Committee: Human Rights Council (HRC)

Topic: Combating the Phenomenon of Female Genital Mutilation

Student Officer: Anthi Sklavou

Position: Deputy President

PERSONAL INTRODUCTION

Dear delegates,

My name is Anthi Sklavou and I attend the 11th grade of Mandoulides School in Thessaloniki. It is my honour to serve as Deputy President at this year's Human Rights Council (HRC). I want to welcome you all to the conference and advise you upfront to have your minds open to other perspectives and ideas.

I have attended many MUN conferences, both domestic and international, and the memories and friendships I have created are ones I will cherish forever. But most importantly, all the MUN conferences I attended taught me how to be confident and not mind other's opinions about me. I genuinely hope that the environment that we will form in our committee will be a safe one, in which every delegate will feel comfortable sharing his or her clauses and ideas, and I wish that every one of you will take the floor for at least one time. Exploit the MUN's opportunity to speak up and voice your concerns.

Through this study guide I want to introduce you to one of the topics that will be discussed in our committee, the topic of "Combating the Phenomenon of Female Genital Mutilation". I want you to familiarize yourselves with the topic and explore it even more by either clicking on the sources at the end of the study guide or doing your own research. This topic is of utmost importance to the physical and psychological well-being of millions of girls and women on our planet and I expect you all to face it with the respect it and they deserve.

Don't hesitate to email me via; anthisklavou28@gmail.com, should any questions or concerns about this specific HRC topic or the conference in general arise. I look forward to meeting you all and wish you an insightful preparation period. I am excited for the three day debate in November and I hope you are too!

Sincerely,

Anthi Sklavou

TOPIC INTRODUCTION

The phenomenon of female genital mutilation (FGM) refers to the injury of the female genital organs and is an absolute and outrageous violation of girls' and women's human rights.

FGM's underlying perpetrators' motives vary from psychosexual, sociological, and cultural to hygiene and aesthetic, but are mostly driven by unquestioned and enforced traditions passed by from previous generations. Some cultural groups view FGM as a necessary tool for preparing their girls for adulthood and marriage. There have been religious incentives connected to Islam, however no religious text supports the practice of FGM, while many religious leaders have expressed their opposition to the topic.

The effects of FGM are long-lasting and affect both the physical and the phycological well-being of the girls and women hurt. Their reproductive system is severed; haemorrhage and infection are common complications, and the severity of them can even lead to death. The women inflicted suffer prolonged childbirth with potential neonatal deaths and pre-labor miscarriages. Depression and post-traumatic stress disorders (PTSD) are characteristic psychological impacts of FGM, and survivors today speak of lifelong trauma and social coercion and isolation.

Many UN bodies, governments, non-governmental organisations, and networks are combating the phenomenon by proposing solutions and legislations, including FGM to their urgent priorities, advocating against the practice, raising international concern, and educating girls and women across the world, and especially in the hot zones of FGM. Still, though, FGM is practiced and FGM's advocators remain active, posing an imperative for revisitation, reconsideration, and action.

DEFINITION OF KEY TERMS

Female genital mutilation (FGM)

Female genital mutilation 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. [WHO][1]

Deinfibulation / Defibulation

[1] World Health Organization. "Female genital mutilation." *World Health Organization,* 2025, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

The practice of cutting open the infibulated scar covering the vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth. [WHO][2]

Reinfibulation / Re-suturing

The procedure to narrow the vaginal opening or suture an infibulated scar back together in a woman after she has been deinfibulated (i.e. after childbirth). [WHO][3]

Medicalization of FGM

Situations in which FGM is practised by any category of health worker, whether in a public or a private clinic, at home or elsewhere. It also includes the procedure of reinfibulation at any point in time in a woman's life. [WHO][4]

BACKGROUND INFORMATION

Origins of FGM

To combat the phenomenon of FGM it is crucial to understand the origins of the practice and the reasons why it is still rooted in the traditions of various cultures. The time the practice appeared is not exactly set, but it is certain that the practice dates at least 2000 years. Herodotus claims that in the fifth century BC (500-401 BC) FGM was practiced amongst the Phoenicians, the Hittites, and the Ethiopians. There have been theories about FGM originating from Ancient Egypt, due to the findings of circumcised mummies, where aristocrats were cut to distinct themselves from the socially inferior classes. Others support that it started and followed the route of slave trade in the Arab societies, so either from the Red Sea to Africa or from the Middle East to Africa. The female slaves of Ancient Rome underwent FGM, in order for them not to have chances of getting pregnant. It is also believed that FGM has a multi-source origin and is the result of many different traditional initiation practices that merged together in one.

