and to physical integrity. The performance of FGM/C by healthcare professionals therefore violates fundamental ethical principles of the medical profession to “do no harm.”[3]



Accordingly, not only different United Nations agencies and conventions have condemned the medicalisation of FGM/C, also professional organisations and other healthcare-related authorities have been raising their voices to take action against said medicalisation. Already in 1994, the International Federation of Gynecology and Obstetrics (FIGO) passed a consequent resolution to oppose to any form of female genital mutilation performed by obstetricians and gynaecologists and to strictly forbid "its performance, under any circumstances, in health establishments or by health professionals".[1]

FGM/C in the context of human rights and gender equity

FGM/C violate a large number of human rights, all listed in the United Nations Universal Declaration of Human Rights of 1948; these are civil, political, social and cultural human rights and include the right to safety and personal freedom, to life and physical integrity, and to health.[22]

The Universal Declaration of Human Rights is not the only convention for the observation, protection and realisation of fundamental human rights. As a matter of fact, in many other documents it is possible to find references to FGM/C as a violation to human rights and a matter of gender-based violence. Also, these other conventions highlight governments' and international community's responsibility for guarding the health and rights of women and girls and granting them rights and legal claims to protection by state agencies.

The 1979 UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) provides an international legal basis for the repudiation of discriminatory practices, including FGM/C. We can read from Article 5:

States Parties shall take all appropriate measures:

- (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.*

In the same document, all the states parties condemn discrimination against women in all its forms and agree to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women.[23]

In 1993, the UN Declaration on the Elimination of Violence against Women was the first to make explicit reference to gender-based violence and lays out strategies to overcome violations of human rights. As we can read from Article 2:

Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;*

[...]

Women are entitled to the equal enjoyment and protection of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. These rights include, inter alia:

[...]

- (h) The right not to be subjected to torture, or other cruel, inhuman or degrading treatment or punishment.[24]*

In the same year, the World Conference on Human Rights in Vienna calls on governments to take action against any form of violence against women and torture and to support civil society organisations in their efforts to overcome the issue.[25]



In the UN Convention on the Rights of the Child (1989), FGM/C is also mentioned as a violation of the rights of children.

Article 2

(2) States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

[...]

Article 19

(1) States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

[...]

(3) States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

[...]

Article 37

States Parties shall ensure that:

(a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment.[4]

Other important documents are:

- a) the UN International Conference on Population and Development (Cairo, 1994) [5] which mentions FGM/C between issues concerning Gender Equity, Family, Children Rights and Reproductive Health,
- b) the Fourth World Conference on Women (Beijing, 1995) [6] and
- c) the African Charter on the Rights and Welfare of the Child, adopted in 1990 which mentions the need to protect children from traditional harmful practices.[26]

Another major document, much more recent than the previous ones, is the UN 2030 Agenda for Sustainable Development which mentions among the targets for the world's health:

Goal 5. Achieve gender equality and empower all women and girls

[...]

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.[7]

There are also specific documents produced within African Region. The Protocol of the African Union on the Rights of Women in Africa, also known as the Maputo-Protocol, in Article 5 puts FGM/C between violations of human rights and calls for a ban on these practices and the taking of measures to eliminate them. [27]

Right to health

The International Human Rights Law, based also on the Universal Declaration of Human Rights, proclaims the right for all human beings to live in conditions that allow them to potentially reach a perfect status of health.[22] As stated above, all types of FGM/C often lead to severe consequences for a woman's or girl's physical and mental health. Seen from this point of view, FGM/C appears as a clear violation of the right to health.



