Human Rights Council (UNHRC)

STUDY GUIDE

TOPIC:

Female Genital Mutilation: Towards a Future of Equality and Human Rights

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Introduction to the Committee

In a world where human rights continue to face persistent challenges, the United Nations Human Rights Council (HRC) plays a pivotal role in promoting and protecting these universal values. Established in 2006 by the UN General Assembly, the HRC replaced the former Commission on Human Rights and became the UN's principal intergovernmental body dedicated to addressing human rights violations and making recommendations for their prevention and redress. Headquartered in Geneva, Switzerland, the HRC is composed of 47 member states, elected on a rotating basis, ensuring geographic balance and representation (United Nations Human Rights Council, 2023).

The Council functions through various mechanisms that enable it to monitor, evaluate, and respond to human rights concerns worldwide:

- **Universal Periodic Review (UPR):** Established in 2006, this peer-review process examines the human rights record of every UN Member State, promoting accountability and transparency.
- **Special Procedures:** Independent experts, Special Rapporteurs, and Working Groups investigate specific countries or thematic issues such as torture, discrimination, or violence against women, providing reports and recommendations.
- **Commissions of Inquiry and Fact-Finding Missions:** These are mandated in situations of grave human rights violations, collecting evidence and promoting international awareness.

In addition, the HRC benefits from the technical expertise and support of the Office of the High Commissioner for Human Rights (OHCHR), which acts as its secretariat. The OHCHR assists states in meeting international human rights obligations through:

- Providing technical assistance and training to governments and civil society.
- Promoting international cooperation to strengthen human rights protections.
- Raising awareness through advocacy and human rights education campaigns.
- Supporting investigations and monitoring in countries experiencing human rights crises.

Over the years, the Human Rights Council has addressed a wide range of issues. Some of its notable contributions include:

- **Establishment of the Universal Periodic Review (2006):** A groundbreaking mechanism ensuring that every country, regardless of size or influence, is held accountable for its human rights record.
- **Expansion of Special Procedures:** The creation of numerous thematic and country-specific mandates, including experts on women's rights and harmful practices, which are directly relevant to the issue of Female Genital Mutilation (FGM).
- **Resolution 16/18 (2011):** Focused on combating intolerance, negative stereotyping, and stigmatization based on religion or belief, this resolution highlighted the Council's commitment to addressing systemic discrimination.

The Council's ability to convene urgent debates, establish commissions of inquiry, and pass resolutions on thematic issues underscores its global importance. In the context of FGM, the HRC has been instrumental in framing the practice as a **violation of fundamental human rights**, particularly those concerning equality, health, bodily integrity, and freedom from torture or cruel, inhuman, or degrading treatment (OHCHR, 2022).

Background of the topic

Defining Female Genital Mutilation (FGM)

The term *mutilation* refers to "the act or instance of destroying, removing, or severely damaging a limb or other body part of a person or animal" (UNICEF, 2025). Building on this definition, *Female Genital Mutilation (FGM)* is defined by the World Health Organization (WHO) and the United Nations as all procedures involving the partial or total removal of the external female genitalia, or other injury to the female genital organs, for non-medical reasons (WHO, 2022).

FGM is generally classified into four main categories:

- **Type I (Clitoridectomy):** Partial or total removal of the clitoris.
- **Type II (Excision):** Partial or total removal of the clitoris and the labia minora, with or without the labia majora.
- **Type III (Infibulation):** Narrowing of the vaginal opening through the creation of a covering seal, formed by cutting and repositioning the labia.
- **Type IV:** All other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, scraping, or cauterization.

Historical and Cultural Context

The origins of FGM are complex, with evidence suggesting it predates both Islam and Christianity. The practice has been historically associated with gender inequality, social control over female sexuality, and cultural beliefs about purity, modesty, and aesthetics (Wassu-UAB Foundation, 2020). In many communities, FGM is regarded as a rite of passage into womanhood, a prerequisite for marriage, or even a condition for inheritance rights.