The reason why FGM was practiced is fairly different from the reasons it is practiced today. Archaeologists have found out that FGM was initially practiced in the north-eastern African societies as a sacrifice to the gods. FGM was not the only sacrifice these groups made; it was one in a collection of many harmful rituals that included scarring and burning of both the male and the female human body. These populations feared curses from their ancestors and were firm believers that by sacrificing parts of their body to the divine the

[2] WHO. "WHO guideline … complications." *Geneva: WHO,* 2025, p. 10, https://iris.who.int/server/api/core/bitstreams/23102286-d5fa-4c4d-8a4f-5a4f2bca7813/content
[3] WHO. "WHO guideline … complications." *Geneva: WHO,* 2025, p. 10, https://iris.who.int/server/api/core/bitstreams/23102286-d5fa-4c4d-8a4f-5a4f2bca7813/content
[4] WHO. "WHO guideline … complications." *Geneva: WHO,* 2025, p. 10, https://iris.who.int/server/api/core/bitstreams/23102286-d5fa-4c4d-8a4f-5a4f2bca7813/content

curses would be broken. They believed that if the girls and women of the community were not circumcised, rain would not come and their crops, thus them in the longterm, would not survive. Many parents were opponents of the practice, yet allowed their daughters to be circumcised because of this deep-rooted belief. Besides, they had no other choice, since other people in the community blamed them for draughts and destruction of their crops. Parents were socially pressured into sacrificing their own children, boys and girls, for the survival of a greater crowd. The dilemma that guided the actions of the African populations at that time was either to be cursed and perish or to sacrifice and survive, and the social pressure and entrenched beliefs ushered them to the latter.

Locations

Though FGM has been receiving more and more attention by the international community and bodies that have been combating it for more than a century, it is still being practiced. It is currently documented in 94 countries, including all six human-inhabited continents: Africa, Asia, Europe, Oceania, and North and South America. “Around the world, over 230 million girls and women have been cut. Africa accounts for the largest share of this total, with over 144 million. Asia follows with over 80 million, and a further 6 million are in the Middle East. Another 1-2 million are affected in small practising communities and destination countries for migration in the rest of the world.” [UNICEF][5]

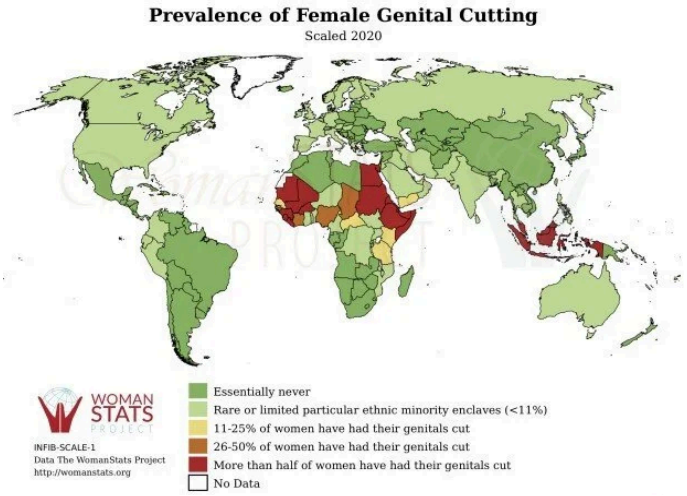


Figure 1: Global Prevalence Map [LTFGM][6]

[5] UNICEF. “Female genital mutilation (FGM).” *UNICEF,* 2024, https://data.unicef.org/topic/child-protection/female-genital-mutilation/

[6] Visual LightBox. “Prevalence of Female Genital Cutting.” Oxford Health NHS Foundation Trust, https://www.letstalkfgm.nhs.uk/where-it-occurs/global-prevalence

Purposes

The three main purposes FGM is performed today are adulthood, marriage, and hygiene. In some countries FGM is perceived as a rite of passage to adulthood and performing it to a girl means that she is, after being circumcised, reborn as a woman and an adult member of the society. If not performed these girls are not recognized from other members in the community, and are sometimes banned from it. In other countries where FGM is practiced, virginity, purity, and sexual restraint are core prerequisites for a woman to be eligible for marriage. In order to ensure this, girls undergo FGM, also ensuring their sexual propriety, since their sexual pleasure is reduced, their respect towards marriage and their future husband, and their fidelity. The third reason why FGM is performed refers to the idea that FGM improves women's hygiene and chances of contraception. Cultural groups believe that it is toxic for a baby during birth to touch the clitoris, thus the performance of Types I and II of FGM. Aesthetic reasons are also interconnected with the thought that the external female genital organs are ugly and must be removed. It must not be forgotten that even though some parents may be opposed to the practice, he and or she is faced with the rest of the community and the social pressure it puts to he/she/them. These three reasons are the deep-rooted beliefs that drive communities to perpetuate FGM and these are the beliefs that need to somehow be altered, so that the well-being of all girls and women is ensured.