The right of the child

The United States Department of State, Ethiopia argues that FGM/C violates the rights of the child since they are usually performed on young girls and children.[28] From this sight, the practice is in conflict with Art. 3 of the *Convention on Rights of Child*, which stipulates that “*In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration*”.[4]

Also, as pointed out in WHO’s *Eliminating female genital mutilation: an interagency statement* , FGM/C poses the psychological and physiological health of children on whom it is performed at a serious risk.[1]

The right to sexual and physical integrity

As a harmful practice that chronically alters the girl’s or women’s body and during which girls and women are sometimes forcibly restrained, FGM/C is a violation of the right to physical integrity. More than that, the practice and reasons of FGM/C disrespect the right to sexual health and sexual integrity. The Declaration of Sexual Rights, adopted by the World Association for Sexual Health in 1999, stipulates the right to autonomy and bodily integrity (n.3), the right to freedom from torture and harmful practices (n.4) and the right to freedom from coercion (n.5). [14] Any non-consensual and harmful invasion of a person’s body represents a disregard for all these fundamental rights.[29]

According to *United States Department of State, Ethiopia*, one of the reasons behind the practice of FGM/C is the societal belief that female sexuality has to be controlled. Additionally, one of the long-term complication of FGM/C is pain during sexual intercourse and lack of sexual fulfillment even in moments when there is no pain.[1] These are clear violations of women’s right to a pleasurable, satisfying and safe sexuality (n.7) as stated by WAS.[29]

Right to be free from discrimination

The practice of FGM/C being performed as a prerequisite for marriage in order to gain economic and social security is a gender-based discrimination.[30] For example, Gikuyu society’s tradition doesn’t allow men to marry women who have not undergone the practice:

“A woman without children or an unmarried woman will have a very difficult life and a devastated old age, especially ones without any support from their relatives or community. The whole practice of FGM is the base for marriage. Without undergoing FGM, a woman is denied the right of marriage, in most cases also the denial of receiving bride price. An unmarried woman is an outcast in the society.”[31]

From this, it can be argued that putting FGM/C as a precondition merely for women to marry is explicitly discrimination against women based of sex.

Free from torture, cruel, inhuman and degrading treatment

The *UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment* clearly says that FGM/C constitutes torture or ill-treatment (A/HRC/7/3) and must be prohibited. In the report to the 32st session of the Human Rights Council, states are called to take on the responsibility to prohibit and prevent torture and ill-treatment and to take measures for the prevention and prosecution of instances of FGM/C by private persons. [32]



National measures taken to stop FGM/C

As the report "Legislative Reform to Support the Abandonment of Female Genital Mutilation/Cutting" - published by Unicef in 2010 - shows, the majority of countries has been taking measures for the protection of women and girls from FGM/C by signing above mentioned international and regional resolutions and other documents and by taking internal steps, such as criminalisation of FGM/C through law or increased outreach of educational efforts. Measures taken in relation to specific legislation on FGM/C have been growing since the end of the 20th century, especially in African countries and countries receiving immigrants from regions where FGM/C is commonly practiced.[8]

Until today, FGM/C is legally banned in various countries of the African region, either through laws directly related to FGM/C or "harmful traditional practices" (Benin, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Mauritania, Niger, Nigeria, Senegal, South Africa, Tanzania, and Togo) [33] or through laws prohibiting assault and bodily harm which are indirectly applicable to FGM/C. [34] Prosecutions or arrests in relation to FGM/C cases were reported e.g. in Burkina Faso, Egypt, Ghana, Senegal, and Sierra Leone. Furthermore, laws abandoning FGM/C were passed in Australia, Belgium, Canada, Cyprus, Denmark, Italy, New Zealand, Norway, Spain, Sweden, United Kingdom, Germany, France and the United States).[33]

While it was shown that the type of law to criminalise FGM/C - i.e. if it directly or indirectly - does not matter in regards to the enforcement of the law, experiences from Egypt and Burkina Faso indicate an increase of effectiveness of respective legislations if preceded by years of public sensitisation campaign and education strategies to build support for the legislation among the population.[35]

Building on the established law framework, an elimination of FGM/C can be possible if besides legislation, public education on FGM/C is enhanced and the dialogue between governments, civil society organisation and communities is strengthened.[36]