Although neither Islam nor Christianity endorses FGM, religious narratives are often invoked to justify the practice. Social pressures play a central role: families who refuse to subject their daughters to FGM may **face ostracism**, while girls may be considered unfit for marriage, leading parents to perceive compliance as necessary for social survival.

Global Recognition and Legal Frameworks

Since the 1970s, international advocacy has reframed FGM as not just a cultural practice but a violation of human rights, with grave physical and psychological consequences. Several major global frameworks explicitly or implicitly address FGM:

- **The Maputo Protocol (2003):** Calls for the elimination of harmful practices, including FGM, in Africa.
- **The Convention on the Rights of the Child (CRC):** Identifies harmful traditional practices as violations of children's rights.
- **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW):** Requires states to act against cultural practices that discriminate against women.
- **The Sustainable Development Goals (SDGs):** Specifically, Goal 5 on gender equality includes the target to eliminate all harmful practices, including FGM, by 2030.

Symbolism and Persistence

FGM carries profound symbolic and social meaning in communities that practice it, often linked to ideas of belonging, respect for tradition, and community identity. This strong cultural attachment makes local opposition to FGM difficult, even when individuals recognize its harms. As a result, global eradication efforts must not only condemn the practice but also engage with communities respectfully, offering alternative rites of passage, education, and empowerment for women and girls.

Key Stakeholders and Positions

Female Genital Mutilation (FGM) is not confined to a single country or region; it is a global human rights issue affecting girls and women across multiple continents. While the practice is deeply entrenched in many African, Middle Eastern, and Asian communities, migration has also extended its presence to parts of Europe, North America, and Oceania (UNFPA, 2022).

Prevalence and regional concentration

Representative data indicate that FGM is most highly concentrated across a broad area from the Atlantic coast of West Africa to the Horn of Africa, as well as in certain Middle Eastern and Asian states. Prevalence is nearly universal in Somalia, Guinea, and Djibouti, where over 90% of women and girls have undergone FGM. By contrast, countries such as Cameroon and Uganda report prevalence rates below 1% (UNICEF, 2023). Other countries with significant prevalence include Sudan, Egypt, Mali, and Sierra Leone, each with varying cultural and social drivers.

Emerging evidence in other regions

Beyond Africa and the Middle East, evidence—though often limited to small-scale studies or anecdotal accounts—suggests that FGM is practiced in countries such as Colombia, India, Malaysia, Oman, Saudi Arabia, and the United Arab Emirates. Reliable national-level prevalence data remain scarce for these cases (UNICEF, 2023).

Global dimension through migration

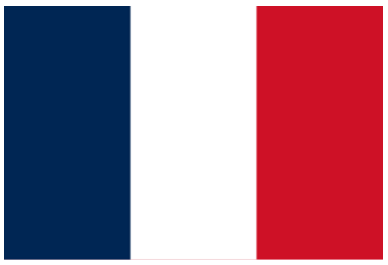
FGM has also been documented in diaspora communities in Europe, North America, and Australia, where migrant populations from practicing countries have carried the tradition abroad. This raises challenges for host governments, particularly in balancing cultural sensitivity with the obligation to protect human rights and uphold the law.

Key stakeholders

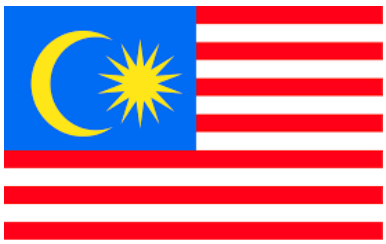
- **National Governments:** Some countries, such as Egypt and Kenya, have criminalized FGM but continue to struggle with enforcement due to strong cultural resistance. Others, such as Somalia and Guinea, face challenges where prevalence remains almost universal.
- **International Organizations:** Agencies like **UNICEF, UNFPA, and WHO** play leading roles in data collection, advocacy, and technical support for programs aimed at eliminating FGM.
- **Civil Society and NGOs:** Grassroots organizations, particularly women-led and youth-led movements, are central in shifting community norms and providing direct support to survivors.
- **Local Communities:** In practicing societies, FGM often remains tied to traditions of purity, marriageability, and social belonging. Elders, religious leaders, and family decision-makers therefore play pivotal roles in perpetuating or rejecting the practice.
- **Diaspora Communities:** Migrant communities may continue FGM practices abroad, but they also provide opportunities for transnational advocacy and dialogue, as survivors and activists challenge the practice from within.

