

**Forum:** GA3

**Issue:** Tackling female genital mutilation

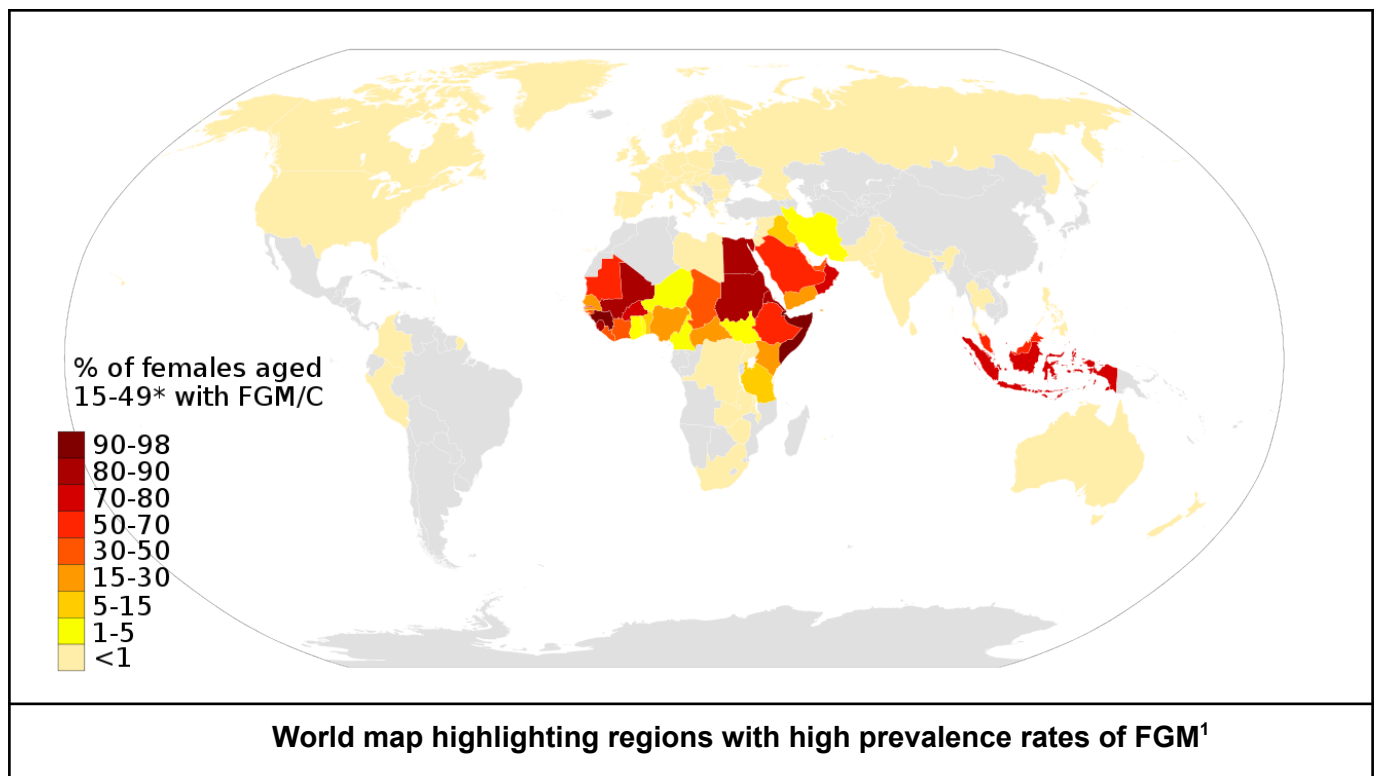
**Student Officer:** David Cardenas

**Position:** Deputy Chair



## Introduction

Beneath the silence and deeply rooted cultural traditions, lies the harsh reality of Female Genital Mutilation (FGM): a prominent issue with severe physical and psychological consequences for girls and women. Female Genital Mutilation is a multifaceted issue that poses significant health risks to women and girls, thereby requiring urgent action from all Member States. In addition to understanding the cultural and religious underpinnings that perpetuate FGM, the socioeconomic factors that facilitate its prevalence, and the profound physical and mental trauma inflicted on its victims, it is essential to realize its historical context, the traditions that have sustained it, and the key legislative efforts implemented - such as the campaigns led by the World Health Organization - to combat this practice. Although numerous resolutions have been ratified and implemented globally, its presence continues to sustain especially in regions such as Somalia and Indonesia. In order to tackle this crisis effectively, all aspects must be addressed from proposing alternative rites of passage to providing services for its victims.

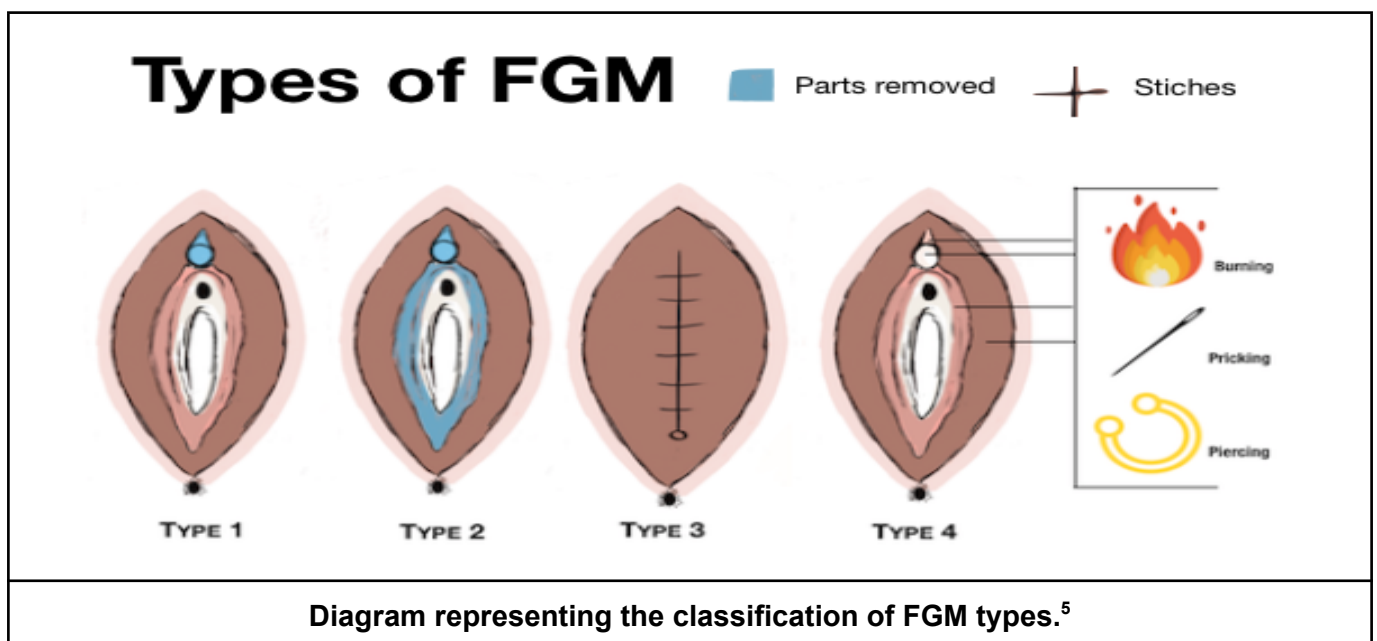


<sup>1</sup> Wilbourne, Peter. Map showing the % of women and girls aged 15–49 years who have undergone FGM. 21 Aug. 2021. Prevalence of Female Genital Mutilation, [https://upload.wikimedia.org/wikipedia/commons/thumb/e/e4/2020\\_Global\\_Response\\_report\\_FGM\\_world\\_map.svg/1000px-2020\\_Global\\_Response\\_report\\_FGM\\_world\\_map.svg.png](https://upload.wikimedia.org/wikipedia/commons/thumb/e/e4/2020_Global_Response_report_FGM_world_map.svg/1000px-2020_Global_Response_report_FGM_world_map.svg.png). Accessed 2023.