Traditional and Medicalised Practices

If not stopped, FGM has serious consequences to the physical and mental state of the female population. "Immediate consequences of FGM include severe pain and bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and sometimes death. Almost all women who have undergone FGM experience pain and bleeding as a consequence of the procedure. The event itself is traumatic as girls are held down during the procedure. Risk and complications increase with the type of FGM and are more and more severe and prevalent with infibulations. A multi-country study by WHO in six African countries, showed that women who had undergone FGM, had significantly increased risks for adverse events during childbirth, and that genital mutilation in mothers has negative effects on their newborn babies. According to the study, an additional one to two babies per 100 deliveries die as a result of FGM." [EFGM][7]

FGM is performed by traditional practitioners, mostly elderly women who know the practice and have themselves undergone it. Others include male barbers, members of secret societies, herbalists, or even the girls' and women's own female relatives. Three fourths of the total number of practices performed are by these traditional practitioners. All individuals performing FGM, either traditional practitioners or medical workers, are paid to perform

[7] End FGM EUROPEAN NETWORK. "What is FGM?." *End FGM EUROPEAN NETWORK,* https://www.endfgm.eu/female-genital-mutilation/what-is-fgm/

FGM, giving them authority and power especially in the countries where FGM is more common.

Even if FGM is medicalised, which is not medically justifiable and opposite to medicine's conduct to do no harm, the consequences remain possible. A professional health provider and a sterile environment give a false sense of safety; the hazard may be less, but the risk is still there. "When health workers - who often hold power, authority and respect in society - perform female genital mutilation, they wrongly legitimize it as medically sound or beneficial for the health of girls and women." [UNFPA][8] Medicalised FGM is still a violation of human rights and an act of violence against girls and women.

The impacts to girls' and women's psychological state are also severe and consist of post-traumatic stress disorder (PTSD), anxiety disorders, depression and somatization of pain (pain with no organic cause). They feel isolated and that they are unable to have an intimate relationship with family, friends, and or spouse, because of the stigmatized silence and prohibition of not talking about having been circumcised. They are confused when they feel pain or have other health implications, as they perceive the state of their bodies as normal. They are also angry towards their family members who have violated their trust and have allowed for them to undergo the practice, and show lack of trust to the healthcare system that did not support them when they needed to. FGM is also a barrier to girls' education, since FGM's purpose for early marriage, removes girls from the classrooms, resulting in an incomplete education.

Opposition to FGM

FGM is still performed in 31 countries, almost all of them in Africa, few in Asia, and few in the Middle East. Although religion has been blamed for other harmful practices, FGM is not endorsed by any religious text. There are no references either in the Holy Quran (Muslim's holy book) or the Old and New Testaments of the Holy Bible (Christian's holy book) that refer to FGM. The four Vendas (Hindu's holy books) also do not refer to or endorse FGM. Thus, FGM is not perpetuated or supported by religion, but by the deep-rooted cultural and traditional beliefs of the African populations.

Their opposition to FGM have expressed many people not only in the international community, but also in the specific cultural groups where the practice is still performed. Due to this opposition FGM has been lessened by a threefold, but is still a major issue that needs to be combatted. In order for FGM to be eliminated by 2030, the pace of progess must be 27 times faster than it is today.

[8] United Nations Population Fund, "Female genital mutilation (FGM) frequently asked questions." *United Nations Population Fund,* 2026, https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#age_performed

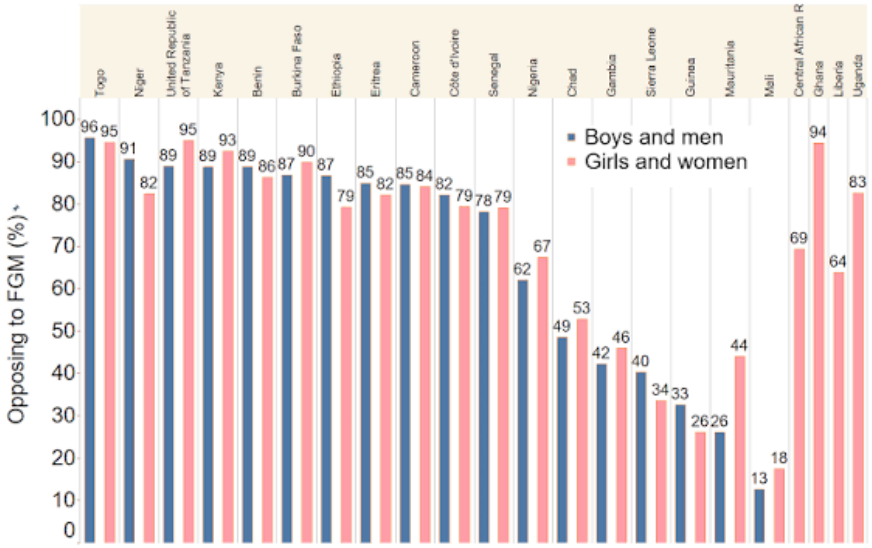


Figure 2: Opposition to FGM [UNICEF][9]

Turn to alternatives

Many communities in order to eliminate FGM, have proposed alternative rituals and practices for girls' rite of passage or women's marriage preparation. Many women wish for their daughters not to undergo FGM like they did. Some mothers and traditional women practitioners in Kenya, proposed an alternative symbolic ceremony for girls to enter adulthood, in which the girls instead of being circumcised just pour milk on their thighs. Now 20% of girls there are receiving this alternative safe ritual instead of FGM. These alternative rites of passage (ARP) are used by non-governmental organizations (NGOs), involve the whole community, and are most common in East Africa; they are gradually expanding in West Africa as well. The goals of ARP's NGOs are to promote safe rituals and practices to protect individuals from the harmful ones.

