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Female Genital Mutilation/Cutting & Religion

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Female Genital Mutilation/Cutting (FGM/c), also known as female circumcision, is a form of gender-based violence and sexual discrimination.¹ According to the United Nations International Children's Emergency Fund (UNICEF), FGM/c is found worldwide, with an estimated 200 million or more girls and women having been cut.² Young girls are targeted in particular, with the majority of victims cut before age five.³

FGM/c is most prevalent in Africa but is also common in the Arabian Peninsula and Asia.⁴ Cases of FGM/c have also been reported in immigrant communities in North America and Europe. Girls who are the most "at risk" are generally between the ages of zero to fifteen and are part of a community or culture that still supports the harmful practice. UNICEF estimates that at least 30 million females are at risk worldwide.⁵

There are no health benefits of FGM/c, and despite international condemnation and initiatives to end the practice of FGM/c, it persists in communities where the tradition is strongly ingrained. Some argue that it is part of the process of becoming a woman, a requirement for marriage, or a necessary and effective measure to control female sexuality and prevent promiscuity. It has also been claimed that FGM/c promotes hygiene, ensures virginity, and enhances the aesthetic beauty of the vagina.

¹http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf

² <https://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>

³ "Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change", UNICEF, 2013, Figure 5.3 at 50, available at:

https://www.unicef.org/media/files/UNICEF_FGM/C/C_report_July_2013_Hi_res.pdf

⁴ Top 30 Countries according to UNICEF (listed alphabetically): Benin, Burkina Faso, Central African Republic, Côte d'Ivoire, Cameroon, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Gambia, Guinea-Bissau, Indonesia, Iraq, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Sudan, Senegal, Sierra Leone, Somalia, Chad, Togo, Tanzania, Uganda, and Yemen. <https://data.unicef.org/resources/female-genital-mutilation-cutting-country-profiles/>

⁵ https://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf

Research shows that FGM/c is not inherent to religion but a cultural phenomenon. However, religious justifications are often used in communities that practice FGM/c, and religious leaders often play a role in sustaining and promoting the practice in those communities where FGM is found.

In order to eradicate the practice, it is important to understand what the procedure entails, that there is no FoRB justification for FGM/c, and it is a grave violation of women's rights.

What is FGM/c?

According to the World Health Organization (WHO), FGM/c, “comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.”⁶

There are **four types** of FGM/c: **Type I:** *clitoridectomy*, the removal of part or all of the clitoris; **Type II:** *excision*, the removal of part or all of the clitoris and labia minora, with or without removal of the labia majora; **Type III:** *infibulation*, the cutting and sewing together of the labia minora or majora to create a seal, it may or may not include removal of the clitoris; and **Type IV:** *symbolic circumcision*, all other non-medical mutilation of the female genitalia.⁷

Shortly after FGM/c is performed, the girl or woman may experience severe pain, significant bleeding, urinary retention, wound infections, fever, shock, and potential death.

In the long-term, they may face urinary problems, vaginal and menstrual problems that will require later surgeries, increased risk of blood infections, pain during sex and impaired sexual function, pregnancy complications, and an increased risk of stillbirth or death during birth.

FGM/c is predominantly practiced in rural areas by traditional circumcisers, however large swathes of urban populations are also affected by the practice. In some countries, such as Indonesia, medical professionals perform the procedure, despite the fact that it is illegal in the country.⁸

Any form of FGM/c is a serious violation of the rights of girls and women. The international community has taken some important steps in establishing legally-binding framework against FGM/c.

⁶ World Health Organization, ‘Female Genital Mutilation/Cutting Fact Sheet’, available at: <http://www.who.int/mediacentre/factsheets/fs241/en/>

⁷ https://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf

⁸ https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

International Human Rights Norms addressing FGM/c

International standards addressing FGM/c are found in UN treaties, treaty monitoring bodies, and regional law. When these instruments are taken in conjunction with each other, they provide a strong basis for protection and prevention of FGM/c.

Although not explicit about FGM/c, UN treaties stipulating the right to health and the right to be free from violence, torture, and discrimination provide the foundation for prevention and protection against FGM/c.