## Definition of Key Terms

### Female Genital Mutilation

Female genital mutilation (FGM) is delineated as any intervention encompassing the "partial or complete removal of the external female genitalia or infliction of other non-medical harm to the female genital organs" (WHO, "Female Genital Mutilation")<sup>2</sup>. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) categorize FGM into four types. Type I involves the total or partial excision of the clitoris and the prepuce. Type II includes "partial or total removal of the clitoral glans and the labia minora (inner folds of the vulva), with or without removal of the labia majora" (WHO, "Types of Female Genital Mutilation")<sup>3</sup>; Type III, sometimes called infibulation, features the constriction of the vaginal orifice, forming a covering seal through "cutting the labia minora and/or the labia majora, with or without excision of the clitoris" (WHO, "Types of Female Genital Mutilation")<sup>4</sup>; and Type IV encompasses all other non-medical procedures inflicting harm on the female genitalia, such as scraping, piercing, cauterization, pricking, and incising.



<sup>2</sup> "Female Genital Mutilation." World Health Organization, World Health Organization, [www.who.int/news-room/fact-sheets/detail/female-genital-mutilation](http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation).

<sup>3</sup> "Types of Female Genital Mutilation." World Health Organization, World Health Organization, [www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation#:~:text=Type%20II.,Type%20IIa](http://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation#:~:text=Type%20II.,Type%20IIa).

<sup>4</sup> "Types of Female Genital Mutilation." World Health Organization, World Health Organization, [www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation#:~:text=Type%20II.,Type%20IIa](http://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation#:~:text=Type%20II.,Type%20IIa).

<sup>5</sup>Diagram representing the classification of FGM types. 2015. Female Genital Mutilation, <https://nationalfgmcentre.org.uk/wp-content/uploads/2019/04/Screenshot-2019-04-15-at-14.34.37.png>. Accessed 2023.

The term "female genital cutting" is occasionally utilized as an alternative to "female genital mutilation." Nevertheless, both terms underscore the indisputable fact that the practice violates the human rights of girls and women.

### Socioeconomic factors

Social and economic conditions influencing the prevalence and perpetuation of specific practices or behaviors.

### Female sexual dysfunction

Female sexual dysfunction is when a woman experiences persistent issues related to: Physical changes or conditions that impact intimacy. Having pain during sex activity. Hypoactive (low) sexual desire disorder — having low or absent desire for sexual intimacy that causes distress.<sup>6</sup>

### Adjusted Odds Ratio (AOR):

The Adjusted Odds Ratio is a statistical measure used to examine the strength of a relationship between an exposure (such as a risk factor or condition) and an outcome (like a disease or health-related event) in a research study, especially in fields like public health and epidemiology.

1. Basic Concept of Odds Ratio (OR): The OR is a measure that compares the likelihood of an outcome occurring with an exposure to the likelihood of it occurring without the exposure. For example, in health studies, it might compare the odds of developing a disease in people with a certain risk factor against those without it.
2. Importance of Adjustment: Many factors can influence study outcomes. In health research, variables like age, gender, or socio-economic status might affect the results. Adjusting in statistical analysis means accounting for these variables to isolate the effect of the primary exposure under study.
3. Function of AOR: The AOR refines the OR by adjusting for these other variables. This is typically done using techniques like logistic regression. The AOR thus provides a more precise estimation of the relationship between the primary exposure and the outcome by controlling for potential confounding variables.
4. Application in FGM Research: In studies on female genital mutilation (FGM), for instance, the AOR can be used to understand the influence of socioeconomic factors (like wealth or education levels) on the likelihood of undergoing FGM, independent of other demographic factors.

## Background Information

### Exploring the cultural and religious origins of FGM

---

<sup>6</sup> "Causes and Types of Female Sexual Dysfunction." Causes and Types of Female Sexual Dysfunction | BIDMC of Boston, [www.bidmc.org/centers-and-departments/obstetrics-and-gynecology/programs-and-services/gynecology/programs-services/center-for-intimate-health-and-wellness/types-of-female-sexual-dysfunction#:~:text=Female%20sexual%20dysfunction%20is%20when,sexual%20intimacy%20that%20causes%20distress](https://www.bidmc.org/centers-and-departments/obstetrics-and-gynecology/programs-and-services/gynecology/programs-services/center-for-intimate-health-and-wellness/types-of-female-sexual-dysfunction#:~:text=Female%20sexual%20dysfunction%20is%20when,sexual%20intimacy%20that%20causes%20distress). Accessed 11 Dec. 2023.

The practice of female genital mutilation (FGM) has deep historical roots that stretch back to ancient civilizations, and its persistence is deeply entwined with cultural and traditional beliefs. This cultural phenomenon is notably present in several African, Asian, and Middle Eastern countries (i.e: Somalia, Indonesia, Iraq, etc), where it has endured for more than a thousand years.

In 1975, the expression "female genital mutilation" gained acknowledgment, as a result of the endeavors of American anthropologist Rose Oldfield Hayes, who introduced the term in a paper published in *American Ethnologist*.<sup>7</sup> This momentous event marked a crucial step in shedding light on the practice and its multifaceted implications. Following this, the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children formally embraced the terminology in 1990, with the World Health Organization (WHO) subsequently endorsing it in 1991, cementing its integration into global discussions.

A substantial inquiry, amalgamating data on the transportation of African citizens, then referred to as slaves, from 1400 to 1900 with insights from 28 African nations, revealed a troubling correlation. Women belonging to ethnic groups historically victimized by the Red Sea slave trade were found to be more likely to undergo genital mutilation in the 21st century. Moreover, they were noted as being "more in favor of continuing the practice," (Corno et al.)<sup>8</sup> highlighting the deep-seated nature of this tradition within specific communities.

The perpetuation of FGM is intricately woven into the social and cultural fabric of the communities where it prevails. Often perceived as a rite of passage, a safeguard for chastity and purity, and a prerequisite for marriage, the practice's historical and cultural significance varies across regions and communities. It is crucial to recognize and understand this diversity in order to develop nuanced and effective strategies for the eradication of FGM.