Legislation

There have been written laws penalizing FGM by many countries, some stricter with a maximum 14 year imprisonment, some more lenient with just a fine. There are also countries with no specific laws against FGM, many of which are the countries where FGM is most prevalent, and are also laws that punish individuals that knew FGM was being performed yet did not introduce it to authorities. Countries that are divided in states may have legislation, but the state may not. But even though there are legislations and acts against the practice, many African communities choose unanimously to unite, to set the laws

[9] UNICEF global databases. "Percentage of girls … by level of education." UNICEF DATA, 2022, https://data.unicef.org/resources/the-power-of-education-to-end-female-genital-mutilation/?_gl=1*1ttcoxb*_ga*MTEwNjUxOTAyMC4xNzgzODU2MTA1*_ga_ZEPV2PX419*czE3ODQxOTQyMTQkbzIkZzEkdDE3ODQxOTQ2ODUkajYwJGwwJGgw*_gcl_au*MTc2NjQwMTQ3Ni4xNzgzODU2MTEw*_ga_P0DMSZ8KY6*czE3ODQxOTQyMTkkbzMkZzEkdDE3ODQxOTQ4MDUkajUkbDAkaDA.*_ga_BCSVVE74RB*czE3ODQxOTQyMTgkbzMkZzEkdDE3ODQxOTQ4MDUkajUkbDAkaDA

aside, and to perform FGM. That's because they view their culture and their beliefs as superior to laws and abide by their ancestors.

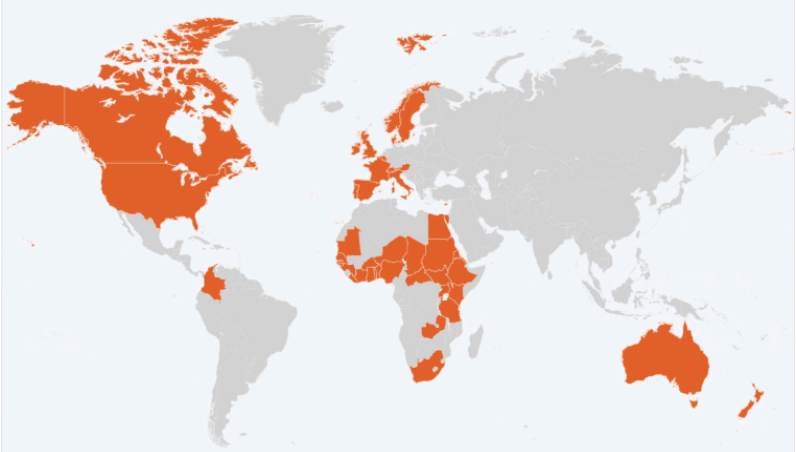


Figure 3: Where FGM is Banned by Law [Statista][10]

Progress Against FGM

Progress is gradually being made, and the main combatant to FGM is education and awareness. The communities where FGM is still performed need to understand that the practice is a violation of the girls' and women's rights, while the countries where FGM is not performed need to be aware of the situation and join the fight to eliminate the practice. When educated people have the desire to stop the practices that are harmful to them and the rest of their community.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Djibouti

Even though FGM is banned by law in Djibouti for more than three decades, FGM's prevalence there is still 90% (2025). Djibouti has even towns (Arta), where FGM reaches 100%. FGM in Djibouti is mostly performed between the ages of 5 to 9, and survivors today still hold memories of undergoing FGM, and of the practice itself being disguised as a party with loud music and gifts. The practice is performed by traditional practitioners and the most common type of FGM is Type III. Most Djiboutian girls, women, boys, and men are against the practice. However, progress towards the elimination of FGM in Djibouti is hardly being made.

[10] Statista. "Where FGM is Banned By Law." Statista, https://www.statista.com/chart/4952/which-countries-ban-fgm-by-law/?srsltid=AfmBOopGCPm40aDFYyyVqb5BCX0sLLVU6at8lyA2PULmstQz0-mUkREo

Guinea

Guinea's FGM situation is slightly better with a percentage of 97% (2025) prevalence amongst girls and women. FGM in Guinea, though nationally banned, is performed in all ethnic, social, and religious groups. Guinea's population views FGM as an initiation ritual. It is common for many girls, because Guinean FGM is mostly performed at a young age, usually under 10, to get circumcised together by traditional practitioners either at home or at FGM camps. However, some families that do not afford FGM or fear that it will be publicly known that they had their daughters undergo FGM and that they will be criminalized for it, perform it themselves. This fear is mostly spread for infant mutilation. Practitioners are also not legally allowed to perform FGM, yet only eight people have been convicted; a number minuscule to the total amount of people who have been performing FGM.

