

## Female genital mutilation/cutting is a myth or fact in India: A descriptive study

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### Abstract

The term FGM/C refers to all procedures that entail the partial or total removal of the external female genital or other injury to the female genital organs for non-medical reasons. FGM/C is practiced by all parts of the country but most prevalent in 28 countries in Africa and the Middle east and among immigrant communities in Europe, New Zealand, Canada, Australia and the US. In India, female genital mutilation/Cutting is also known by the term 'khafd' or 'khatna' and most prevalent amongst Bohras. It is widely practiced among Dawoodi Bohras community, a sect of Shia Muslims. This traumatic procedure increases with the growth of population as there is no specific law banning FGM/C. The objective of this research paper includes exploring the concept of FGM/C and various reasons to perform the practice, describe the consequences of it and to evaluate the initiatives taken for the elimination of FGM/C. FGM/C is a heart-wrenching practice as it gives harmful consequences and no health benefit. In 2015, under target 5.3, FGM/C was included in the sustainable development which gives attention to the elimination of all harmful practice. Various other 'Initiatives' mentioned above have been taken for the elimination of the practice but simultaneously for the complete elimination 'Collective abandonment' is necessary.

**Keywords:** FGM/C, female genital mutilation, khafd, khatna, We speak out, Victims, activists, excision, infibulations, piercing

### 1. Introduction

Every society follows various traditional practices some of them are favourable for the society and some are unfavourable. Female genital mutilation /Cutting (FGM/C) is one of the unfavourable traditional practices done against girls or women. The term FGM/C refers to all procedures that entail the partial or total removal of the external female genital or other injury to the female genital organs for non-medical reasons. FGM/C is practiced by all parts of the country but most prevalent in 28 countries in Africa and the Middle east and among immigrant communities in Europe, New Zealand, Canada, Australia and the US. Presently, community pressure is one of the major reasons of performing the practice. Globally, around 200 million women and girls have already gone through this painful practice and these females are still suffering from various side-effects cause due to FGM/C. It is also estimated that globally approx 68 million girls would be mutilated by 2030<sup>[1]</sup>. There are various impacts of FGM/C such as sexual, psychological, and physical and many other which will be studied further, suffered by females. FGM/C even creates complications during childbirth. This illegal practice not only affects the health of females but also violates their human rights. Till date, the origin of the practice is unclear but it is believed and said that some Egyptian mummies display characteristics of FGM. This procedure is usually carried out by old women without anaesthesia and antiseptics and with the help of basic tools such as knives, scissors, and razor blades, pieces of glass and scalpels but with the change of time this practice has been medicalized in some areas and carried out in health care facilities. UNFPA, jointly with UNICEF, leads the Joint Programme

on FGM, the largest global programme to expatiate the abandonment of this unfavourable practice. This programme presently focuses on 17 countries and also supports regional and global initiatives. In 2015, Nigeria and Gambia, among others, have adopted legislation banning FGM, and established national strategies for its abandonment with the help of UNFPA and other UN agencies<sup>[2]</sup>. In India, female genital mutilation/Cutting is also known by the term 'khafd' or 'khatna' and most prevalent amongst Bohras. It is widely practiced among Dawoodi Bohras community, a sect of Shia Muslims. This traumatic procedure increases with the growth of population as there is no specific law banning FGM/C. 'We speak out' and 'Sahiyo' are the movements which helped and supported the females to raise their voice against Khafd. Even men came forward to speak against this painful practice. To eliminate this practice every female along with the men and government should come forward to protest and speak against this illegal practice. Hence This Research Paper Solely focuses On the Various Aspects of FGM/C which proves whether FGM/C is a myth or fact in India.

### 2. Literature Review

Female genital mutilation/cutting is a traumatic and painful procedure and this issue is sensitive too as a result there are not many studies and writings on female genital mutilation on national and international level. The little information can be obtained easily via internet. Nevertheless in African countries as well as in India where practice is predominant, especially in remote areas, it is difficult for people to access the information. This is because people are irritated of the practice and do not have the necessary resources, for

<sup>1</sup>Unfpa, female genital mutilation, July 31, 2019, (May 30,2020,9:00PM),<https://www.unfpa.org/female-genital-mutilation>.

<sup>2</sup>Unfpa, female genital mutilation, July 31, 2019, (May 30,2020,9:00PM),<https://www.unfpa.org/female-genital-mutilation>.

instance, enough money to buy the necessary tools to access the Information they actually need due to poverty. However, large number of people are not supporting the practice in those regions where the practice is predominant because it is a part of their tradition and every member of the society is required to follow.