The right to the highest attainable standard of health is covered under Article 25 of the Universal Declaration of Human Rights (UDHR),⁹ and Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).¹⁰

Girls and women are also protected from FGM/c under a range of other international instruments that safeguard the “right to life,”¹¹ “human dignity,”¹² “right to be free from discrimination” (on the basis of sex),¹³ “equality between men and women,”¹⁴ and the “right to be free from torture, cruel, inhuman and degrading treatment or punishment.”¹⁵

Specifically addressing children’s rights, the Convention on the Rights of the Child (CRC) provides in Article 3 that all relevant State institutions and organizations consider and act in defence of and to protect the “best interests of the child” and Article 24 (3) requires State Parties to abolish “traditional practices prejudicial to the health of children.”¹⁶ Though not explicit about FGM, both provisions may be applied to protecting girls from FGM/c as there is no medical basis upon which to justify its continued practice and it may lead to health complications that put a child’s life at risk.

In terms of FGM/c as a form of gender-based violence, the Convention on the Elimination of Discrimination Against Women (CEDAW)¹⁷ generally applies to protecting women and girls from the practice. Articles 2 and 5 both address ensuring protection against harmful cultural practices, and under Article 12 states that parties are bound to take “all appropriate measures”

⁹ "Article 25", *Universal Declaration of Human Rights*, 1948, available at: <http://www.un.org/en/universal-declaration-human-rights/> [accessed 27 March 2017]

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

¹¹ Article 3 of the Universal Declaration of Human Rights; Article 6 of the International Covenant on Civil and Political Rights

¹² Article 22 of the Universal Declaration of Human Rights

¹³ Article 2 of the Universal Declaration of Human Rights; Article 2 of the International Covenant on Economic, Social and Cultural Rights; Article 2 and 26 of the International Covenant on Civil and Political Rights;

¹⁴ Article 3 of the International Covenant on Economic, Social and Cultural Rights; Article 3 of the International Covenant on Civil and Political Rights

¹⁵ Article 5 of the Universal Declaration of Human Rights; Article 7 of the International Covenant on Civil and Political Rights; All Articles of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

¹⁶ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

¹⁷ <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

to guarantee equality and protect against non-discriminatory practices, including legislative measures and legal protections, in both the private and public sphere.

The Committee on the Elimination of Discrimination against Women has focused on FGM/c, acknowledging on various occasions that it falls within CEDAW's scope.¹⁸ The committee specifically recommended that FGM/c practices be considered applicable under the provisions of Article 12, as mentioned above, which requires states to eliminate discriminatory practices that violate the right to the highest attainable health care and specifically mentions "female circumcision or genital mutilation" as a discriminatory practice.¹⁹

A joint recommendation²⁰ was issued by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women to further define state party obligations to protect women and children against harmful practices "grounded in discrimination based on sex, gender and age."²¹ FGM/c is listed as one such practice. The joint recommendation also acknowledged the strong influence of patriarchal culture and local traditions that sustain the practice of FGM/c.

On a regional level, FGM/c is specifically addressed by the Council of Europe's Istanbul Convention under Article 38,²² and in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa under Article 5(b).²³

These international norms are necessary but national and local actors are crucial to ensuring that the international legislation is transposed and enforced: not just to prosecute but to prevent the practice before it happens. In addition to the law, it is important to understand the reasons why FGM/c persists despite ample efforts to eradicate the practice. Here we focus on the role of religion.

¹⁸ General recommendation No. 14: Female circumcision:

http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_3729_E.pdf

; General recommendation No. 19: Violence against women:

http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_3731_E.pdf

; General recommendation No. 24: Article 12 of the Convention (women and health):

http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_4738_E.pdf

¹⁹ The Committee on the Elimination of Discrimination Against Women 'General Recommendation No. 19:

Violence Against Women' (1992) available at:

http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_3731_E.pdf

²⁰ The Committee on the Elimination of Discrimination Against Women and the Committee on the Rights of the Child on harmful practices 'General Recommendation No.31 :

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhslldCrOIUTvLRFDjh6%2fx1pWB%2fCwaXyGnWUrr9tw8Oba%2bivtzAFOVaSi92u9iEkn866XJ4Yg0q7L3%2f8dxqFZFqORPs%2f54YHqmVTyrLKxGPLY82qE9XNQDpE4IXxwy45IJCAQ%3d%3d;>

²¹ Ibid. para. 7

²² <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e>

²³ http://www.achpr.org/files/instruments/women-protocol/achpr_instr_proto_women_eng.pdf

FGM/c in Practice

Considering the close link between religion and culture, distinguishing whether FGM/c is practised according to tradition or religion can be a difficult task. Making this distinction is important because in societies where religion forms a core component of the local culture, religion and religious leaders often play a large role in the continuance or eradication of FGM/c.