Female genital mutilation is ingrained in the diverse cultural beliefs of the societies in which it is prevalent. Some of these cultural convictions encompass:

1. **Transition to Womanhood:** Within numerous communities, FGM is viewed as a pivotal rite of passage marking the transition from girlhood to womanhood. It is often perceived as an essential step for a girl to gain recognition as an adult and become eligible for marriage and motherhood.
2. **Preservation of Chastity and Purity:** FGM is at times thought to safeguard a girl's chastity and purity by diminishing her sexual desire and ensuring her virginity until marriage. This perception is linked to the idea that FGM renders a girl "clean" and "beautiful" by eliminating body parts considered "unclean," "unfeminine," or "male."

---

<sup>7</sup> Hayes, Rose Oldfield. "Female Genital Mutilation, Fertility Control, Women's Roles, and the Patrilineage in Modern Sudan: A Functional Analysis." *American Ethnologist*, vol. 2, no. 4, 1975, pp. 617–33. JSTOR, <http://www.jstor.org/stable/643328>. Accessed 8 Dec. 2023.

<sup>8</sup> Corno, Lucia, et al. "Female Genital Cutting and the Slave Trade." SSRN, 23 Dec. 2020, [papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3753982](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3753982).

3. **Economic Security:** Some parents believe that subjecting their daughters to FGM will secure their social and economic standing. It is often perceived as a prerequisite for marriage, enhancing a girl's marriageability and dowry.
4. FGM is deeply embedded in the cultural fabric and, in certain cases, religious practices of the communities where it is practiced. While no religious texts explicitly endorse the practice, it is often linked to religious beliefs. For instance, in some communities, FGM is associated with Islamic traditions, though it is important to note that Islam does not mandate the practice. Similarly, certain Christian and animist groups also practice FGM under the guise of religious tradition, despite the absence of scriptural backing. This misinterpretation underscores the complex interplay of culture and religion in the perpetuation of FGM.
5. **Community Expectations and Norms:** Parents may feel compelled to subject their daughters to FGM due to social norms and community expectations. In certain communities, FGM is a deeply rooted tradition, and deviating from it may result in social exclusion and stigma.

These cultural beliefs contribute to the persistence of FGM, making it a complex and deeply rooted practice that demands a culturally attuned approach for effective intervention. Efforts to combat FGM require not only a focus on its medical and psychological consequences but also a comprehensive understanding of the intricate cultural contexts that sustain this practice. Collaborative initiatives involving communities, policymakers, and healthcare professionals are essential for fostering awareness, challenging entrenched beliefs, and promoting alternative rites of passage that respect the dignity and well-being of women and girls. Only through a holistic and culturally sensitive approach can meaningful progress be made towards eliminating this deeply entrenched practice.

### **Socioeconomic factors of FGM**

FGM is deeply connected to socioeconomic issues such as poverty, educational gaps, and economic inequality.

A key factor driving FGM's persistence is its perceived economic benefit. In many communities, FGM is believed to enhance a girl's marriageability, which is often linked to economic stability and social status. This practice is seen as a prerequisite for marriage in some cultures, where a girl's prospects of finding a suitable partner are significantly reduced without undergoing FGM. As a result, families facing economic hardships may view FGM as an investment in their daughters' future, ensuring their social acceptance and financial security through marriage. This perspective makes FGM a deeply entrenched practice, driven by the desire to secure a better economic future for girls within these communities.

A critical facet linked to the prevalence of FGM is the limited access to education in certain

communities. Regions with lower educational levels often exhibit a lack of awareness regarding the detrimental effects of FGM, with the practice deeply ingrained in traditional beliefs and customs. Education is a pivotal tool in empowering individuals to challenge harmful practices like FGM and make informed decisions about their health and well-being. According to a study by the Population Reference Bureau, higher levels of education in women correlate with reduced support for FGM.<sup>9</sup> UNICEF data reveals that opposition to FGM is highest among girls and women with more education, with those having primary education being 30% more likely than uneducated ones to oppose FGM, a figure that rises to 70% among girls and women with secondary education or higher.<sup>10</sup> Additionally, a joint report by UNICEF and UNGEI on 'Girls' Education, Empowerment, and the Elimination of Female Genital Mutilation' emphasizes the critical role of education in challenging the discriminatory social and gender norms driving FGM practices. This report demonstrates the link between girls' education and a decreased risk of FGM, sharing strategies to end FGM through education, aligning with the Sustainable Development Goals (SDGs).<sup>11</sup> These studies highlight the transformational impact of education in altering perceptions and practices regarding FGM, especially in communities where it is a deep-rooted tradition.

Economic disparity plays a significant role in the perpetuation of FGM within specific communities. In certain social contexts, the practice is associated with social status and prestige, leading families to feel compelled to conform to these norms. Consequently, economic disparities contribute to sustaining FGM as families strive to uphold their social standing and adhere to entrenched traditional practices.

Research by the U.S. National Library of Medicine highlights the complex relationship between socioeconomic factors and FGM prevalence. The study found that FGM rates are often higher in communities with lower socioeconomic status. Specifically, in sub-Saharan Africa, women and their daughters from the poorest wealth quintile are significantly more likely to undergo FGM compared to those in the richest quintile. For example, women in the richest wealth quintile have an adjusted odds ratio (AOR) of 0.51 for undergoing FGM, compared to those in the poorest quintile. Similarly, for their daughters, the AOR is 0.64. Education also plays a critical role: as the level of education increases, the odds of undergoing FGM decreases. Women with a higher level of education have an AOR of 0.62 for undergoing FGM, and for their daughters, the AOR is even lower at 0.32.<sup>12</sup> However, the relationship between socioeconomic factors and FGM is complex, and there is substantial variation between

---

<sup>9</sup> "Female Genital Mutilation/Cutting: Data and Trends - PRB." FGMC\_Poster\_2017, POPULATION REFERENCE BUREAU, 2017, [prb.org/wp-content/uploads/2017/02/FGMC\\_Poster\\_2017-1-1.pdf](http://prb.org/wp-content/uploads/2017/02/FGMC_Poster_2017-1-1.pdf).

<sup>10</sup> Nina. "The Power of Education to End Female Genital Mutilation." UNICEF DATA, 7 Feb. 2022, [data.unicef.org/resources/the-power-of-education-to-end-female-genital-mutilation/](https://data.unicef.org/resources/the-power-of-education-to-end-female-genital-mutilation/).

<sup>11</sup> "Girls' Education, Empowerment, and the Elimination of Female Genital Mutilation." UNGEI, 15 Dec. 2023, [www.ungei.org/publication/girls-education-empowerment-elimination-FGM](http://www.ungei.org/publication/girls-education-empowerment-elimination-FGM).

<sup>12</sup> Ahinkorah, Bright Opoku, et al. "Socio-Economic and Demographic Determinants of Female Genital Mutilation in Sub-Saharan Africa: Analysis of Data from Demographic and Health Surveys." *Reproductive Health*, U.S. National Library of Medicine, 22 Oct. 2020, [www.ncbi.nlm.nih.gov/pmc/articles/PMC7584098/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7584098/).

countries in socioeconomic differentials in prevalence and their changes over time.