In 2019, "UNFPA" states that due to rise in population, the number of girls that suffer from FGM/C will also increase. It intended to protect females from profound, permanent and completely unnecessary harm and also suggests, there is an urgent need to encourage the collective abandonment in which a whole community to no longer engage in FGM/C.

World health organization (WHO) states that FGM is a very injurious practice done against females, mostly carried out on young girls between infancy and age 15. The practice has no health benefits, it only cause harm to girls and women in many ways. WHO estimated that more than 3 million girls are at risk for FGM annually and one of the main reasons of performing this practice is Social pressure, even some people consider this practice as cultural tradition. According to WHO, FGM are of four types and they are: 1-clitoridectomy, 2- excision, 3-infubilation and 4-other and all these types are opposed by the organisation. If we take a look on financial burden on countries then current economic costs of treating health complications of FGM for 27 countries is 1.4 billion USD during the year 2018 and also estimated that this amount would be rise by 2.3 billion in 30 years, if the practice prevalence remains the same. But elimination of this practice is mandatory as soon as possible that is why, great efforts have been made by WHO to counteract FGM.

In 2015, a NGO called "SAHIYO" from Mumbai, has released FGM/C removal voices. The workshop consists of a collection of 27 videos that cover the practice created by survivors and supporters from countries and communities around the world. These films are the result of a digital workshop for nine FGM / C survival organizers in California, Berkeley and other survivors via webinars, an extension of the Sahiyo history program, sponsored by the Sahiyo Society Centre and the American organization story-centre. "We train activists to address legal, political, financial, child rights and religious issues from all points of view," says the NGO's Founder. Some could be named by a scientific statement, some religious.

The NGO firmly believes that narration is the powerful move by FGM / C victims to speak against the cruelty. Sahiyo is also of the opinion that engaging with naysayers and trolling people in END FGM / C is equivalent.

In December 2015, the largest survivor-led movement arrived called as "Wespeakout". This movement holds a similar view to tackle the issue and empowers Dawoodi Bohras and other Asian Communities to end FGM/C/khafz/Khatna. Wespeakout conducted a study on FGM/C for the first time in India and found that 75% of the Bohra community follow this practice. In the opinion of this organisation, it is a form of inter-generational violence, that one generation of women passes down to the next. This study is bias-free as it has collected information from the participants who were in support of FGM/C and who were against the practice and came to the conclusion that this cruel practice heavily affects the mental as well physical condition of females and also violates their human rights.

Hence This Research Paper Solely Focuses On the Various Aspects of FMGC Which Proves Whether FMGC Is A

Myth Or A Fact In India

### 3. Objectives:

The objective of this research paper includes following points and these are presented below:

1. To explore the concept of FGM/C and various reasons to perform the practice.
2. To describe the consequences of the FGM/C and various rights of girls and women violated by the practice.
3. To evaluate the initiatives taken for the elimination of FGM/C.

### 4. Research Questions

1. Is the practice of FGM/C can be acknowledged as a cultural practice in the society?
2. Is FGM a violation of a human right if, then to what extent?
3. Whether "initiatives" taken are enough to eradicate the practice or is there a need to change the societal norms as well?

### 5. Statement of Problem

Is the absence of specific laws embodying the practice in the country can be seen as a loophole in a legislative arm of the country?

### 6. Background Offemale Genital Mutilation/Cutting (FGM/C)

#### 6.1. Reasons to perform female genital mutilation/cutting

The practice of FGM/C is supported by both men and women in the society where it is highly practiced. However, there are many other people who do not want their daughter to be subjected for the procedure but due to community pressure they are involved in the practice, otherwise they will have to face harassment, ostracism and condemnation.

Along with 'community pressure' there are many other reasons of performing FGM and they are described below:-

- **Hygiene and aesthetic reason:** In some communities it is believed that external female genitalia are unhygienic and it should be removed to promote hygiene and aesthetic appeal.
- **Economic factor:** In this era of inflation, everyone is running in their own race to earn more and more money. FGM/C is considered as one of the major source income for practitioners and thus, highly supported by them.
- **Psychosexual factor:** Still, there are so many people in the society who believes that a girl should lose her virginity only after the marriage and the practice of FGM/C is one of the ways to ensure virginity before marriage and fidelity afterward, and also to increase male sexual pleasure.
- **Sociological and cultural factor:** Many people believe that FGM/C is a part of girl's initiation into womanhood and also consider it as an inherent part of cultural heritage of a community.

#### 6.2. Classification of Female Genital Mutilation/Cutting

World health organization (WHO) has classified female genital mutilation into four types and they are mentioned below:-

1. TYPE-1: Also called as 'clitoridectomy', this is the

partial or total removal of the clitoral glands (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glands).