References

1. World Health Organisation, *Eliminating female genital mutilation: an interagency statement OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*, 2008, available at: http://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf;jsessionid=F8C2D1A6B918F0F5ED56B300CDD40298?sequence=1 [accessed 1 June 2018]
2. Female Genital Mutilation/Cutting: A Global Concern. UNICEF. 2016. Available at: https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf [cited 1 June 2018]
3. UNFPA, *Female genital mutilation (FGM) frequently asked questions* (webpage), available at: https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#where_practiced [accessed 14 May 2018]
4. United Nations General Assembly, *Convention on the Rights of the Child*, 1989, available at: <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf> [accessed 1 June 2018]
5. United Nations Population Fund, *Programme of Action of the International Conference on Population Development*, 2014, available at: https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf [accessed 1 June 2018]
6. United Nations, *Beijing Declaration and Platform of Action, adopted at the Fourth World Conference on Women*, 1995, available at: <http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf> [accessed 1 June 2018]
7. UN-DESA, *Sustainable Development Knowledge Platform* (webpage), available at: <https://sustainabledevelopment.un.org/SDG5> [accessed 1 June 2018]
8. World Health Organisation, *Global strategy to stop health-care providers from performing female genital mutilation UNAIDS, UNDP, UNFPA, UNICEF, UNHCR, UNIFEM, WHO, FIGO, ICN, IOM, WCPT, WMA, MWIA*, 2010, available at: http://apps.who.int/iris/bitstream/handle/10665/70264/WHO_RHR_10.9_eng.pdf;jsessionid=F4368D3B8F34688586DA71082E280336?sequence=1 [accessed 1 June 2018]



9. Lightfoot-Klein, H. (1983). Pharaonic circumcision of females in the Sudan. *Med. & L.*, 2, 353.
10. 28TooMany, *What are the origins and reasons for FGM?* (webpage), 2013, available at: <https://www.28toomany.org/blog/2013/feb/19/what-are-the-origins-and-reasons-for-fgm-blog-by-28-too-manys-research-coordinator/> [accessed 1 June 2018]
11. FGM National Clinical Group, *FGM Information: Historical and Cultural* (webpage), available at: http://www.fgmnationalgroup.org/historical_and_cultural.htm [accessed 1 June 2018]
12. Ethiopia Forums, *What is Female Genital Mutilation or FGM?* (webpage), 2017, available at: <http://ethiopiaforums.com/what-is-female-genital-mutilation-or-fgm-female-genital-mutilation/32336/> [accessed 1 June 2018]
13. FGM New Zealand, *Female Genital Mutilation: Beliefs and Issues* (webpage), 2018, available at: <http://www.fgm.co.nz/beliefs-and-issues/> [accessed 1 June 2018]
14. Althaus, F. A. (1997). Female circumcision: rite of passage or violation of rights?. *International Family Planning Perspectives*, 130-133.
15. Makhoulf Obermeyer, C. (2005). The consequences of female circumcision for health and sexuality: an update on the evidence. *Culture, Health & Sexuality*, 7(5), 443-461.
16. Wagner, N. (2015), Female Genital Cutting and Long-Term Health Consequences – Nationally Representative Estimates across 13 Countries. *The Journal Of Development Studies*, 51(3): 226-246.
17. Refaei, M., Aghababaei, S., Pourreza, A. & Masoumi, S. Z. (2016). Socioeconomic and Reproductive Health Outcomes of Female Genital Mutilation. *Archives of Iranian Medicine (AIM)*, 19(11), 805-811.
18. Berg R. C. & Underland V. (2013). The Obstetric Consequences of Female Genital Mutilation/Cutting: A Systematic Review and Meta-Analysis. *Obstetrics & Gynecology International*, 2013.
19. UNICEF Innocenti Research Centre, *Changing a harmful social convention: Female Genital Mutilation/Cutting*, 2005, available at: https://www.unicef-irc.org/publications/pdf/fgm_eng.pdf [accessed 2 June 2018]
20. Budiharsana M., *Female Genital Cutting Common in Indonesia, Offered as Part of Child Delivery by Birth Clinics* (webpage), 2016, available at: <https://theconversation.com/female-genital-cutting-common-in-indonesia-offered-as-part-of-child-delivery-by-birth-clinics-54379> [accessed 2 June 2018]
21. World Health Organisation, *Female Genital Mutilation* (webpage), 2018, available at: <http://www.who.int/en/news-room/fact-sheets/detail/female-genital-mutilation> [accessed 2 June 2018]
22. UN General Assembly, *Universal Declaration of Human Rights*, 1948, available at: <http://www.un.org/en/universal-declaration-human-rights/> [accessed 2 June 2018]
23. UN General Assembly, *Convention on the Elimination of All Forms of Discrimination against Women*, 1979, available at: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm#article5> [accessed 2 June 2018]
24. UN General Assembly, *Declaration on the Elimination of Violence against Women*, 1993, available at: <http://www.un.org/documents/ga/res/48/a48r104.htm> [accessed 2 June 2018]
25. UN General Assembly, *Vienna Declaration and Programme of Action*, 1993, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/Vienna.aspx> [accessed 2 June 2018]
26. Organization of African Unity (OAU), *African Charter on the Rights and Welfare of the Child*, 1990, available at: http://www.achpr.org/files/instruments/child/achpr_instr_charterchild_eng.pdf [accessed 2 June 2018]
27. African Union, *Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa*, 2003, available at: http://www.achpr.org/files/instruments/women-protocol/achpr_instr_proto_women_eng.pdf [accessed 2 June 2018]
28. United States Department of State, *Mali: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, 2001, available at: <http://www.refworld.org/publisher,USDOS,ANNUALREPORT,MLI,46d5787a55,0.html> [accessed 2 June 2018]