### The Physical and Mental Effects of FGM on the Victims Affected

Marked by intense pain and long-term health complications, Female Genital Mutilation (FGM) stands as a grave violation of human rights, impacting “about 200 million girls and women,” as reported by UN Women. Performed typically between infancy and the age of 15, FGM encompasses procedures ranging from partial to total removal of the external female genitalia, often resulting in severe health consequences. These procedures, which include the complete removal of the clitoris and stitching of the labia and vagina, leave profound physical and psychological scars. This practice, deeply embedded in certain cultural contexts, not only undermines the rights of women and girls but also exposes them to a spectrum of health risks that endure throughout their lives. Highlighting its severity, the global community, under the 2030 Sustainable Development Agenda (SDG Target 5.3), has committed to eradicating FGM by 2030, recognizing the urgent need to address both its physical and mental repercussions on victims.

FGM leads to a range of immediate and long-term health risks. In the short term, girls and women undergoing FGM can experience severe pain, excessive bleeding (hemorrhage), shock, genital tissue swelling, and infections due to the use of contaminated instruments or during the healing period. There's also a risk of HIV transmission if unsterilized instruments are used on multiple individuals. Urination problems, including urinary retention and pain, are common due to tissue swelling or injury to the urethra. Impaired wound healing can lead to infections and abnormal scarring, and in extreme cases, death can result from infections like tetanus or hemorrhage leading to shock.

In the long term, the effects include chronic pain due to tissue damage and scarring, chronic genital and reproductive tract infections, urinary tract infections, painful urination, menstrual problems, excessive scar tissue formation, and an increased risk of HIV transmission. Sexual health problems are also significant, with FGM damaging structures involved in sexual function, leading to decreased sexual desire and pleasure, pain during sex, difficulty with penetration, decreased lubrication, and reduced frequency or absence of orgasm.<sup>13</sup>

The impact of FGM extends beyond physical harm, inflicting significant mental and emotional distress. The psychological impact of FGM is profound. The experience of undergoing FGM, often perceived as a traumatic event, can lead to mental health problems such as anxiety, depression, and post-traumatic stress disorder (PTSD). These conditions arise from the pain, shock, and a sense of betrayal by family members who condone or organize the practice. The trauma associated with FGM can have lasting effects on emotional well-being, affecting intimate relationships, self-esteem, and a sense of

---

<sup>13</sup> “Health Risks of Female Genital Mutilation (FGM).” World Health Organization, World Health Organization, 2023, [www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation](http://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation).

empowerment.<sup>14</sup>

A thorough examination of the enduring effects of FGM is essential to emphasize the urgency of preventive measures. The enduring physical and mental consequences necessitate heightened awareness to foster understanding and action. Delegates must recognize the lifelong impact of FGM and develop strategies that focus on providing support and services for affected women and girls.

## Major Countries and Organizations Involved

### Somalia

Female Genital Mutilation (FGM) remains deeply ingrained in Somalia, "with 99% of women having been cut" (UN Women, "From Knowledge to Action")<sup>15</sup>. The prevalent form of FGM in Somalia is Type III, also known as infibulation, characterized by the creation of a covering seal narrowing the vaginal opening. This severe practice, often conducted without anesthesia, inflicts severe physical and mental health consequences on the victims.

A recent by Abdikarim Hussein study highlights a disturbingly high prevalence of female sexual dysfunction (FSD) among Somalian women who have undergone FGM, with 87.6% reporting FSD.<sup>16</sup> The type of FGM emerged as a significant factor, with those subjected to Type III experiencing the highest rates of FSD.

Despite the pervasive nature of FGM in Somalia, concerted efforts have been undertaken to eradicate this harmful practice. UN Women Somalia collaborates with partners to raise awareness, foster community discussions, and engage religious leaders in reshaping social norms associated with FGM. The United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) jointly launched the program on Eliminating Female Genital Mutilation.<sup>17</sup> Aligned with Sustainable Development Goal 5<sup>18</sup>, this initiative aims to end all harmful practices by 2030, signaling a commitment to eradicate FGM within a single generation.

### Kenya

<sup>14</sup> "Health Risks of Female Genital Mutilation (FGM)." World Health Organization, World Health Organization, 2023, [www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation](http://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation).

<sup>15</sup> "From Knowledge to Action: Ending Female Genital Mutilation in Somalia." Africa, [africa.unwomen.org/en/stories/news/2022/05/from-knowledge-to-action-ending-female-genital-mutilation-in-somalia](http://africa.unwomen.org/en/stories/news/2022/05/from-knowledge-to-action-ending-female-genital-mutilation-in-somalia).

<sup>16</sup> Mohamed, Abdikarim Hussein, et al. "Somalian Women with Female Genital Mutilation Had Increased Risk of Female Sexual Dysfunction: A Cross-Sectional Observational Study." Nature News, Nature Publishing Group, 17 Sept. 2022, [www.nature.com/articles/s41598-022-19949-0](http://www.nature.com/articles/s41598-022-19949-0).

<sup>17</sup> "Female Genital Mutilation." World Health Organization, World Health Organization, [www.who.int/news-room/fact-sheets/detail/female-genital-mutilation](http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation).

<sup>18</sup> "Goal 5 | Department of Economic and Social Affairs." United Nations, United Nations, [sdgs.un.org/goals/goal5](http://sdgs.un.org/goals/goal5). Accessed 8 Dec. 2023.



In Kenya, four million girls have undergone FGM.<sup>19</sup> Unfortunately, 21% of women between the ages of 15 to 49 have been subjected to this practice.<sup>20</sup> In Kenya, removing flesh from the vagina (types I and II) is the most common practice and in some ethnic groups, girls aged up to 15 are forced to undergo FGM. In “north-eastern Kenya, [94 percent of] the Somali community ... perform [FGM].” (UNICEF “In Kenya...”).<sup>21</sup> This active abuse of Kenyan women and girls has been fought with various legal frameworks put in place by Kenya.

The government of the Republic of Kenya strongly believes that FGM should be prohibited. A law passed during 2011 called the Prohibition of Female Genital Mutilation Act<sup>22</sup> states that all forms of FGM are strictly prohibited and the persons involved in conducting such a practice will be severely punished. Section 14 of the legislation against FGM stipulates that “No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child’s life, health, social welfare, dignity or physical or psychological development”(Achilihu 187).<sup>23</sup> Kenya includes a clear definition of FGM. They also criminalize the performance, as well as assistance of acts, failure to report, participation of medical professionals, and the practice of cross-border FGM. In addition, Kenya has adopted some penalties to prevent FGM from happening. The penalties are: imprisonment for at least “3 years, and/or a fine of at least 200,000 shillings (US \$1,953).”<sup>24</sup> If the procedure results in death, the maximum sentence is life imprisonment.