Somalia

Somalia is the country with the most severe FGM situation in the world. The percentage of Somali girls and women undergoing the practice has reached 99.2% (2025), showing that FGM there is mandatory and absolute for the female population. FGM purpose in the country is mainly social acceptance. While the people there understand the harm FGM inflicts, they still support it but prefer the less severe types of it. Mothers do not seek for elimination of the practice, but are driven for survival. Somali mothers talking about FGM have stated "Why wouldn't I circumcise her? … It is a compulsory thing in our hearts. If we don't circumcise our kids, we would be embarrassed by them." [HUMANIUM][11] Somalia's Provisional Constitution (temporary set of laws) essentially prohibits FGM, but there is no specific pemanent legislation due to social and political resistance. Somalia has not ratified the Maputo Protocol, the African Union's treaty on women's rights, thus is not legally bound to protect girls and women from FGM. The international community is pressuring Somalia to legally ban FGM, however Somalia's political instability does not allow for enforcement and for actual progress towards FGM's elimination.

United Nations International Children's Emergency Fund (UNICEF)

UNICEF is the UN's agency that helps and advocates for all children in every part of the world; in FGM's case each and every girl. UNICEF supports that the way to eliminate the practice is through coordinated and collective abandonment of the community, so as to make sure that no one will pressure another girl to undergo the practice or another family to have the practice performed to their daughters. Through partnered programs, UNICEF aims to raise awareness and promote the collective abandonment policy, having already made significant progress against FGM. UNICEF also works alongside governments to legally ban

[11]Or Salama. "Female genital mutilation (FGM) in Somalia: A harsh daily reality for many girls." *Humanium,* 2025, https://www.humanium.org/en/female-genital-mutilation-fgm-in-somalia-a-harsh-daily-reality-for-many-girls/

FGM on not only a national but also regional level. UNICEF supports the survivors of FGM by providing access to medical and psychological care.

United Nations Population Fund (UNPFA)

UNFPA is the UN's sexual and reproductive health agency that works to ensure the safety of pregnancies and childbirths, upholding women's and young people's rights. Partnering with UNICEF, these two agencies are leading the world's largest programme against FGM, trying to accelerate the progress being made through legislations, raising awareness, and supporting girls and women around the world, and especially in Africa. UNFPA is including FGM to its campaigns for possible victims, survivors, and health providers, striving so that everyone knows of what FGM is and what FGM can do.

United Nations Women (UN Women)

UN Women is the UN's agency that works for gender equality and women empowerment. UN Women believes that the way to progress against FGM is by prevention, thus collaborating with other organizations to address the issue and traditional, cultural, and religious leaders to promote gender equality through their authority. UN Women's approaches include engaging members of all ages and both genders in the community and supporting and promoting other international programs against FGM as well.

World Health Organization (WHO)

The World Health Organization is the UN's specialized agency, dealing with international public health issues and emergencies, like FGM. WHO has recognized this harmful procedure that destroys girls' and women's bodies and violates their rights, and has been developing global strategies for its elimination (FGM in general, and especially the medicalization of FGM). WHO advocates for both local and national improvements, deals with both prevention and care (after FGM), and is there to respond to both victims/survivors and healthcare professionals. WHO also conducts researches to gain data and information about all aspects of FGM in as many countries as possible.

BLOCS EXPECTED

Bloc A

This bloc is composed of countries where FGM is still being practiced. These are financially and politically unstable countries which combined with the deep-rooted cultural beliefs they hold are trapped into the FGM cycle. The countries of this bloc are in need of humanitarian aid and community programs to make their populations aware of the consequences the practice inflicts on their girls and women and the fact that by not opposing to FGM they are violating these girls' and women's rights. The legal part of FGM in

these countries is also not yet resolved with no specific legislations on the topic. These countries are developing countries that are mainly in Africa, and some of them are Somalia, Guinea, Djibouti, Mali, Egypt, Sudan, Eritrea.

Bloc B

This bloc is composed of countries that have almost reached total elimination of FGM. These countries have passed laws that penalize the perpetrators and prevent the practice from happening. They have ensured available aid for possible victims and are raising awareness to their population and medical staff with campaigns, workshops, and proper training. These countries are developed countries that have the financial ability and political stability to respond to health emergencies in the most effective and alleviating way. Some of them are Australia, France, Germany, Greece, Italy, Norway, Spain, Switzerland.

