



## Analysis of the Role of Women's Movement in Overcoming Female Genital Mutilation in Order to Promote Change in Africa

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### Abstract

*This study discusses the role of women's movements in addressing the practice of Female Genital Mutilation (FGM), which is considered a violation of Human Rights. FGM is inflicted on women based on cultural demands, effectively stripping women of control over their own bodies. Female Genital Mutilation (FGM) is recognized as a form of human rights abuse that reflects deep gender inequality and constitutes extreme discrimination against girls and women. The research is conducted qualitatively, with data collection carried out through journals, books, websites, and scientific reports. In this study, the author concludes that the women's movement in the fight against FGM is effectively implemented due to the commitment of the Desert Flower Foundation and its supporters, which stands as a powerful and exemplary example of hope, courage, and solidarity. The efforts to end FGM in Africa over the years have garnered attention as international, regional, and national actors have united in taking actions designed to address this harmful practice. As the struggle against FGM continues, the Desert Flower Foundation remains a key player in the global effort to enable women to live dignified and free lives.*

## Introduction

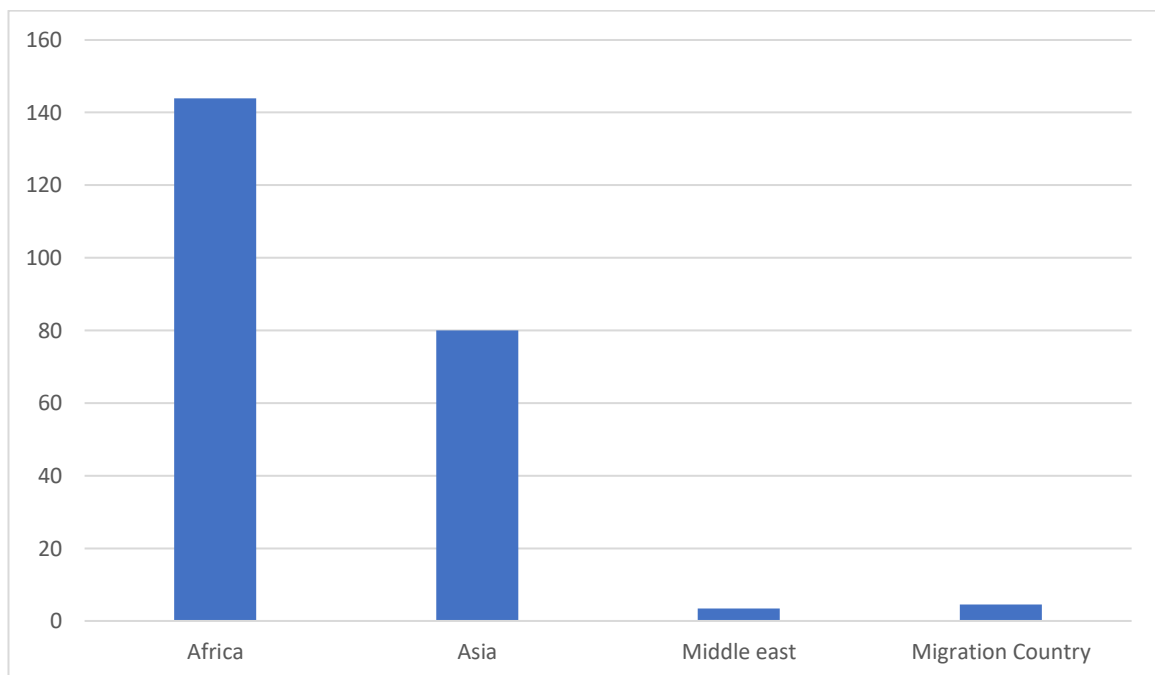
Female Genital Mutilation (FGM) is internationally recognized as a human rights violation, reflecting profound gender inequalities and extreme discrimination against girls and women. It is almost always performed by traditional practitioners on minors, and constitutes a serious violation of children's rights. In addition, FGM violates a person's right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life if the procedure results in death. In some areas, there is evidence of greater involvement of health care providers in performing FGM due to the belief that the procedure is safer if medicalized. WHO strongly urges health care providers not to perform FGM and has developed a global strategy and specific materials to support health care providers in de-medicalizing it.