Although there *is* a law that was passed in 2011 banning Female Genital Mutilation, there are still obstacles that prevent its success . One of the most sizable obstacles is tradition. Tradition is set in stone for the communities which practice FGM. In other words, breaking the tradition would be like breaking their moral compass. Due to this, most people bypass the law in order to perform FGM. For example, there is a woman in Kajiado County named Mary, who refuses to have her children undergo FGM. Her neighbors and daughters’ school acquaintances look down on them for taking this decision because they believe that it is against their tradition. Many even say that “she [(the daughter)] is not a woman” (United Nations International Children’s Emergency Fund).<sup>25</sup> It is common belief that for girls to be accepted, and

<sup>19</sup> “A Profile of Female Genital Mutilation in Kenya.” UNICEF. UNICEF DATA, Mar. 2020, [data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-kenya/](https://data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-kenya/).

<sup>20</sup> “A Profile of Female Genital Mutilation in Kenya.” UNICEF. UNICEF DATA, Mar. 2020, [data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-kenya/](https://data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-kenya/).

<sup>21</sup> “In Kenya, a Mother Leads the Movement to Stop FGM in Her Community.” United Nations International Children’s Emergency Fund. UNICEF, 9 Feb. 2017, [www.unicef.org/stories/kenya-mother-leads-movement-stop-fgm-her-community#:~:text=The%20national%20prevalence%20of%20FGM,2011%20Prohibition%20of%20FGM%20Act.](https://www.unicef.org/stories/kenya-mother-leads-movement-stop-fgm-her-community#:~:text=The%20national%20prevalence%20of%20FGM,2011%20Prohibition%20of%20FGM%20Act.)

<sup>22</sup> Prohibition of Female Genital Mutilation Act 2011, [www.kenyalaw.org/ki/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct\\_No32of2011.pdf](https://www.kenyalaw.org/ki/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct_No32of2011.pdf). Accessed 18 Dec. 2023.

<sup>23</sup> Achilihu, Stephen Nmeragini. Do African Children Have Rights?: A Comparative and Legal Analysis of the United Nations Convention on the Rights of the Child. Universal-Publishers, 2010.

<sup>24</sup> Kenya: The Law and FGM - Fgmcri.Org, [www.fgmcri.org/media/uploads/Law%20Reports/kenya\\_law\\_report\\_v1\\_\(may\\_2018\).pdf](https://www.fgmcri.org/media/uploads/Law%20Reports/kenya_law_report_v1_(may_2018).pdf). Accessed 8 Dec. 2023.

<sup>25</sup> “In Kenya, a Mother Leads the Movement to Stop FGM in Her Community.” United Nations International Children’s Emergency Fund. UNICEF, 9 Feb. 2017,

to fully become a woman, they must undergo FGM. This social pressure results in the persistence of this vicious cycle.

## Indonesia

In Indonesia, Female Genital Mutilation or Cutting (FGM/C) is a prevalent issue deeply embedded in cultural and religious practices. Alarmingly, about half of Indonesian girls have undergone some form of FGM/C, showcasing the widespread nature of this harmful practice. FGM/C in Indonesia is deeply rooted in cultural and religious beliefs and has been perpetuated across generations, creating significant challenges in efforts to eradicate it.<sup>26</sup>

Despite being less invasive compared to other regions, the types of FGM/C practiced in Indonesia, typically involving light cutting or scraping, still pose serious health risks and are considered a violation of human rights. The United Nations General Assembly's resolution in 2012, which Indonesia supported, called for an end to FGM worldwide. Yet, as of 2020, UNICEF estimated that 49% of Indonesian women aged 15 to 49 had experienced FGM.<sup>27</sup>

The Indonesian government has vacillated in its stance on FGM. Initially banning it in 2006, the government then legalized the practice in 2010, allowing it to be performed in hospitals. This decision was later repealed in 2014 following advocacy from women's rights groups and international pressure.<sup>28</sup>

Efforts to combat FGM in Indonesia involve collaborations with female Islamic leaders and NGOs. The Orchid Project, for instance, has been actively working to end FGM/C in Indonesia and across Asia since 2020. This group, among others, is dedicated to educating the public about the dangers of FGM and advocating for its eradication.<sup>29</sup>

The battle against FGM in Indonesia is ongoing. While the practice remains ingrained in parts of Indonesian society, the work of various organizations and individuals is making headway in reducing its prevalence and hopefully, ensuring a safer and more equitable future for girls and women in Indonesia.

## Colombia

Female Genital Mutilation (FGM) in Colombia, particularly among the Emberá indigenous communities, has been a subject of concern and action. Although not widely known or discussed, FGM among the Emberá people has a significant presence, with some estimates indicating that as many as

---

<sup>26</sup> "One Decade of Progress: Eradicating the Female Genital Mutilation or Cutting Practice in Indonesia in Indonesia." United Nations, United Nations, 18 Aug. 2023, [indonesia.un.org/en/242657-one-decade-progress-eradicating-female-genital-mutilation-or-cutting-practice-indonesia](https://indonesia.un.org/en/242657-one-decade-progress-eradicating-female-genital-mutilation-or-cutting-practice-indonesia).

<sup>27</sup> Subzwari, Shayaan. "Ending Female Genital Mutilation in Indonesia." BORGEN, 18 Nov. 2020, [www.borgenmagazine.com/female-genital-mutilation-in-indonesia/](https://www.borgenmagazine.com/female-genital-mutilation-in-indonesia/).

<sup>28</sup> Subzwari, Shayaan. "Ending Female Genital Mutilation in Indonesia." BORGEN, 18 Nov. 2020, [www.borgenmagazine.com/female-genital-mutilation-in-indonesia/](https://www.borgenmagazine.com/female-genital-mutilation-in-indonesia/).

<sup>29</sup> Subzwari, Shayaan. "Ending Female Genital Mutilation in Indonesia." BORGEN, 18 Nov. 2020, [www.borgenmagazine.com/female-genital-mutilation-in-indonesia/](https://www.borgenmagazine.com/female-genital-mutilation-in-indonesia/).

two out of three Emberá girls have been subjected to this practice. The issue came to national attention in 2007 when a newborn Emberá girl died due to complications from FGM, an event that catalyzed efforts to combat the practice.

Patricia Tobon Yagarí, an Emberá indigenous lawyer, has been a leading figure in the fight against FGM within the community. She learned about the practice's prevalence after the 2007 incident and has since dedicated her efforts to its eradication. The cultural silence and lack of accurate information surrounding FGM among the Emberá have been significant challenges in addressing and eliminating the practice.

Efforts to end FGM in Colombia have been multifaceted. In 2012, Emberá leaders officially banned the procedure. Subsequently, in 2015, the anti-FGM intervention was successfully established in eight additional Emberá communities, with UNFPA's support. This intervention focused on educating communities about the severe medical risks and lack of medical benefits associated with FGM. Furthermore, in areas where the intervention has been implemented, such as the Risaralda community, there has been noticeable progress, with no FGM-related deaths reported in the following year.

The approach to eradicating FGM among the Emberá people has also involved empowering women within the communities. Women leaders have been crucial in this effort, promoting dialogue and education about the consequences of FGM. This empowerment has not only helped in addressing FGM but also in challenging other issues like gender-based violence and unequal workloads between men and women.