TIMELINE OF EVENTS

Date	Description of event
10th December, 1984	Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment addopted by the UN General Assembly (GA)
15th September, 1995	Beijing Declaration and Platform for Action of the Fourth World Conference on Women
6th February, 2003	First International Day of Zero Tolerance for FGM
11th July, 2003	Maputo Protocol adopted by the African Union (AU)
18th December, 2007	A/RES/62/140 adopted by theUN GA
24th May, 2008	WHA61.16 adopted by the World Health Assembly (WHA)
5th March, 2013	A/RES/67/146 adopted by the GA
25th September, 2015	UN Sustainable Goal of Eliminating FGM by 2030 (SDG 5.3)
7th July, 2025	A/HRC/59/L.22 adopted by the HRC

RELEVANT RESOLUTIONS, TREATIES AND EVENTS

General Assembly Resolution A/RES/62/140

This resolution, adopted by the GA in 2008, titled “The girl child” proposes clauses with the purpose of ensuring a safe girl childhood, female teenage years, and woman adulthood. The resolution calls for the ratification of conventions and the adoption of

certain legislations, so that violence against girls and women is legally punished. It also focuses on prioritizing female education, and providing the necessary means to ensure it. The resolution also urges States to be prepared to deal with the consequences of violent acts against females; in other words, to have medical and psychological aid available for the victims of any violent practice, one of which is FGM. [UNGA][12]

A/RES/67/146

This resolution, "Intensifying global efforts for the elimination of FGM", is GA's response to the international progress against FGM, aknowledging that more has to be done to reach the elimination of the practice. It focuses on the empowerment of women through education, national action plans, and targeted strategies. It also emphasizes the importance of campaigns targeting the whole population, aiming for the engagement of both men and women against FGM. The resolution proposes the training of medical professionals and community and religious leaders to ensure that all girls and women have an adequately trained person to turn to in case of need. [UNGA][13]

A/HRC/59/L.22

This resolution on the "Elimination of FGM" by the HRC in 2025 is the most recent resolution on the topic. Its purpose is to dive deeper into the roots that cause the perpetuation of FGM and to promote the digital transition, especially proposing that technology can play a role in the faster elimination of FGM. More specifically, it calls for national legislation, digital education, and health coverage, partly by innovative technological medical equipment. The resolution also refers to the online harassment women resisting FGM get, and the urgency to act by criminalizing it. It also encourages the education of the population using digital means, such as online campaigns and publication of data, for a collective information of the international community. [UNHRC][14]

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

UNFPA-UNICEF Joint Programme on the Elimination of FGM: Accelarating Change

UNFPA's and UNICEF's Joint Programme is the world's leading program on eliminating FGM. The program has already completed its first three phases (Phase I: 2008-2013, Phase II: 2014-2017, Phase III: 2018-2021) with much success and progress noted against FGM. More specifically, the program has been launched in 17 countries and is based on the

[12] United Nations General Assembly. "The Girl Child." *United Nations*, 19 Feb. 2008, https://digitallibrary.un.org/record/614265.
[13] United Nations General Assembly. "Intensifying Global Efforts for the Elimination of Female Genital Mutilations." *United Nations*, 20 Dec. 2012, https://digitallibrary.un.org/record/746164.
[14] United Nations Human Rights Council. "Elimination of Female Genital Mutilation." *United Nations*, 3 July 2025, https://digitallibrary.un.org/record/4084837.

foundation that the community is the key to eliminate FGM. Results from this program indicate total abandonment in one country and almost half abandonment in other five countries. Currently continuing with its fourth phase (Phase IV: 2022-2030) and with the aim of eliminating FGM, the Joint Programme claims that legislations and policies, access to services for at risk and affected women, and riddance of the cultural norms that drive FGM, are the three pillars, on which the international community should rely on to combat and ultimately eliminate FGM.

Spotlight Initiative

The Spotlight Initiative is a global UN initiative with the aim of ending violence against women. It is a Fund led by the UN Deputy Secretary-General that operates in Africa, Asia, the Caribbean, Latin America, and the Pacific. The program is based on the belief that transformation can be achieved through civil society engagement, amplifying its impact by focusing on leadership and deep engagement. The Initiative promotes laws, mobilizes the female and male population, ensures that services can be provided, and empowers women around the world.

SAFE (Support Aid FGM EFM-Early and Forced Marriage) Project

The SAFE Project is an EU co-funded project that is set to last for three years (2025-2027). It is run in six European countries, Ireland, Italy, Belgium, France, Spain, and Germany, who host large diaspora communities, in which FGM and EFM are perpetuated. SAFE's system to FGM's elimination is to approach the communities and work with them at a local level. The project hopes to raise awareness, protect women from FGM (and EFM), and inspire broader action. Its goal is to turn all the laws, conventions, and resolutions into reality.

ACT to End Violence Against Women

The ACT to End Violence Against Women is a commitment between the European Commission and UN Women in collaboration with the UN Trust Fund to End Violence against Women. The movement advocates for women's rights at international forums and is set to operate in two great regions: Africa and Latin America. Its purpose is to allocate its funding in the correct way to make tangible change, covering national action plans, life-saving services, and investments in women's rights organisations.