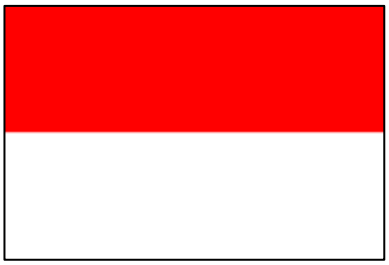
Countries

Country	Position
The United States of America 	The U.S. combats FGM through federal laws such as the 1996 ban and the 2021 STOP FGM Act, alongside awareness campaigns targeting immigrant communities and support programs for survivors. An estimated 513,000 women and girls are at risk, often due to "vacation cutting" during overseas travel. While legislation is strong, challenges remain in enforcement, healthcare access, and cultural stigma within affected communities.
People's Republic of China 	FGM is not a recognized issue within China, where the practice has no cultural or religious roots and no evidence of prevalence. The government has taken no specific domestic measures against FGM but emphasizes broader gender equality policies through healthcare, education, and women's rights. Internationally, China supports UN frameworks on gender equity but does not prioritize FGM as a domestic concern.
United Kingdom of Great Britain and Northern Ireland 	The UK treats FGM as child abuse and gender-based violence, with strong laws including mandatory reporting for professionals and penalties for perpetrators. The practice is most prevalent among diaspora communities, where girls may be taken abroad to undergo cutting. National strategies combine prosecution, education, community engagement, and survivor support, but hidden cases continue to challenge enforcement.

Russian Federation 	FGM is not explicitly outlawed in Russia but can be prosecuted under general laws against bodily harm. The practice is concentrated in Dagestan and a few North Caucasus regions, where it is upheld by cultural and religious traditions. Advocacy groups such as the Russian Justice Initiative highlight health and rights violations, though public awareness is limited and legal reforms remain weak.
French Republic 	France has one of the strictest legal frameworks against FGM, including extraterritorial jurisdiction to prosecute cases committed abroad. An estimated 44,000 women in France have undergone FGM, largely within migrant communities. The government provides asylum for those at risk, healthcare and psychological support for survivors, and leads international advocacy, making it a European leader in combating the practice.
The United Mexican States 	Mexico does not have a history of FGM domestically, but it supports global human rights frameworks, including the SDGs, and advocates internationally for the elimination of harmful practices. National focus remains on gender equality policies, positioning Mexico as an ally in international anti-FGM initiatives rather than a directly affected state.
Somalia 	Somalia has the highest global prevalence, with 99% of women aged 15–49 affected, mostly through Type III (infibulation). Despite Article 15 of the 2012 Constitution prohibiting the practice, there is no specific law or prosecutions to date. Social acceptance and religious justification sustain FGM as a near-universal norm, though NGOs and UN agencies work to raise awareness and support gradual change.

Guinea 	Guinea has one of the world's highest prevalence rates, with 96% of women aged 15–49 having undergone FGM. Although illegal under national law, enforcement is weak, and the practice continues across religious and ethnic groups. While Guinea signed the Maputo Protocol in 2003, it has not ratified it. Advocacy focuses on law enforcement, awareness campaigns, and reducing social acceptance among younger generations.
Sudan 	FGM affects around 87–90% of women aged 15–49 in Sudan, deeply tied to traditions of purity and marriageability. The practice was criminalized nationwide in 2020, marking significant progress, yet enforcement is limited due to instability and persistent cultural support. Efforts by NGOs, religious leaders, and international organizations aim to shift social norms, but progress remains slow.
Egypt 	With 87% prevalence among women aged 15–49, Egypt remains heavily affected despite decades of reform. Religious authorities such as Al-Azhar and the Coptic Orthodox Church have declared FGM has no religious basis. Laws criminalize the practice, with penalties up to 20 years for medical professionals (2021 reforms). Enforcement and community awareness campaigns show progress, especially among younger generations, but FGM persists widely.