Despite these efforts, FGM persists in some areas of Colombia, necessitating continued action. The work of organizations and individuals, along with governmental and community support, is essential to completely eliminating this harmful practice and ensuring the rights and health of women and girls in Colombia.<sup>30 31</sup>

## Timeline of Events

| Date           | Name                           | Description  |
|----------------|--------------------------------|--|
| November, 1975 | Rose Oldfield Hayes' FGM Paper | In her paper published in <i>American Ethnologist</i> , American anthropologist Rose Oldfield Hayes uses the term "female genital mutilation" for the first time.<br><sup>32</sup> |

<sup>30</sup> "In Colombia, Efforts to End FGM Are Empowering Women to Be Leaders." United Nations Population Fund, 1 Feb. 2017, [www.unfpa.org/news/colombia-efforts-end-fgm-are-empowering-women-be-leaders](http://www.unfpa.org/news/colombia-efforts-end-fgm-are-empowering-women-be-leaders).

<sup>31</sup> "A Silent Epidemic: The Fight to End Female Genital Mutilation in Colombia." United Nations Population Fund, 9 Feb. 2016, [www.unfpa.org/news/silent-epidemic-fight-end-female-genital-mutilation-colombia](http://www.unfpa.org/news/silent-epidemic-fight-end-female-genital-mutilation-colombia).

<sup>32</sup> Hayes, Rose Oldfield. "Female Genital Mutilation, Fertility Control, Women's Roles, and the Patrilineage in Modern Sudan: A Functional Analysis." *American Ethnologist*, vol. 2, no. 4, 1975, pp. 617–33. JSTOR, <http://www.jstor.org/stable/643328>. Accessed 8 Dec. 2023.

|                   |   |   |
|-------------------|---|---|
| 1990-1991         | Adoption of Terminology   | The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children formally embraced the terminology in 1990, with the World Health Organization (WHO) subsequently endorsing it in 1991. <sup>33 34</sup>               |
| 1997              | Joint statement by World Health Organization (WHO)              | The WHO collaborates with UNICEF and the UNFPA in issuing a joint statement regarding the eradication of FGM. This statement urges a unified, global effort to put an end to this harmful practice.   |
| May 28, 2010      | WHO Global Strategy   | The World Health Organization launched a comprehensive global strategy to stop health care providers from performing FGM. <sup>35</sup>   |
| 2012              | The UN designates February 6th as Day of Zero Tolerance for FGM | The United Nations General Assembly formally designates February 6 as the International Day of Zero Tolerance for Female Genital Mutilation, offering a yearly occasion to promote awareness and advocate for the cessation of this harmful practice. |
| December 20, 2012 | UN Resolution   | The UN General Assembly adopted a resolution on 20th December calling for a global ban on FGM, significantly elevating the issue's international profile. <sup>36</sup>   |
| 2023              | FGM rates progress in the right direction                       | In the present day, a girl has a 33% lower likelihood of experiencing FGM compared to three decades ago <sup>37</sup> , showcasing ongoing accomplishments despite enduring humanitarian challenges.  |

<sup>33</sup> Bradley, Georgie. "Female Genital Mutilation." European Institute for Gender Equality, [eige.europa.eu/publications-resources/thesaurus/terms/1269?language\\_content\\_entity=en#:~:text=In%201990%2C%20this%20term%20was,%2Fcutting%22%20were%20increasingly%20used.](https://eige.europa.eu/publications-resources/thesaurus/terms/1269?language_content_entity=en#:~:text=In%201990%2C%20this%20term%20was,%2Fcutting%22%20were%20increasingly%20used.)

<sup>34</sup> "About IAC." Inter-African Committee on Traditional Practices (IAC), [iac-ciaf.net/about-iac/](http://iac-ciaf.net/about-iac/). Accessed 8 Dec. 2023.

<sup>35</sup> "Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation." World Health Organization, World Health Organization, 28 May 2010, [www.who.int/publications/i/item/WHO-RHR-10.9](http://www.who.int/publications/i/item/WHO-RHR-10.9).

<sup>36</sup> "United Nations: Resolution on Ending Genital Mutilation Passed." The Library of Congress, [www.loc.gov/item/global-legal-monitor/2012-12-31/united-nations-resolution-on-ending-genital-mutilation-passed/#:~:text=\(Dec.,organs%20for%20non%2Dmedical%20purposes.](http://www.loc.gov/item/global-legal-monitor/2012-12-31/united-nations-resolution-on-ending-genital-mutilation-passed/#:~:text=(Dec.,organs%20for%20non%2Dmedical%20purposes.) Accessed 18 Dec. 2023.

<sup>37</sup> "International Day of Zero Tolerance for Female Genital Mutilation." United Nations, United Nations, [www.un.org/en/observances/female-genital-mutilation-day](http://www.un.org/en/observances/female-genital-mutilation-day). Accessed 18 Dec. 2023.

## Relevant UN Treaties and Events

- 2012, December 20: The General Assembly adopted a resolution on the intensification of efforts to eliminate female genital mutilation. (A/RES/67/146)  
This resolution
- 2020, July 24: Resolution passed on the 'Elimination of Female Genital Mutilation' (A/HRC/RES/44/16)
- July 8, 2022: UN adopts a resolution focused on the theme of cross-border FGM and transnational protection (A/RES/77/31)

## Previous Attempts to solve the Issue

The United Nations has made significant efforts to address the issue of female genital mutilation (FGM) through a series of resolutions. In 2012, the General Assembly adopted a resolution on the intensification of efforts to eliminate FGM (A/RES/67/146). This was followed by a resolution passed on the 'Elimination of Female Genital Mutilation' in 2020 (A/HRC/RES/44/16). Most recently, on July 8, 2022, the UN adopted a resolution focused on the theme of cross-border FGM and transnational protection (A/RES/77/31).

The 2020 UN Human Rights Council resolution on the 'Elimination of Female Genital Mutilation' (A/HRC/RES/44/16) emphasizes the need for a global response and accelerated efforts to end FGM by 2030. The resolution calls upon all 92 countries where FGM is known to take place to take immediate action to prevent and eliminate this practice. It underscores the urgency of the issue and the collective responsibility to protect the rights of women and girls.

The General Assembly resolution A/RES/67/146, adopted in 2012, focused on the intensification of efforts to eliminate female genital mutilation. This resolution laid the groundwork for subsequent actions and initiatives aimed at addressing FGM. It reflected the growing international consensus on the need to combat FGM and protect the rights of women and girls.

The most recent resolution, A/RES/77/31, adopted on July 8, 2022, is focused on the theme of cross-border FGM and transnational protection. This resolution highlights the importance of addressing the cross-border aspects of FGM and the need for transnational cooperation to effectively combat this practice. It demonstrates a continued effort to tackle FGM from various angles, including prevention, elimination, and cross-border coordination.

These resolutions collectively represent a sustained and evolving effort within the United Nations to address the issue of female genital mutilation, reflecting a commitment to global cooperation and action to eliminate this harmful practice.