Even though FGM/c is not found in the Qur'an, the practice is widespread in Muslim majority countries.²⁴ Islamic leaders have spoken out both for and against the practice.

FGM/c is not covered in the Torah or any source of Jewish law, and it is not practiced within Jewish communities, with the exception of a minority of Ethiopian Jews (known as Beta Israelis or Falashas).²⁵ Those that migrated to Israel gave up the practice.

Although FGM/c has no foundation in the Bible,²⁶ some Christian communities in Africa have kept this practice from the period preceding the arrival of Christianity to their region.

The case studies below are organized in two categories: bad practices and their religious justifications on the one hand, and initiatives by religious groups or individuals to promote better or good practices on the other.

Bad practices and their justification

While, as mentioned above, there is no mention of FGM/c in the Qur'an, there are two hadith used by supporters of the practice to justify it. The most widely cited is: "A woman used to perform circumcision in Medina, the Prophet, Peace Be upon Him, said to her: 'Do not cut too severely as that is better for a woman and more desirable for a husband.'²⁷ The second one states that "when anyone sits amidst four parts (of the woman) and the circumcised parts touch each other, a bath becomes obligatory."²⁸

Interpretation of these hadith differ; some argue that FGM/c is condoned by Islam whereas others have argued that the Prophet Muhammed was acting to limit the cutting when he stated,

²⁴ As it is shown by UNICEF's map in its 2013 report on the issue:

https://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf

²⁵ Nimrod Grisaru, M.D., Simcha Lezer, M.D., and R. H. Belmaker, M.D., 'Ritual Female Genital Surgery Among Ethiopian Jews', 26(2) *Archives of Sexual Behavior*, (1997) 211 at 213

²⁶ El-Damanhoury, 'The Jewish and Christian view on female genital Mutilation/Cutting', 19 *African Journal of Urology* (2013), 127 at 128

²⁷ Sunan Abū Dāwūd, 4/450, Hadith No: 5273, sourced from Walusimbi Abdul Hafiz, 'Female Circumcision Between Juridical-Religious and Medical Revelations: A Critical Analysis', 19(1) *Pakistan Journal of Women's Studies* (2012) at 38

²⁸ Sahīh Muslim, 1/186, Hadith No: 816, sourced from Walusimbi Abdul Hafiz, 'Female Circumcision Between Juridical-Religious and Medical Revelations: A Critical Analysis', 19(1) *Pakistan Journal of Women's Studies* (2012) at 38

“do not cut too severely.”²⁹ The four traditional conservative Sunni schools³⁰ of jurisprudence promote different views on this practice.

The Hanafi and Maliki schools view female circumcision (FGM/c) as a ‘*Sunnah*’ and therefore optional and praiseworthy but not mandatory.³¹ The Shafi’i view it as *wajib* (mandatory), and the Hanabali school has two opinions, both which advocate for it. One is that FGM/c is *waji*, and the other is that it is *makrumah* (honourable).

Concerning Shia Islam, the Ja’fari school, the dominant Shia school of jurisprudence, views FGM/c as honourable, while the Zaydite school views it as mandatory.³²

Depending on the dominate school in a country, there may or may not be a prevalent culture of FGM/c.

In **Indonesia**, the most populated Muslim country in the world, forty-nine percent of girls aged zero to eleven have undergone FGM/c.³³ Indonesian Muslims are Sunnis of the Shafi’i School of Islamic jurisprudence who view FGM/c as *wajib* (mandatory).³⁴ Following the procedure, girls have to recite a prayer and the cut piece of flesh is buried in the ground as part of the ceremony.