Malaysia 	In Malaysia, FGM is widespread among Muslim women, with estimates exceeding 90% prevalence, though procedures are often symbolic pricking rather than severe cutting. The practice is supported by a 2009 religious ruling declaring FGM obligatory, complicating eradication. Rather than banning it, authorities regulate procedures through medical professionals. International organizations criticize this approach, calling for a total ban aligned with human rights standards.
Burkina Faso 	Burkina Faso is recognized for its early and firm stance against FGM, criminalizing it in 1996. Despite prevalence still at 76%, particularly in rural areas, the country has seen declines among younger generations. The government works with religious and community leaders, combining enforcement with education and advocacy, making Burkina Faso a regional model for integrated approaches to elimination.
Djibouti 	FGM remains nearly universal in Djibouti, with prevalence exceeding 90% among women aged 15–49. Although criminalized in 1995, enforcement is weak, and Type III (infibulation) remains common. Public awareness efforts and the ratification of the Maputo Protocol (2002) show political commitment, but strong cultural norms continue to challenge eradication.

Nigeria 	FGM prevalence in Nigeria varies widely: around 20% nationally, but far higher among Yoruba and Igbo groups. The 2015 Violence Against Persons Act (VAPP) criminalized FGM, but enforcement is limited. Advocacy is led by faith-based and grassroots organizations, while prevalence is gradually declining, especially in urban areas, thanks to awareness campaigns.
India 	FGM in India is mainly practiced by the Dawoodi Bohra community, where it is known as *khatna* or *khafz*. Prevalence is significant but undocumented, with studies suggesting up to 75% of Bohra women have undergone it. Despite survivor activism and petitions to ban the practice, the government has not officially recognized FGM as a widespread issue. The debate remains contentious, framed between religious freedom and human rights.
Indonesia 	Indonesia has one of the largest global populations affected by FGM, with about half of all girls under 11 subjected to some form of cutting. Rooted in cultural and religious traditions, the practice persists despite medical and legal restrictions. Recent advocacy has increased awareness, but prevalence remains high, and resistance to eradication continues in rural and traditional communities.
Iran 	FGM in Iran is concentrated in Hormozgan Province and Qeshm Island, with prevalence up to 60% in some villages. Typically performed by traditional practitioners, it reflects cultural and social pressures rather than national policy. Although awareness campaigns exist, the practice remains underreported and sensitive. No national law specifically criminalizes FGM, leaving survivors with limited protection.

Oman 	FGM persists in Oman, though largely hidden and under-researched. Official studies are lacking, but evidence suggests the practice continues in traditional communities, often justified by cultural or religious arguments. The government has banned FGM in state hospitals but has not enacted broader criminal legislation, making enforcement and monitoring limited.
Yemen 	FGM affects around 20% of women aged 15–49, with prevalence as high as 63% in some regions. Despite a legal ban under Article 248 of the Penal Code, enforcement remains weak, worsened by ongoing conflict since 2015. Social acceptance and guardian consent loopholes sustain the practice, while humanitarian crises undermine education and awareness campaigns.
Colombia 	FGM exists in small Indigenous communities in Colombia but remains under-researched and poorly documented. The government has no specific legal framework addressing the practice, and misconceptions that FGM only occurs in Africa contribute to its invisibility. Advocacy calls for better data collection, legal reform, and awareness to address this overlooked form of gender-based violence.
Chad 	FGM prevalence in Chad stands at around 50% of women aged 15–49, with higher rates in the southeast. Although prohibited under the 2002 Reproductive Health Law, enforcement has been slow, with full implementation only beginning in 2018. Cultural traditions, weak institutions, and regional variations sustain the practice, despite advocacy campaigns for change.