2. TYPE-2: Also called as 'excision', this is the partial or total removal of the clitoral glands and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
3. TYPE-3: Also called as 'infibulations', this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glands (Type I FGM).
4. TYPE-4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. scraping, pricking, piercing, incising, and cauterizing the genital area.

### 6.3. Other terms Related to Female Genital Mutilation/cutti

1. Incision: The term 'incision' refers to making cuts in the clitoris or cutting free the clitoral prepuce, but it also relates to incisions made in the vaginal wall and to incision of the perineum and the syphilis.
2. Deinfubilation: The term 'deinfubilation' refers to the practice of cutting open a woman who has been infibulated to allow intercourse or to facilitate childbirth.
3. Reinfubilation: The term 'reinfubilation' refers to the practice of sewing the external labia back together after deinfubilation.

### 6.4. Different terms to Describe female Genital mutilation

A variety of changes have been made to the language used for 'female genital mutilation.' The procedure was initially commonly called 'female circumcision.' This term is also used for Category 1 of FGM. Nevertheless, 'female circumcision' was thought to be the same as the word 'male circumcision' and confuse the two different activities. This uncertainty encourages health professionals in many countries of eastern and south Africa to minimize the risk of HIV transmission by male circumcision and on the other hand, female circumcision can increase the risk of HIV transmission. However, the UNFPA does not endorse the use of the word 'female circumcision' because of the very different health risks of male and female circumcision.

In the 1997 joint declaration, the word "female genital mutilation" is used, and "mutilation" shows how severe the act is. The phrase 'female genital mutilation / cutting' is used to illustrate the importance of using non-juvenile terms in the functional cultures by several United Nations agencies. These two words are evidence of a denial of the human rights of girls and women<sup>[3]</sup>.

### 6.5. Medicalization Offemale Genital Mutilation

According to WHO, Medicalization of FGM refers to a situation when FGM is performed by a health-care provider,

such as a community health worker, nurse, midwife or doctor, whether in a public or private clinic, at home or elsewhere? It also includes the procedure of reinfubilation at any point in time in a woman's life. The definitions of FGM and medicalization were first adopted in the document Female genitalmutilation: a joint WHO/UNICEF/UNFPA [World Health Organization/United Nations Children's Fund/United Nations Population Fund] statement (1) published by WHO in 1997, and reaffirmed in 2008 by 10 United Nations (UN) agencies in Eliminating female genital mutilation: an interagency statement (2)<sup>[4]</sup>.

### 7. FGM/C: A Worldwide Issue

FGM/C is a hot burning issue that affects girls and women worldwide. This serious issue needs to be abandoned as early as possible from all parts of the world. Egypt, Ethiopia, Indonesia are three countries in which FGM/C highly prevailed. A very strong point shared by UNICEF Deputy Executive Director Geeta Rao Gupta that "Female genital mutilation differs across regions and cultures, with some forms involving life-threatening health risks. In every case FGM violates the rights of girls and women. We must all accelerate efforts - governments, health professionals, community leaders, parents and families - to eliminate the practice,"

According to the data, around 44 million girls age 14 and younger have been cut especially in Gambia at 56%, Mauritania 54% and in Indonesia around half of girls have been of age under 14. If we take a look on females of age 15 to 49 then in Somalia 98%, Guinea 97% and Djibouti 93% females have been cut. In most of the countries various girls were cut before even reaching their 5th birthdays.

Mentalities of people are changing with the change of time and majority of people including around two-third of boys and men think that the practice of FGM/C should end. Since 2008, in 20 countries more than 1500 communities and sub-districts have declared that they are disowning the practice.

There are various initiatives taken to abandon the FGM/C globally and they are as follows

- In 2007, to eliminate the practice of FGM/C, UNFPA with the support of UNICEF initiated the joint programme.
- In 2008, a statement named "Eliminating female genital mutilation: an interagency statement" was issued by WHO with 9 other United Nations partners to abandon the practice.
- A "Global strategy to stop health care providers from performing female genital mutilation" was published by WHO with collaboration of other key UN agencies and international organizations in 2010.
- In December 2012, the UN General Assembly embraced a resolution to eliminate the FGM/C practice.
- After the report of 2013, an updated report has launched by UNICEF in 2016 that reflects the prevalence, beliefs, trends and various other programmatic and policy responses to the FGM/C globally.
- In May 2016, first evidence-based guidelines on the management of health complications arise from FGM were launched by WHO with the support of UNFPA-UNICEF joint programme in FGM.