Globally, many women and girls have been subjected to FGM, a practice that often occurs in unsanitary conditions and without clinical supervision and results in severe pain, bleeding, and infection (Rockey, 2023). It is known to cause obstetric complications, reduced sexual function, and other long-term physical and mental health problems. The World Health Organization (WHO) estimated the total cost of medical care for girls and women following FGM at \$1.4 billion in 2018. However, to date, there is no systematic evidence on the role of FGM in the global epidemiology of child mortality, reflecting the difficulty in measuring the practice (WHO, 2018). FGM is predominantly performed on young girls between infancy and adolescence, and occasionally on adult women. Based on data from 30 countries where FGM is practiced in West, East, and North-East Africa, as well as several countries in the Middle East and Asia, more than 200 million girls and women alive today have been subjected to the

practice, with more than 3 million girls estimated to be at risk of FGM each year. Therefore, FGM is a global concern (WHO, 2024).

Female Genital Mutilation (FGM) is considered a form of human rights violation, especially against women, because human rights guarantee that every woman will not experience discrimination based on gender or other reasons throughout her life (Maidaliza, 2022). However, in reality there are still many violations of Human Rights, especially for women in various parts of the world, both in social, economic, and political aspects. Several studies also discuss these issues from a human rights perspective. For example: "*Gender equality and human rights approaches to female genital mutilation: a review of international human rights norms and standards*" (Khosla, 2017). These various writings have a common thread that FGM is a serious problem and needs support from all parties to eliminate it (*Current critiques of the WHO policy on female genital mutilation* (Earp & Johnsdotter, 2021)). This includes the need for a cultural approach or change to eliminate it.

Female genital mutilation is a serious violation of the rights of women and children. There are 230 million women and girls worldwide who have been victims of genital mutilation, including women and girls who are citizens of or living in countries around the world (UNICEF, 2024). There is no religious text that regulates female genital mutilation, but the practice is rooted in the culture and beliefs of the communities that practice it (Suciani, 2021). The Assembly underlined the fact that female genital mutilation is an act of violence against women and children and constitutes a gross violation of human rights. It causes serious physical and mental harm, and is a violation of the prohibition on cruel, inhuman or degrading treatment and the right to health. Because mutilation is often committed in childhood, it is also a violation of children's rights.



Source: UNICEF, 2024

FGM is widely practiced in most African countries, some Asian countries, and the Middle East. The phenomenon is almost universal in some countries including Somalia, Djibouti, and Guinea with a prevalence of over 90%. The practice of FGM is also based on the belief that men will only marry women who have undergone excision or infibulation (Abathun., etc., 2016). For example, the desire for a decent marriage, which is often important for economic

and social security and to meet local ideals of womanhood and femininity, may be a reason for the persistence of the practice. Family honor then comes into play and is protected by the practice of FGM on girls before they reach marriageable age. This is also what can lead to re-excisions: if the first excision is deemed not to have been performed properly, it can be performed again on the young woman. In this context, the mutilation is seen as a sign of purity and chastity, and most importantly, of high moral value for the entire family. From this perspective, FGM is clearly a form of control over women and especially their sexuality. Among men, maintaining virginity is considered one of the main reasons for practicing FGM. Likewise, it can be seen as undergoing a rite of passage and entering adulthood. In Sierra Leone, in general, the practice of FGM on adolescent girls (15 years and under) is carried out by some of their biological mothers or grandmothers on the grounds that this is a culture that has been passed down from generation to generation so that if it is not carried out it will bring a curse to the family of the adolescent girl (Jatmika, 2021).

The practice and continuation of FGM is driven by a variety of interrelated factors including socio-cultural, economic, geographic and religious reasons (Ayenew., etc, 2024). In communities, it has strong ancestral and socio-cultural roots and is seen as a rite of passage into womanhood. Mothers and grandmothers are expected to support the practice of FGM on their daughters and granddaughters as part of the woman's role in the family. In addition, FGM has been used for social cohesion and is seen by cultural custodians as a fundamental pillar of traditional practice that must be protected and supported against the threat of misguided modernization (Ayenew, etc, 2024). It is considered contrary to good medical practice and a violation of medical ethics. In fact, there are no perceived health benefits from the practice (Lye., etc, 2019). FGM is a leading cause of death among girls and young women in countries where it is practiced, but long-term change requires changing attitudes towards FGM in these communities (Rockey, 2023).