Eritrea 	FGM prevalence has declined from 95% in 1995 to around 83% in 2010, with sharper reductions among girls under 15. The practice remains widespread but is decreasing due to community outreach, education, and government interventions. Legal bans exist, but enforcement is inconsistent, particularly in rural areas.
Gambia 	FGM affects around 78% of women aged 15–49 in The Gambia, often performed in early childhood. Although banned in 2015, enforcement is weak, and recent efforts to repeal the ban threaten progress. Deep cultural and religious justifications sustain the practice, while advocacy campaigns continue to push for protection of women's rights.
Kenya 	FGM affects about 21% of women aged 15–49, with prevalence highest in the Northeastern region. The practice is illegal, and the government aims to eliminate it by 2030. National campaigns, community engagement, and education have reduced prevalence among younger generations, though rural traditions still hinder eradication.
Mali 	FGM remains highly prevalent in Mali, affecting around 89% of women aged 15–49, often performed before age five. No national law explicitly bans the practice, and only limited advocacy exists, making eradication difficult. Despite international pressure, cultural acceptance remains strong, and most women support its continuation.

Ethiopia 	FGM affects about 65% of women aged 15–49 in Ethiopia, with prevalence over 90% in Somali and Afar regions. Criminalized under national law, FGM is declining among younger generations as attitudes shift, but enforcement remains weak in rural areas. Sustained advocacy and education are essential to achieve the 2030 elimination goal.
Ivory Coast 	FGM affects 36% of women aged 15–49, concentrated in northern and western regions. Although outlawed in 1998, enforcement is inconsistent, and traditional cutters continue to operate. National advocacy campaigns have raised awareness, and prevalence is slowly declining, but cultural pressures remain strong.
United Arab Emirates 	FGM persists in the UAE, with 41% prevalence reported among women, typically performed in infancy or childhood. The practice lacks specific national criminalization, limiting accountability. Attitudes are shifting, with many now opposing FGM, but legal and cultural barriers still impede full eradication.
Liberia 	FGM affects around 32% of women aged 15–49 in Liberia, closely tied to initiation rituals of secret societies such as the Sande. Despite temporary bans and advocacy, there is no permanent law criminalizing FGM. Strong cultural resistance and traditional leadership continue to protect the practice, challenging national and international efforts.

Uganda 	Uganda outlawed FGM under the *2010 Prohibition of Female Genital Mutilation Act*. The practice persists in some eastern communities and through cross-border cases. Uganda emphasizes strong law enforcement, community education, and regional cooperation within the African Union and East African Community. In the HRC, it calls for international support and awareness programs to eradicate FGM and safeguard the rights and dignity of women and girls.

Non-governmental Organizations

NGO's	Position
American Civil Liberties Union (ACLU)	The ACLU is an NGO dedicated to preserving and defending individual rights and liberties. Their Immigrants rights project is focused on expanding and enforcing the civil liberties.
RAICES (Refugee and Immigrant Center for Education and Legal Services)	This NGO oppose deportations that generates family separations, it provides legal defense. It also offers refugee protection and includes social services, financial assistance and community education.

Immigrant Legal Resource Center (ILRC)	The ILRC opposes deportations that result in family separation and provides legal defense for immigrants, and advocates for fair migrational policies and community education.
National Immigration Law Center (NILC)	NILC focuses on the low-income immigrant communities, it actively provides legal support and social services, specifically to the challenges faced by economically vulnerable immigrants.