In 2006, the government outlawed the practice; however, two years later, the influential Ulema Council (Indonesia’s top clerical body) issued a fatwa against the prohibition arguing that female circumcision is part of Shari’a law. The fatwa detailed the permitted means and method of the procedure, prohibiting excessive circumcision that poses both a physical and mental danger to the afflicted, requiring it be performed by licensed health professionals.³⁵

In **Gambia**, where the population mainly follows Sunni Islam, State House Imam Alhaji Abdoulie Fatty denied the gravity of female genital mutilation/cutting by stating in 2014, “I have never heard of anyone who died as a result of female genital mutilation (FGM)... If you know what FGM means, you know that we do not practice that here. We do not mutilate our

²⁹ <http://quranx.com/Hadith/AbuDawud/USC-MSA/Book-41/Hadith-5251/>

³⁰ Ibrahim Lethome Asmani and Maryam Sheikh Abdi, ‘*De-linking Female Genital Mutilation/Cutting/Cutting from Islam*’ (2008) at 13, available at: <http://www.unfpa.org/sites/default/files/pub-pdf/De-linking%20FGM/C/C%20from%20Islam%20final%20report.pdf>

³¹ Walusimbi Abdul Hafiz, ‘Female Circumcision Between Juridical-Religious and Medical Revelations: A Critical Analysis’, 19(1) *Pakistan Journal of Women’s Studies* (2012) at 37

³² Sami A Aldeeb Abu-Sahlieh, ‘To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision’, 13 *Medicine and Law Journal* (1994) at 587

³³ Unicef, ‘*Statistical profile on FGM/C/C: Indonesia*’, http://data.unicef.org/wp-content/uploads/country_profiles/Indonesia/FGM/C/CC_IDN.pdf

³⁴ The Conversation, ‘*Female genital cutting common in Indonesia, offered as part of child delivery by birth clinics*’, (2016), available at: <http://theconversation.com/female-genital-cutting-common-in-indonesia-offered-as-part-of-child-delivery-by-birth-clinics-54379>

³⁵ IRIN, ‘*FGM/C/C regulations mistaken as endorsement, experts fear*’, available at: <http://www.irinnews.org/report/93628/indonesia-FGM/C/cc-regulations-mistaken-endorsement-experts-fear> , <http://www.stopFGM/C/cmideast.org/countries/indonesia/>

children.”³⁶ Alhaji then went on to argue that female circumcision is required by Islam as a practice condoned by the Prophet Muhammed.

In **Malaysia**, the Committee of Malaysia's National Council of Islamic Religious Affairs issued a fatwa in 2009 declaring that female circumcision was mandatory for all Muslim women.³⁷ Religious leaders do not seem to acknowledge the gravity of the procedure of FGM/c as they make a parallel with male circumcision which, although intrusive, is much less damaging.

Sierra Leone is a prime example of a country that has failed to address this widespread health issue; an estimated ninety percent of all girls and women aged between fifteen and forty-nine years of age having been subjected to some form of FGM/c procedure.³⁸ The Muslim community, primarily Malikite Sunni, is particularly afflicted with an above average ninety-three percent prevalence rate.

Traditional values still hold a powerful sway. This can be seen in the majority of women (sixty-nine percent) who still support the practice of FGM/c, fifty-six percent believing that the practice is required by religion. However, the primary motivator among the majority of supporters for its continued practice is the belief that FGM/c is required for a girl to become a woman so as to be fully accepted and initiated into society (fifty to fifty-nine percent).³⁹

In **Yemen**, approximately one in five girls have undergone FGM/c according to a 2016 UNICEF report.⁴⁰ The procedure is performed on four out of five infants within the first weeks after their birth. There has been no recent change in the prevalence of FGM/c despite the fact that approximately three in four women between the ages of fifteen to forty-nine think the practice should end. In 2001, a ministerial decree was issued that prohibits FGM/c in public and private clinics, but it does not stipulate any penalties and is therefore ineffective.⁴¹ To date, there is no known law prohibiting FGM/c in Yemen.⁴²

Towards good practices (?)

There is a growing trend among some Islamic scholars that, whichever school of jurisprudence a Muslim relies on, FGM/c is un-Islamic and “an attack on women” which must be punished.⁴³

³⁶ <http://kibaaro.com/gambian-imam-denies-FGM/C/c-in-the-country/>

³⁷ <http://www.abc.net.au/news/2012-12-07/an-malaysia-debate-over-female-circumcision/4416298>

³⁸ Unicef, ‘Statistical profile on FGM/C/C: Sierra Leone’ at 3, available at: http://data.unicef.org/wp-content/uploads/country_profiles/Sierra%20Leone/FGM/C/CC_SLE.pdf

³⁹ 28TOOMANY, ‘Country Profile: FGM/C/C in Sierra Leone’. Figure 28., at 50, available at: http://www.28toomany.org/media/file/profile/CountryProfile_SierraLeone_2014_Compressed.pdf

⁴⁰ <https://data.unicef.org/resources/female-genital-mutilation-cutting-country-profiles/>

⁴¹ <http://www.fgmnetwork.org/gonews.php?subaction=showfull&id=1171338119&ucat=1&>

⁴² HRWF note: In 2014, the Child Rights Act was proposed with legislation that would criminalize FGM/c, however HRWF was unable to determine if this legislation was currently in place at time of publication.