POSSIBLE SOLUTIONS

Reassessing Cultural Traditions

It is also crucial to combat the problem by its roots: the cultural beliefs that are keeping the practice alive. Banning FGM may be viewed by people as a strike to their cultural

heritage, and an undermining of their unique culture, beliefs, and rituals. That's because even though FGM is a harmful practice, it is still a part of some groups' culture. Ultimately banning FGM is going to be much more difficult because of this cultural connection. In order to eliminate the practice, countries need to follow a community level approach, engaging the cultural and religious leaders of each community and inspiring community dialogue. That way communities and especially cultural groups can reach a consensus that the practice is illegal, harmful, and violates girls' and women's rights and thus should be abandoned by everyone. That way the social pressure that is contributing to the continuation of the practice will also cease to be.

Education of Women

Another important aspect is to properly educate women of all ages. Women often do not understand that they do have their own voice and own opinion of what happens to their body, and that being circumcised is not normal or acceptable. The grandmothers, who often become traditional practitioners, should be educated, the mothers, who allow for their daughters to undergo this harmful practice, should be educated, and the young girls, who can reach either of these two states, should be educated. The education though should not be limited to the female population, but also to the male one that needs to fight for the other sex and advocate for its rights.

BIBLIOGRAPHY

General Bibliography

African Union. "PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLE'S RIGHTS ON THE RIGHTS OF WOMEN IN AFRICA." *African Union, 2003,* https://au.int/sites/default/files/treaties/37077-treaty-charter_on_rights_of_women_in_africa.pdf

Anush Aghabalyan. "A GIRL DIES EVERY 12 MINUTES AS A RESULT OF FEMALE GENITAL MUTILATION/CUTTING." *THE GLOBAL GOALS,* 2025, https://globalgoals.org/news/a-girl-dies-every-12-minutes-as-a-result-of-female-genital-mutilation-cutting/

Debanjali Bhattacharjee. "Hinduism and Women: Glimpse from a Feminist Perspective." *Welsh Women's Aid,* 2020, https://welshwomensaid.org.uk/news/hinduism-and-women-glimpses-from-a-feminist-perspective/

End FGM European Network. "SAFE PROJECT." *End FGM European Network,* https://www.endfgm.eu/what-we-do/safe-project/

End FGM European Network. “What is FGM?” *End FGM European Network,* https://www.endfgm.eu/female-genital-mutilation/what-is-fgm/

Equality Now. “New report finds female genital mutilation/cutting in 94 countries.” *Equality Now,* 2025, https://equalitynow.org/news/press-releases/new-report-finds-female-genital-mutilation-cutting-in-94-countries/

FGM National Clinical Group. “Historical & Cultural.” *FGM National Clinical Group,* http://www.fgmnationalgroup.org/historical_and_cultural.htm

George Washington University Milken Institute School of Public Health Original Study. “What are the mental health effects of FGM/C?” *The George Washington University,* 2018-19, https://fgmtoolkit.gwu.edu/health-care-providers/what-are-mental-health-effects-fgmc

Hannelore Van Bavel; Lotte Hughes; Anurav Kaul; Katy Newell-Jones. “Alternative Rites of Passage: What is their role in Female Genital Mutilation/Cutting abandonment?” *University of Bristol,* 2022, https://www.bristol.ac.uk/policybristol/policy-briefings/alternative-rites-passage/

Hilary Burrage. “FGM: a costly, organised crime against women and girls.” *The Guardian,* 2016, https://www.theguardian.com/society/blog/2016/apr/13/fgm-costly-organised-crime-africa

Jewel Llamas. “Female Circumcision: The History, the Current Prevalence and the Approach to a Patient.” *University of Virginia School of Medicine,* 2017, https://med.virginia.edu/family-medicine/wp-content/uploads/sites/285/2017/01/Llamas-Paper.pdf

Or Salama. “Female genital mutilation (FGM) in Somalia: A harsh daily reality for many girls.” *Humanium,* 2025, https://www.humanium.org/en/female-genital-mutilation-fgm-in-somalia-a-harsh-daily-reality-for-many-girls/

Sada Mire. “We won’t eradicate FGM if we keep misunderstanding its history.” *The Guardian,* 2020, https://www.theguardian.com/commentisfree/2020/mar/09/eradicate-fgm-misunderstanding-history

Sarah Tenoi. “An alternative to female genital mutilation that prevents girls suffering.” *The Guardian,* 2014, https://www.theguardian.com/commentisfree/2014/feb/06/alternative-to-circumcision-prevents-girls-suffering-kenya

Spotlight Initiative. "What we do." *Spotlight Initiative,* https://www.spotlightinitiative.org/what-we-do

Spotlight Initiative. "Who we are." *Spotlight Initiative,* https://www.spotlightinitiative.org/who-we-are

UNFPA. "Female genital mutilation (FGM) frequently asked questions." *UNFPA,* 2026, https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#psychological_effects