Previous UN Actions and Resolutions

The international community has long recognized Female Genital Mutilation (FGM) as a serious violation of human rights, and multiple UN bodies and regional organizations have advanced efforts to eradicate it:

- **UN General Assembly Resolution 67/146 (2012):** A milestone resolution urging Member States to condemn FGM and adopt comprehensive measures such as criminalization, awareness-raising campaigns, and survivor support services.
- **UN General Assembly Resolution 73/149 (2018):** Called for more ambitious global action by addressing the root causes of FGM, fostering community dialogue, and ensuring the active participation of women and girls in decision-making processes.
- **Reports of the Secretary-General (e.g., 2020):** Provide updated statistics on prevalence, highlight persistent challenges (weak enforcement, medicalization, cultural acceptance), and recommend pathways for accelerating elimination.
- **Sustainable Development Goals (2015):** The eradication of FGM is embedded in SDG 5, particularly Target 5.3, which calls for eliminating all harmful practices, including child marriage and FGM, as part of achieving gender equality.
- **Human Rights Council Resolution A/HRC/RES/50/16 (2022):** Adopted by consensus, it emphasized the cross-border dimension of FGM, urging states to strengthen cooperation and protect girls at risk of undergoing the practice abroad.

Regional Frameworks

- **Maputo Protocol (2003):** The *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa* explicitly prohibits harmful practices such as FGM. Ratified by most African Union Member States, it remains a cornerstone in regional legal commitments against FGM.
- **Istanbul Convention (2011):** The *Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence* includes FGM within its

framework, obligating states to criminalize and take measures to prevent it, including among diaspora communities in Europe.

- **Cartagena Declaration on Refugees (1984):** While primarily addressing displacement, it reinforced the principle of international protection for individuals, including girls fleeing harmful practices such as FGM.

Effectiveness and Challenges: These instruments demonstrate a strong global and regional consensus against FGM. However, implementation remains inconsistent—many states have legal prohibitions without effective enforcement, and deep-rooted cultural and social norms continue to sustain the practice. Cross-border FGM, medicalization, and limited survivor services pose ongoing challenges. The UN and regional frameworks provide powerful advocacy and accountability tools, but progress ultimately depends on community-led change, robust enforcement, and sustained international cooperation.

Current Challenges and Debates

Primary Obstacles Preventing Resolution

- **Cultural and Social Norms:** FGM remains deeply embedded in cultural identity. In Somalia and Guinea, where prevalence exceeds 90%, the practice is considered a prerequisite for marriage and family honor. Families who resist often face stigma, making abandonment socially costly (UNICEF, 2023).
- **Weak Legal Frameworks:** Many countries have criminalized FGM, but enforcement remains limited. For example, although Sudan criminalized FGM in 2020, prosecutions are rare due to weak institutions and resistance from conservative groups. Similarly, in Malaysia, medicalized FGM is regulated rather than banned, allowing the practice to persist under the guise of safety (UNFPA, 2020).
- **Limited Awareness:** In rural regions of Ethiopia and Nigeria, misinformation persists, with some families believing FGM is religiously mandated despite clear statements from Islamic and Christian authorities rejecting it (UNFPA, 2020). Lack of access to health and rights education reinforces the cycle.
- **Economic Dependence:** In Kenya and Sierra Leone, traditional practitioners and midwives rely on FGM as a primary source of income and community status. Without alternative livelihoods, they have strong incentives to resist change.

Different Perspectives on Addressing Challenges

- **Community-Led Approaches:** Successful initiatives in Burkina Faso and Senegal show that engaging religious leaders, elders, and youth can reduce prevalence. In Senegal, public declarations by entire villages to abandon FGM have become a model for community-driven change (UNICEF, 2016).
- **Legislative Measures:** The United Kingdom demonstrates how legal frameworks can be strengthened with protective tools such as FGM Protection Orders and mandatory reporting duties for professionals. However, prosecutions remain rare due to the secrecy surrounding the practice.

- **Education and Advocacy:** In Egypt, widespread awareness campaigns led by Al-Azhar and the Coptic Orthodox Church have been instrumental in clarifying that FGM has no religious basis, although high prevalence persists, especially in rural areas.

- **Economic Alternatives:** Pilot programs in Tanzania and Uganda have trained traditional cutters in alternative income-generating activities, such as tailoring or agriculture, helping reduce economic dependence on FGM while preserving their social status.