⁴³ The Age, ‘Muslim scholars rule female circumcision un-Islamic’ (2006), available at: <http://www.theage.com.au/news/world/muslim-scholars-rule-female-circumcision-unislamic/2006/11/24/1163871589618.html>

The Former Grand Imam of the Al-Azhar Mosque Sheikh Mahmoud Shaltut, a position considered by many as the highest authority in Sunni Islam, rejected teachings supporting FGM/c as unclear and inauthentic.⁴⁴

Sheikh Abbas (el Hocine Bencheikh), rector of the Muslim Institute and the Great Mosque of Paris stated that:

“there is no existing religious Islamic text of value to be considered in favour of female excision, as proven by the fact that this practice is totally non-existent in most of the Islamic countries. And if unfortunately some people keep practising excision, to the great prejudice of women, it is probably due to customs practised prior to the conversion of these people to Islam.”⁴⁵

In **Egypt**, in 2007, the Al-Azhar Supreme Council of Islamic Research condemned FGM/c by explaining that this practice has no basis in Shari’a and declared it a sinful action. Yet, FGM/c is a very common practice in Egypt, ranking number six amongst countries where FGM/c is most practiced, with an estimated eighty-seven percent of girls and women between fifteen and forty-nine years of age having been cut.⁴⁶

In 2016, the Egyptian parliament passed legislation that increased criminal penalties for FGM/c,⁴⁷ which is in addition to a prior national strategy released in 2015 to eradicate FGM/c.⁴⁸

In **Ethiopia**, sixty-five percent of women between the ages of fifteen to forty-nine have undergone some form of FGM/c, with the highest percentage among Muslim women (eighty-two percent).⁴⁹ The practice is largely connected with the Afar, Somali, Welaita, and Hadiya ethnic groups.⁵⁰

Despite these statistics, the Ethiopian government has worked towards eradicating the practice. In 1994, the Ethiopian constitution was amended to protect women from harmful traditional practices, stating, “Laws, customs and practices that oppress women or cause bodily or mental harm to them are prohibited.”⁵¹ In 2004, the penal code was also amended to make FGM/c a criminal act.⁵² In 2016, their national theme was, “*Let us keep our promise and fulfil our commitment by ending FGM/c.*”⁵³

⁴⁴ Sami A Aldeeb Abu-Sahlieh, ‘To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision’, 13 *Medicine and Law Journal* (1994) at 582

⁴⁵ Sami A Aldeeb Abu-Sahlieh, ‘To Mutilate in the Name of Jehovah or Allah: Legitimization of Male and Female Circumcision’, 13 *Medicine and Law Journal* (1994) at 582

⁴⁶ http://data.unicef.org/wp-content/uploads/country_profiles/Egypt/FGM/C/CC_EGY.pdf

⁴⁷ Amendment of article 242 (bis) of the Penal Code. Article 242 (bis) criminalizes the act of female genital mutilation (FGM): <http://bit.ly/2p6lRKP>

⁴⁸ <http://www.gbvprojectegypt.com/assets/documents/resources/fgm-national-strategy.pdf>

⁴⁹ <https://dhsprogram.com/pubs/pdf/PR81/PR81.pdf>, p.45

⁵⁰ Ibid; “*Afar and Somali (98 percent and 99 percent, respectively), followed by Welaita and Hadiya women (92 percent for both).*”

⁵¹ <http://bit.ly/2p8brHy>

⁵² Ibid; <http://uni.cf/2oyO2Bg> pg. 7

⁵³ <https://unicefethiopia.org/tag/FGM/C/cc/>

In **Mauritania**, at least sixty-nine percent of the female population has undergone FGM/c, and Islam has played a role in sustaining the practice. However, in 2008, a national strategy to combat FGM/c was put in place by the government.⁵⁴ Also, in 2011, Muslim clerics and scholars issued a fatwa explaining that FGM/c is harmful and can have grave consequences for girls.⁵⁵ Despite these efforts, Mauritania has remained on UNICEF's top thirty list.⁵⁶