<sup>3</sup>World health organization, eliminating female genital mutilation, who.int, 2008, (June 2, 2020, 22:22PM), <https://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>.

<sup>4</sup>UNFPA, Global strategy to stop health-care providers from performing female genital mutilation, who.int, 2010, (June 2, 2020, 11:00PM), [https://www.who.int/reproductivehealth/publications/fgm/rhr\\_10\\_9/en/](https://www.who.int/reproductivehealth/publications/fgm/rhr_10_9/en/).

- In 2018, to improve the awareness and skills of health care providers WHO launched a clinical handbook on FGM/C to prevent and manage the complications arise from FGM.

Various countries have introduced new constitutional laws banning FGM and have established national policy with concrete steps towards ending FGM. Luxembourg (on mutilations only, not specifically on 'genital' mutilation, 2008); New Zealand (1995); Norway (1995); Portugal (2007); Spain (2003); Sweden (1982, 1998); Switzerland (2005, new stricter penal norm in 2012); United Kingdom (1985); United States (1996) <sup>[5]</sup>.

## 8. FGM/C: Indian Scenario

### 8.1. FGM/C in India

A nasty and infectious practice of FGM/C is known in India as "khatna or khafd/khafz". The prevalence of this practice is found in Islamic group, highly in Bohras communities whose members lives in Madhya Pradesh, Rajasthan, Kerala, Gujarat and Maharashtra. It is estimated around 1 million Bohra communities' lives in India and many lives outside of India too. In India, Dawoodi Bohras, Suleiman Bohras, Alvi Bohras and some Sunni Muslim sub-sects of Kerala are some of the Bohra communities in which FGM/C performed. In 2018, a seminal field study on FGM/C has published by "Wespeakout" among Indian Bohras and the study researched that FGM/C is prevalent among 75% of the daughters of the participants.

In May 2017, women and child development Minister Maneka Gandhi announced that the government will ban FGM/C practice if it is not voluntarily stopped. Later, in December 2017, the Ministry of women and child development stated that there is no official data or study which supports the practice of FGM in India.

Wespeakout and Sahiyo are two anti-FGM/C movements that shattered Bohra women's silence in the matter of Khafd and gave them a strong platform to break their silence on this practice. It is mentioned in the study of "Wespeakout" that India is becoming a hub for khatna for expat girls. Several participants in the study has shared that the family members take their girls to India to perform FGM/C as in their own country FGM/C has been banned. In India, there is no specific law banning FGM/C and this is the main reason of incensement in the number of females going through the illegal practice.

A deep-rooted norm should be eliminating soon to save other girls and women. Laws alone would not be so impactful towards elimination and hence, we all should move forward for the abandonment of the practice. There are various other campaigns and platforms launched by "Sahiyo" to prevent and eliminate the practice. Some of them are: the Each One Reach One campaign, the I am Bohra photo campaign, our storytelling blog, Thaal pe charcha, faces for change, Sahiyo stories and our annual Activists Retreats in India. Many more campaigns will be launch in the upcoming years and one of them have launched recently in February 2020, Global voices to End FGM/C program.

<sup>5</sup>UNFPA, Female genital mutilation (FGM) frequently asked questions, unfpa.org, June 2020, (June 7, 2020, 16:57), [https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#banned\\_by\\_law](https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions#banned_by_law)

### 8.2. Case law

In India, one of the landmark case stated that The judgment of the Supreme Court was not unanimous on 14 November. In favour of referring the Sabarimala, FGC and other cases to a seven-judge constitutional bench three of the five judges on the bench issued majority judgments. Chief Justice Ranjan Gogoi wrote this 9-page majority opinion. "The issues arising in the pending cases regarding entry of Muslim Women in Durgah/Mosque;...of Parsi Women married to a non-Parsi in the Agyari;...and including the practice of female genital mutilation in Dawoodi Bohra community...may be overlapping and covered by the judgment under review. The prospect of the issues arising in those cases being referred to larger bench cannot be ruled out...The decision of a larger bench would put at rest recurring issues touching upon the rights flowing from Articles 25 and 26 of the Constitution of India <sup>[6]</sup>.

### 8.3. Violation of Rights of girls and women

In India, khafd or FGM/C is highly performed by Bohras. It is a form of violence against girls and women. FGM/C is the harmful practice that violates a series of well-established human rights principles, norms and standards and also infringe the principle of equality and non-discrimination on the basis of sex and gender because it interferes with the healthy and normal functioning of female's genital tissue in the absence of medical facility, which can immediately or later cause harmful consequences in a woman's mental and physical life.