Implications for International Security, Human Rights, and Development

- **Human Rights:** FGM continues to violate the rights to health, bodily autonomy, and non-discrimination. In diaspora communities in Europe and North America, cross-border "vacation cutting" raises additional concerns about protecting children from being sent abroad for the procedure.

- **Health and Economic Costs:** In Nigeria, a 2018 study estimated that treating FGM-related complications (obstetric injuries, infections, and mental health conditions) imposes millions of dollars in healthcare costs annually. These burdens reduce overall productivity and strain public health systems.

- **International Security:** In The Gambia, debates over repealing the 2015 national ban highlight how political instability and populist movements can undermine progress. Cross-border cases in the Horn of Africa and among migrant communities in Europe underscore that FGM is not only a national issue but also a transnational challenge requiring international coordination.

Case Studies

Uganda–Kenya Cross-Border Initiative

In East Africa, a UNICEF–UNFPA joint program addressed the challenge of cross-border FGM between Uganda and Kenya, where girls are sometimes taken across national boundaries to evade anti-FGM laws. The initiative linked FGM to child marriage, as both practices are deeply interconnected in pastoralist and border communities. By engaging local leaders, youth advocates, and law enforcement on both sides of the border, the program emphasized the importance of regional cooperation and community engagement to close loopholes and protect girls at risk (UNICEF & UNFPA, 2020).

Ethiopia: Health and Social Consequences

A national study in Ethiopia documented the long-term complications of FGM, ranging from infections and childbirth difficulties to sexual dysfunction and psychological trauma. With prevalence rates above 65% nationwide—and exceeding 90% in Somali and Afar regions—the study highlighted how health risks are compounded by social stigma and cultural expectations. The findings stressed the urgent need for awareness campaigns, legal enforcement, and cultural change to dismantle myths and reduce the practice across generations (UNICEF, 2016).

Global Progress During the COVID-19 Pandemic

The 2020 Annual Report of the UNFPA–UNICEF Joint Programme on the Elimination of FGM presented case studies from 17 countries, demonstrating both progress and setbacks during the pandemic. While lockdowns and school closures increased the vulnerability of girls to FGM and child marriage, the report also showcased innovative responses—such as radio campaigns in Mali, community WhatsApp groups in Nigeria, and virtual advocacy in Egypt—that kept prevention and support efforts active. These examples underscored the adaptability of global campaigns and the role of technology in protecting at-risk girls during crises (UNFPA & UNICEF, 2020).

Global UN Engagement

The UN's involvement in addressing FGM stems from its recognition of the practice as a severe violation of human rights, affecting more than 230 million women and girls worldwide (UNICEF, 2023). Beyond health consequences, FGM undermines women's autonomy, perpetuates gender inequality, and obstructs progress toward Sustainable Development Goal 5, which seeks to eliminate harmful practices by 2030. Awareness-raising campaigns, such as the International Day of Zero Tolerance for FGM (6 February), have mobilized governments, civil society, and international organizations to strengthen collective action.

Possible Solutions and Future Perspectives

The elimination of Female Genital Mutilation (FGM) requires a **multifaceted approach** that addresses cultural, social, legal, and economic dimensions. Building on existing global frameworks such as the Sustainable Development Goals (SDG 5.3), which call for the eradication of harmful practices by 2030, the following strategies can guide future action:

1. **Awareness and Advocacy Campaigns.** Raising awareness remains a cornerstone in ending FGM. International observances such as the International Day of Zero Tolerance for FGM (6 February) play a critical role in mobilizing communities, governments, and international organizations. Social media campaigns using hashtags like #EndFGM can amplify survivor voices, encourage community dialogue, and challenge harmful social norms. Awareness should also be localized, using culturally relevant approaches and trusted community leaders to shift attitudes.