## Possible Solutions

### Exploring the cultural and religious origins of FGM:

The multifaceted nature of the cultural and religious roots of FGM requires a nuanced approach for eradication. Collaborative educational programs should be implemented that should aim to foster dialogue within communities to challenge and reshape traditional beliefs. This involves engaging local leaders, and educators to initiate discussions that highlight the importance of alternative rites of passage that respect human rights. Delegates are encouraged to promote alternative rites of passage that celebrate and mark the transition from girlhood to womanhood without resorting to FGM.

### Socioeconomic factors of FGM:

To tackle the socioeconomic contributors to FGM, a holistic strategy must include targeted interventions addressing poverty, limited access to education, and economic disparities. Implementing economic empowerment programs for women and families in FGM-prone communities can provide viable alternatives, reducing the economic pressure that fuels the practice. Simultaneously, educational initiatives should be intensified to raise awareness about the harmful effects of FGM, empowering individuals to make informed decisions for the well-being of their communities. Highlight success stories from regions where such programs have effectively contributed to the abandonment of FGM.

### The Physical and Mental Effects of FGM on the Victims Affected:

The comprehensive approach to mitigating the physical and mental effects of FGM involves both preventive and supportive measures. The International Medical Corps and the World Health Organization (WHO) are two organizations that should take charge of establishing accessible healthcare services for affected women and girls and offering medical and psychological support. The counseling services they should provide include:

1. Trauma-informed care: Addressing the psychological impact of FGM and gender-based violence.
2. Reproductive health counseling: Providing information and support related to sexual and reproductive health, including family planning and pregnancy.
3. Psychosocial support: Offering counseling to address the emotional and social consequences of FGM, and promoting mental well-being.

Collaboration with mental health professionals and community leaders is crucial to address the emotional trauma inflicted by FGM, ensuring a holistic approach to healing.

## Bibliography

- “A Profile of Female Genital Mutilation in Kenya.” UNICEF. UNICEF DATA, Mar. 2020, [data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-kenya/](https://data.unicef.org/resources/a-profile-of-female-genital-mutilation-in-kenya/).
- “About IAC.” Inter-African Committee on Traditional Practices (IAC), [iac-ciaf.net/about-iac/](http://iac-ciaf.net/about-iac/). Accessed 8 Dec. 2023.
- Achilihu, Stephen Nmeragini. *Do African Children Have Rights?: A Comparative and Legal Analysis of the United Nations Convention on the Rights of the Child*. Universal-Publishers, 2010.
- Ahinkorah, Bright Opoku, et al. “Socio-Economic and Demographic Determinants of Female Genital Mutilation in Sub-Saharan Africa: Analysis of Data from Demographic and Health Surveys - Reproductive Health.” *BioMed Central*, BioMed Central, 22 Oct. 2020, [reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-01015-5](https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-01015-5).
- Anne. “Changing Cultural Beliefs on Female Genital Mutilation.” HACEY, 16 Aug. 2022, [hacey.org/blog/changing-cultural-beliefs-on-female-genital-mutilation/](https://hacey.org/blog/changing-cultural-beliefs-on-female-genital-mutilation/).
- Ahinkorah, Bright Opoku, et al. “Socio-Economic and Demographic Determinants of Female Genital Mutilation in Sub-Saharan Africa: Analysis of Data from Demographic and Health Surveys.” *Reproductive Health*, U.S. National Library of Medicine, 22 Oct. 2020, [www.ncbi.nlm.nih.gov/pmc/articles/PMC7584098/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7584098/).
- “A Silent Epidemic: The Fight to End Female Genital Mutilation in Colombia.” United Nations Population Fund, 9 Feb. 2016, [www.unfpa.org/news/silent-epidemic-fight-end-female-genital-mutilation-colombia](https://www.unfpa.org/news/silent-epidemic-fight-end-female-genital-mutilation-colombia).
- Batya, Ewa, et al. “The Socioeconomic Dynamics of Trends in Female Genital Mutilation/Cutting across Africa.” *BMJ Global Health*, U.S. National Library of Medicine, 5 Oct. 2020, [pubmed.ncbi.nlm.nih.gov/33051284/](https://pubmed.ncbi.nlm.nih.gov/33051284/).
- Bradley, Georgie. “Female Genital Mutilation.” European Institute for Gender Equality, [eige.europa.eu/publications-resources/thesaurus/terms/1269?language\\_content\\_entity=en#:~:text=In%201990%2C%20this%20term%20was,%2Fcutting%22%20were%20increasingly%20used](https://eige.europa.eu/publications-resources/thesaurus/terms/1269?language_content_entity=en#:~:text=In%201990%2C%20this%20term%20was,%2Fcutting%22%20were%20increasingly%20used).
- “Causes and Types of Female Sexual Dysfunction.” *Causes and Types of Female Sexual Dysfunction* | BIDMC of Boston, [www.bidmc.org/centers-and-departments/obstetrics-and-gynecology/programs-and-services/gynecology/programs-services/center-for-intimate-health-and-wellness/types-of-female-sexual-dysfunction#:~:text=Female%20sexual%20dysfunction%20is%20when,sexual%20intimacy%20that%20causes%20distress](https://www.bidmc.org/centers-and-departments/obstetrics-and-gynecology/programs-and-services/gynecology/programs-services/center-for-intimate-health-and-wellness/types-of-female-sexual-dysfunction#:~:text=Female%20sexual%20dysfunction%20is%20when,sexual%20intimacy%20that%20causes%20distress). Accessed 11 Dec. 2023.
- Corno, Lucia, et al. “Female Genital Cutting and the Slave Trade.” SSRN, 23 Dec. 2020, [papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3753982](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3753982).

December 2008 Female Genital Mutilation (FGM) - IPPF,

[www.ippf.org/sites/default/files/ippf\\_briefing\\_paper\\_female\\_genital\\_mutilation.pdf](http://www.ippf.org/sites/default/files/ippf_briefing_paper_female_genital_mutilation.pdf). Accessed 8 Dec. 2023.

Diagram representing the classification of FGM types. 2015. Female Genital Mutilation,

<https://nationalfgmcentre.org.uk/wp-content/uploads/2019/04/Screenshot-2019-04-15-at-14.34.37.png>. Accessed 2023.

“Eliminating Female Genital Mutilation: An Interagency Statement.” *World Health Organization*, World Health Organization, [www.who.int/publications/i/item/9789241596442](http://www.who.int/publications/i/item/9789241596442). Accessed 7 Dec. 2023.

“Female Genital Mutilation.” *United Nations Population Fund*, [www.unfpa.org/female-genital-mutilation](http://www.unfpa.org/female-genital-mutilation).

“Female Genital Mutilation.” *World Health Organization*, World Health Organization, [www.who.int/news-room/fact-sheets/detail/female-genital-mutilation](http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation).

“Female Genital Mutilation/Cutting: Data and Trends - PRB.” FGMC\_Poster\_2017, POPULATION REFERENCE BUREAU, 2017, [prb.org/wp-content/uploads/2017/02/FGMC\\_Poster\\_2017-1-1.pdf](http://prb.org/wp-content/uploads/2017/02/FGMC_Poster_2017-1-1.pdf).