Following are the rights of girls and women that are being violated by the practice of Khafd or FGM/C:

- Right to health
- Right to life and physical integrity
- Right to be free from cruel, inhuman and degrading treatment
- Right to be free from all forms of discrimination
- Right to be free from violence

In the statement of Elimination of female genital mutilation 2008, it is given that a secured and powerful support for the protection of the rights of women and girls to eradicate FGM/C is found in international and regional human rights treaties and consensus documents, some of them are mentioned below:-

#### International Treaties

- Universal Declaration of Human Rights (UDHR)
- Convention on the elimination of all forms of discrimination against women (CEDAW)
- Convention against torture and other cruel, inhuman or degrading treatment or punishment
- Covenant on Civil and Political Rights
- Covenant on Economic, Social and Cultural Rights
- Convention on the Rights of the Child
- **Regional Treaties**
- African charter on the Rights and Welfare of the child
- African charter on Human and Peoples' Rights (the Banjul charter) and its Protocol on the Rights of Women in Africa
- European Convention for the Protection of Human Rights and fundamental freedoms

<sup>6</sup>Sunita tiwari v. Union of India, Judges- Ajay Manikrao Khanwilkar, D.Y.Chandrachud, Dipak Mishra.

- **Consensus Documents**
- Beijing Declaration and Platform for Action of the forth world Conference on Women
- Programme of Action of the International Conference on Population and Development (ICPD)
- General Assembly Declaration on the Elimination of Violence against Women.

## 9. Consequences of FGM/C

Female genital mutilation/cutting has no health benefits it only harm a girl or woman, whoever gone through the practice as it interferes with the normal and natural functioning of female's body. Procedure of FGM has various complications and even if there is no complication arises after performing the practice then also female's tissue can never be replaced once it removed.

For better understanding, complications arise due to FGM/C are described below in two ways

### 9.1. Short-term Complications

- Excessive bleeding
- Severe pain
- Infections
- Fever
- Shock
- Genital tissue swelling
- Wound healing problem
- Difficulty in walking
- Severe pain and burning during the time of urine

### 9.2. Long-Term Complications

- Vaginal problems such as bacterial vaginosis, itching and many other infections
- Problem in menstruation
- Various sexual problems like- low satisfaction, pain during intercourse etc.
- High level of risk during child birth
- Scar tissue and veloid
- Loss of memory, anxiety, depression, low self-esteem, post-traumatic stress etc., are some of the psychological problems.

Many women have shared their personal experience by the support of the movement named "Wespeakout". In this study along with the women, few men were also a part of the movement and spoke about how women's 'khafd' also affects men's sexual life.

Some of the personal experiences shared by the participants are given below, so that we people nicely understood the negative impact of FGM/C:

1. Shabbir, 45 years old from a medium city shared that "Yes of course I have been affected because my own wife also faces a severe problem after she underwent her Khatna. We as men feel the impact because when we get involved in sex our women take longer time to get aroused. Whereas women belonging to other religions or communities maybe do not take so much longer to get aroused."
2. A lady of 62 years old name Zohra said that "But now when my elder son wanted to marry, he says I don't want to marry a Bohri girl. I asked, "Why?" He was smiling. He said most of them are circumcised and they would not be so good at sex."
3. A Doctor named Fatima, 48 years old, from a medium

city shared that "Constantly people have told you that this is to curtail your sexual desire. And then we all know that the male libido is higher than the female libido. So you always feel that you are not able to match up because this (Khafd) happened. How much it really has affected that's a different story all together. But your mind has been told your subconscious is thinking that you are slightly physically less compatible to do this thing. So it affects, it affects".

## 10. Conclusion

FGM/C is a heart-wrenching practice as it gives harmful consequences and no health benefit. In 2015, under target 5.3, FGM/C was included in the sustainable development which gives attention to the elimination of all harmful practice. Various other 'Initiatives' mentioned above have been taken for the elimination of the practice but simultaneously for the complete elimination 'Collective abandonment' is necessary. If we have an eye on India then there is no specific law banning FGM/C because government do not want to accept the existence of the heart-breaking practice. Movements like Wespeakout, Sahiyo and various other playing a crucial role for the eradication and we people should give them a powerful and strong support to promote, motivate and encourage. 'Wespeakout' study has found that participants who are highly educated and belongs to the metropolitan city are in full support to End the practice whereas participants with low education and small towns still support the practice to be continued. Therefore, Education and Awareness are also very important factors for the elimination of FGM/C. Thus, the paper is concluded that there should be a specific law in every country banning FGM/C on permanent basis and every possible and necessary effort should be made to STOP it.

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