2. **Strengthening Detection and Safeguarding Mechanisms.** Early identification of girls at risk is essential. Indicators may include sudden absences from school, mention of special ceremonies preparing a girl for marriage, or observable behavioral changes. Training teachers, health workers, and community leaders to recognize these warning signs equips frontline actors to intervene effectively. In countries with significant diaspora communities, safeguarding frameworks help prevent “vacation cutting,” where girls are taken abroad for the procedure.

3. **Education and Training on Safeguarding.** Schools, health systems, and child protection agencies should incorporate mandatory safeguarding education related to FGM. By equipping educators, social workers, and healthcare providers with knowledge of legal obligations and reporting mechanisms, states can ensure that children and vulnerable individuals receive consistent protection. Embedding FGM prevention into broader human rights and health education strengthens resilience across communities.

4. **Engaging Men and Boys.** Because FGM is often rooted in patriarchal norms and control over female sexuality, men must be included as partners in the effort to end the practice. In many practicing communities, men are unaware of the health risks and long-term consequences of FGM. Programs such as Men End FGM demonstrate the value of

involving fathers, brothers, and community leaders in advocating for change. Normalizing male participation in dialogue reduces stigma for families who abandon the practice.

5. **Economic Alternatives for** Practitioners. Traditional cutters and midwives often depend on FGM for income and social status. Providing them with alternative livelihoods, such as vocational training, microfinance opportunities, or integration into public health initiatives, reduces resistance to change while preserving their standing in the community. Successful programs in East Africa demonstrate that when practitioners shift to other professions, entire communities become more open to abandonment.

6. **Legal and Policy Reform**. National governments must ensure robust legal frameworks that criminalize FGM and provide avenues for victim protection and justice. However, laws must be matched with consistent enforcement, survivor-centered services, and protection mechanisms that prevent cross-border cutting. Internationally, greater collaboration between states is needed to harmonize migration, asylum, and child protection laws to address FGM as a transnational issue.

Future Perspectives

Ending FGM by 2030 will require coordinated global action, but also localized community transformation. Integrating FGM prevention into health services, education systems, and development programs will build long-term resilience. Survivor-led advocacy and youth movements are expected to play a larger role in shaping policies and changing norms. Finally, strengthening regional and international cooperation, particularly across borders where FGM persists despite legal bans, will be essential for achieving sustainable progress.

Guiding Questions

Cultural and Religious Dimensions

- How do cultural traditions influence a country's willingness or reluctance to establish and enforce laws against FGM?
- What role do religious beliefs play in sustaining or rejecting FGM, regardless of a country's official legal stance?
- How can positive cultural change be promoted through education, community dialogue, and the empowerment of local leaders?

Legal and Policy Frameworks

- What is the current legal status of FGM in your country, and how is this law enforced at both national and local levels?
- How have national laws evolved over time to protect women and girls from FGM?
- How long have FGM-related laws been in place, and what successes or shortcomings can be observed in their implementation?

Human Rights and Survivor Support

- In what ways does the continued practice of FGM violate the fundamental rights of women and girls, including the rights to health, security, and bodily autonomy?
- How can survivors of FGM be supported through comprehensive healthcare, legal redress, and psychological and social services?

Global Commitments and Future Outlook

- How has your country's perspective on FGM shifted over time in response to international advocacy, treaties, and global awareness campaigns?
- In what ways can the eradication of FGM contribute to achieving gender equality and the Sustainable Development Goals (SDGs), particularly Goal 5 on Gender Equality?

Regional and Cross-Border Challenges

- How should cross-border FGM in East Africa (e.g., Uganda–Kenya) be addressed to prevent families from evading national laws?
- What measures can European countries adopt to protect girls in diaspora communities from being taken abroad for FGM ("vacation cutting")?
- How can the Middle East and Southeast Asia respond to the persistence of medicalized or symbolic forms of FGM while respecting cultural sensitivity?
- What role should regional organizations (e.g., the African Union, European Union, ASEAN, Arab League) play in harmonizing policies and strengthening enforcement across borders?

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