“Female Genital Mutilation (FGM) Statistics - UNICEF Data.” UNICEF DATA, 17 June 2022, [data.unicef.org/topic/child-protection/female-genital-mutilation/#:%7E:text=Overall%2C%20the%20practice%20of%20FGM,in%20%20in%20the%201990s](http://data.unicef.org/topic/child-protection/female-genital-mutilation/#:%7E:text=Overall%2C%20the%20practice%20of%20FGM,in%20%20in%20the%201990s).

“Frequently Asked Questions: Female Genital Mutilation.” UN Women – Headquarters, 22 Nov. 2023, [www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/female-genital-mutilation](http://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/female-genital-mutilation)

“From Knowledge to Action: Ending Female Genital Mutilation in Somalia.” Africa, [africa.unwomen.org/en/stories/news/2022/05/from-knowledge-to-action-ending-female-genital-mutilation-in-somalia](http://africa.unwomen.org/en/stories/news/2022/05/from-knowledge-to-action-ending-female-genital-mutilation-in-somalia).

“Goal 5 | Department of Economic and Social Affairs.” United Nations, United Nations, [sdgs.un.org/goals/goal5](http://sdgs.un.org/goals/goal5). Accessed 8 Dec. 2023.

“Girls’ Education, Empowerment, and the Elimination of Female Genital Mutilation.” UNGEI, 15 Dec. 2023, [www.ungei.org/publication/girls-education-empowerment-elimination-FGM](http://www.ungei.org/publication/girls-education-empowerment-elimination-FGM).

“Global Strategy to Stop Health-Care Providers from Performing Female Genital Mutilation.” World Health Organization, World Health Organization, 28 May 2010, [www.who.int/publications/i/item/WHO-RHR-10.9](http://www.who.int/publications/i/item/WHO-RHR-10.9).

Gruenbaum, Ellen. *The Female Circumcision Controversy: An Anthropological Perspective*. University of Pennsylvania Press, 2001.

Hayes, Rose Oldfield. “Female Genital Mutilation, Fertility Control, Women’s Roles, and the Patrilineage in Modern Sudan: A Functional Analysis.” *American Ethnologist*, vol. 2, no. 4, 1975, pp. 617–33. JSTOR, <http://www.jstor.org/stable/643328>. Accessed 8 Dec. 2023.

Kenya: The Law and FGM - Fgmcri.Org,

[www.fgmcri.org/media/uploads/Law%20Reports/kenya\\_law\\_report\\_v1\\_\(may\\_2018\).pdf](http://www.fgmcri.org/media/uploads/Law%20Reports/kenya_law_report_v1_(may_2018).pdf). Accessed 8 Dec. 2023.



- “In Colombia, Efforts to End FGM Are Empowering Women to Be Leaders.” United Nations Population Fund, 1 Feb. 2017,  
[www.unfpa.org/news/colombia-efforts-end-fgm-are-empowering-women-be-leaders](http://www.unfpa.org/news/colombia-efforts-end-fgm-are-empowering-women-be-leaders).
- “In Kenya, a Mother Leads the Movement to Stop FGM in Her Community.” United Nations International Children’s Emergency Fund. UNICEF, 9 Feb. 2017,  
[www.unicef.org/stories/kenya-mother-leads-movement-stop-fgm-her-community#:~:text=The%20national%20prevalence%20of%20FGM,2011%20Prohibition%20of%20FGM%20Act](http://www.unicef.org/stories/kenya-mother-leads-movement-stop-fgm-her-community#:~:text=The%20national%20prevalence%20of%20FGM,2011%20Prohibition%20of%20FGM%20Act).
- “International Day of Zero Tolerance for Female Genital Mutilation.” *United Nations*, United Nations,  
[www.un.org/en/observances/female-genital-mutilation-day](http://www.un.org/en/observances/female-genital-mutilation-day).
- Mohamed, Abdikarim Hussein, et al. “Somalian Women with Female Genital Mutilation Had Increased Risk of Female Sexual Dysfunction: A Cross-Sectional Observational Study.” *Nature News*, Nature Publishing Group, 17 Sept. 2022, [www.nature.com/articles/s41598-022-19949-0](http://www.nature.com/articles/s41598-022-19949-0).
- Nina. “The Power of Education to End Female Genital Mutilation.” UNICEF DATA, 7 Feb. 2022,  
[data.unicef.org/resources/the-power-of-education-to-end-female-genital-mutilation/](http://data.unicef.org/resources/the-power-of-education-to-end-female-genital-mutilation/).
- “One Decade of Progress: Eradicating the Female Genital Mutilation or Cutting Practice in Indonesia in Indonesia.” United Nations, United Nations, 18 Aug. 2023,  
[indonesia.un.org/en/242657-one-decade-progress-eradicating-female-genital-mutilation-or-cutting-practice-indonesia](http://indonesia.un.org/en/242657-one-decade-progress-eradicating-female-genital-mutilation-or-cutting-practice-indonesia).
- Prohibition of Female Genital Mutilation Act 2011,  
[www.kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct\\_No32of2011.pdf](http://www.kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct_No32of2011.pdf). Accessed 18 Dec. 2023.
- Subzwari, Shayaan. “Ending Female Genital Mutilation in Indonesia.” *BORGEN*, 18 Nov. 2020,  
[www.borgenmagazine.com/female-genital-mutilation-in-indonesia/](http://www.borgenmagazine.com/female-genital-mutilation-in-indonesia/).
- “Types of Female Genital Mutilation.” World Health Organization, World Health Organization,  
[www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation#:~:text=Type%20II.,Type%20IIa](http://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/types-of-female-genital-mutilation#:~:text=Type%20II.,Type%20IIa).
- “United Nations: Resolution on Ending Genital Mutilation Passed.” The Library of Congress,  
[www.loc.gov/item/global-legal-monitor/2012-12-31/united-nations-resolution-on-ending-genital-mutilation-passed/#:~:text=\(Dec.,organs%20for%20non%2Dmedical%20purposes](http://www.loc.gov/item/global-legal-monitor/2012-12-31/united-nations-resolution-on-ending-genital-mutilation-passed/#:~:text=(Dec.,organs%20for%20non%2Dmedical%20purposes). Accessed 18 Dec. 2023.
- Wilbourne, Peter. Map showing the % of women and girls aged 15–49 years who have undergone FGM. 21 Aug. 2021. Prevalence of Female Genital Mutilation,  
[https://upload.wikimedia.org/wikipedia/commons/thumb/e/e4/2020\\_Global\\_Response\\_report\\_FGM\\_world\\_map.svg/1000px-2020\\_Global\\_Response\\_report\\_FGM\\_world\\_map.svg.png](https://upload.wikimedia.org/wikipedia/commons/thumb/e/e4/2020_Global_Response_report_FGM_world_map.svg/1000px-2020_Global_Response_report_FGM_world_map.svg.png). Accessed 2023.