The first prosecution on charges of FGM in the **United States** began in 2017. As of February 2018, the case in the Federal Court in Michigan was pending against Dr. Juama Nargarwala, who is charged with performing FGM on two girls.⁵⁷ It is thought that she cut approximately 100 girls over a twelve year period. Dr. Nargarwala faces life in prison for charges of "conspiracy, genital mutilation, transporting minors with intent to engage in criminal sexual activity, lying to a federal agent and obstructing an official proceeding."⁵⁸

Others charged in the case are: Dr. Fakhruddin Attar, who allowed Dr. Nargarwala to use his clinic to perform the illegal procedure, his wife, Farida Attar, who supposedly held the hands of the girls during the cutting, and the mothers of the two girls. All of the involved are members of the Dawoodi Bohra⁵⁹, a religious group from a branch of Shia Islam originating from India. Their lawyer claims that it is their right to freedom of religion or belief to have the girls undergo FGM/c.⁶⁰

A 2016 report from the Center for Disease Control estimated that 516,000, usually girls and women from immigrant communities, are at risk for FGM in the United States.⁶¹

Conclusion

While the research shows that religious beliefs can sustain and perpetuate FGM/c, it also shows that religious leaders are instrumental in changing the mind-sets of those who still believe that the practice should be carried out. Collaboration with religious leaders who work to end FGM/c by reaching out to and educating individuals and those in their communities that perform, advocate for, or take their children to undergo the procedure should be encouraged.

It should be understood that there is no legitimate justification in any regard, religious, health, or otherwise, for FGM/c. It is a dangerous and illegal practice.

⁵⁴ https://www.unicef.org/health/mauritania_66159.html

⁵⁵ <http://news.bbc.co.uk/2/hi/africa/8464671.stm>

⁵⁶ <https://data.unicef.org/resources/female-genital-mutilation-cutting-country-profiles/>

⁵⁷ <https://clarionproject.org/michigan-mosque-paid-for-fgm-lawyer-alleges/>

⁵⁸ <https://www1.cbn.com/cbnnews/2018/january/michigan-judge-dismisses-sexual-assault-charges-in-landmark-female-genital-mutilation-case>

⁵⁹ <http://thedawoodibohras.com>

⁶⁰ <https://clarionproject.org/michigan-doctor-accused-of-performing-fgm-to-claim-freedom-of-religion-defense/>

⁶¹ <https://www.uscis.gov/sites/default/files/USCIS/Humanitarian/Special%20Situations/fgmutilation.pdf>

Education is key to the prevention of FGM/c and overcoming ingrained societal beliefs. Once a community can agree that it is a harmful practice that must be stopped, change soon follows.

Prosecution is important as it shows that there is no tolerance for the practice, and there should be consequences for those that know better but continue to cut. However, prosecution alone will not solve the problem. Together with education and community leadership, legal action will help to enforce other measures that help to prevent FGM/c.

Human Rights Without Frontiers recommends governments of the concerned countries

- To work together with all actors involved in eradicating FGM/c, sharing best practice, and supporting programs with this goal;
- To ratify international treaties that protect girls and women from FGM/c, if they have not already done so;
- To adopt national laws that align with their international commitments to eradicate FGM/c;
- To put in place laws that make it a criminal offense to perform any type of FGM/c, as defined by international norms;
- To ensure prosecution of cases of FGM/c, especially where the law is clear and prevention and education initiatives have also been put in place;
- To publicize cases and statistics about the prosecution of perpetrators of FGM/c;
- To ensure access to reproductive information and healthcare for all girls and women, emphasising the health risks of FGM/c;
- To support civil society initiatives aimed at educating the public, especially education initiatives targeting men and boys in addition to women and girls on the grave dangers to health of FGM/c and also working to undo many of the misconceptions around the practice;
- To promote inter-religious dialogue on the FGM/c issue;
- To promote media campaigns designed to raise awareness of health risks of FGM/c and that make the procedure look culturally unappealing (in an effort to undo the ingrained cultural and religious stereotypes that support the practice);
- To ensure training for medical professionals who come into contact with girls or women who have undergone FGM/c, especially in relation to obstetrics and post-natal care;
- To respond to and react to religious leaders who support FGM/c;
- To work with and support religious leaders to end FGM/c within their congregations and communities.