29. The World Association for Sexual Health, *Declaration of Sexual Rights*, 1997, available at: http://www.worldsexology.org/wp-content/uploads/2013/08/declaration_of_sexual_rights_sep03_2014.pdf [accessed 2 June 2018]
30. UNICEF, *Child protection from violence, exploitation and abuse - Female genital mutilation/cutting* (webpage), 2016, available at: https://www.unicef.org/protection/57929_58002.html [accessed 9 June 2018]
31. Moges, A. (2013), What is behind the tradition of FGM?, available at: <http://www.african-women.org/documents/behind-FGM-tradition.pdf> [accessed 8 June 2018]
32. UN General Assembly, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, 31st Session of the Human Rights Council, 2016, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/000/97/PDF/G1600097.pdf?OpenElement> [accessed 8 June 2018]
33. Center For Reproductive Rights, *Female Genital Mutilation (FGM): Legal Prohibitions Worldwide*, 2009, available at: <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Fact%20Sheet%20FGM%2002-2009.pdf> [accessed 8 June 2018]
34. Deutsche Gesellschaft für International Zusammenarbeit (GIZ) GmbH, *Female Genital Mutilation and Legislation*, 2011, available at: <https://www.giz.de/fachexpertise/downloads/giz2011-en-fgm-gesetzgebung.pdf> [accessed 8 June 2018]
35. UNICEF, *Legislative reform to support the abandonment of female genital mutilation/cutting*, 2010, available at: https://www.unicef.org/policyanalysis/files/UNICEF_-_LRI_Legislative_Reform_to_support_the_Abandonment_of_FGMC_August_2010.pdf [accessed 2 June 2018]
36. Ako, M. A. & Akweongo, P. (2009). The limited effectiveness of legislation against female genital mutilation and the role of community beliefs in Upper East Region, Ghana. *Reproductive Health Matters*, 17(34), 47-54. available at: <https://www.tandfonline.com/doi/full/10.1016/S0968-8080%2809%2934474-2> [accessed 2 June 2018]