UNICEF. "A STATISTICAL OVERVIEW OF FEMALE GENITAL MUTILATION IN DJIBOUTI." *UNICEF,* 2025, https://share.google/ZIqy6i322cglM2DIr

UNICEF. "Impact Feasibility Assessment (IFA) for UNICEF - UNFPA global programme to end child marriage and the joint programme for the elimination of female genital mutilation ('FGM')." *UNICEF,* https://evaluationreports.unicef.org/GetDocument?documentID=19157&fileID=48696

UNICEF. "UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation Accelarating the elimination of an extreme form of violence against girls." *Unicef,* 2025, https://www.unicef.org/protection/unfpa-unicef-joint-programme-eliminating-fgm

UNICEF. "What works to prevent female genital mutilation?" *UNICEF,* https://www.unicef.org/innocenti/what-works-prevent-female-genital-mutilation

United Nations General Assembly. "Intensifying global efforts for the elimination of female genital mutilations." A/RES/67/146, 5 March 2013, *United Nations Official Document System,* https://docs.un.org/en/a/res/67/146

United Nations General Assembly. "The girl child." A/RES/62/140, 19 February 2008, *United Nations Official Document System,* https://docs.un.org/en/A/RES/62/140

United Nations Human Rights Council. "Elimination of female genital mutilation." A/HRC/59/L.22, 3 July 2025, *United Nations Official Document System,* https://docs.un.org/en/a/hrc/59/l.22

UN News Women. "One in four female genital mutilation cases now carried out by health workers." *UN News,* 2025, https://news.un.org/en/story/2025/04/1162661

UN Women Africa. "Your questions answered: What is female genital mutilation and how is UN Women working to end it in East and Southern Africa?" *UN Women Africa, 2023,* https://africa.unwomen.org/en/stories/news/2023/02/what-is-female-genital-mutilation-and-how-is-un-women-working-to-end-it-in-esaro

UN Women. "FAQs on female genital mutilation (FGM)." *UN Women,* 2026, https://www.unwomen.org/en/articles/faqs/faqs-on-female-genital-mutilation-causes-impact-and-how-to-end-it#94072

UN Women. "What is it like to survive female genital mutilation (FGM)." *UN Women,* 2026, https://www.unwomen.org/en/news-stories/feature-story/2026/01/what-it-is-like-to-survive-female-genital-mutilation-fgm

U.S. Department of State. "I. Laws/Enforcement in Countries where FGM is Commonly Practiced." *U.S. Department of State,* 2001, https://2001-2009.state.gov/g/wi/rls/rep/9303.htm

World Health Assembly. "Female genital mutilation." WHA61.16, 24 May 2008, https://apps.who.int/gb/ebwha/pdf_files/A61/A61_R16-en.pdf

World Health Organization. "Female genital mutilation." *World Health Organization,* 2025, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

World Health Organization. "WHO guideline on the prevention of female genital mutilation and clinical management of complications." *Geneva: World Health Organization,* 2025, https://iris.who.int/server/api/core/bitstreams/23102286-d5fa-4c4d-8a4f-5a4f2bca7813/content

Zeid Ra'ad Al Hussein. "Female Genital Mutilation in Guinea on the rise - Zeid." *Office of the High Commissioner for Human Rights,* 2016, https://www.ohchr.org/en/press-releases/2016/04/female-genital-mutilation-guinea-rise-zeid

28 TOO MANY. "Religion and FGM/C." *28 TOO MANY,* 2022, https://www.fgmcri.org/media/uploads/Thematic%20Research%20and%20Resources/Religion/religion_factsheet_print-friendly_page_v2_(april_2022).pdf

Media Bibliography

Statista. "Where FGM is Banned By Law." Statista, https://www.statista.com/chart/4952/which-countries-ban-fgm-by-law/?srsltid=AfmBOopGCPm40aDFYyyVqb5BCX0sLLVU6at8lyA2PULmstQz0-mUkREo

UNICEF global databases. "Percentage of girls … by level of education." UNICEF DATA, 2022, https://data.unicef.org/resources/the-power-of-education-to-end-female-genital-mutilation/?_gl=1*1ttcoxb*_ga*MTEwNjUxOTAyMC4xNzgzODU2MTA1*_ga_ZEPV2PX419*czE3ODQxOTQyMTQkbzIkZzEkdDE3ODQxOTQ2ODUkajYwJGwwJGgw*_gcl_au*MTc2NjQwMTQ3Ni4xNzgzODU2MTEw*_ga_P0DMSZ8KY6*czE3ODQxOTQyMTkkbzMkZzEkdDE3ODQxOTQ4MDUkajUk

bDAkaDA.*_ga_BCSVVE74RB*czE3ODQxOTQyMTgkbzMkZzEkdDE3ODQxOTQ4MDUkajUkbDAkaDA

Visual LightBox. “Prevalence of Female Genital Cutting.” Oxford Health NHS Foundation Trust, https://www.letstalkfgm.nhs.uk/where-it-occurs/global-prevalence