## Methods

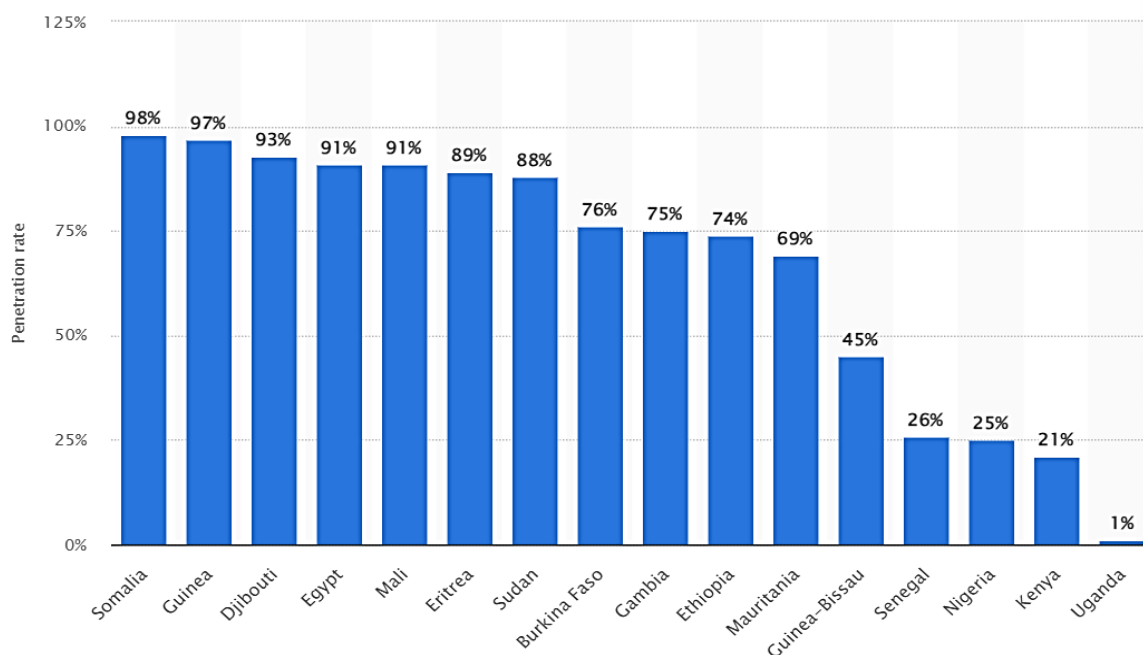
The research method used is literature study, where researchers utilize various library sources to collect data, with a qualitative approach that emphasizes data analysis in the form of words and descriptions. Library research or literature research is research whose place of study is a library or literature. Literature study is a research method that involves collecting library data, reading carefully, recording relevant information, and managing the materials obtained for writing purposes. Data for literature studies can be obtained from sources such as journals, books, documentation, the internet, and libraries. This study uses data from research results that have been published in online journals, both nationally and internationally. In this study, research was conducted by utilizing studies that were similar or related. This study uses documentation studies that include books and journals. Documentation is a method of collecting data and information that includes various forms such as books, archives, documents, figures, and reports. All of this serves to provide the support and information needed in the study. Documentation is used to collect data that will then be reviewed in this study. The type of documentation chosen includes books and journals as the main sources of information.

## Results and Discussion

### FGM Practices in Africa

*Female Genital Mutilation* (FGM) is a serious violation of human rights and the inalienable right of women and girls to their physical integrity. Several survivors we spoke to highlighted how important it was for them to feel “complete.” One of them said that her parents had ruined her life. These words clearly show the distress that survivors feel and their failure to understand how this practice can still continue.

## Percentage Chart of FGM Number in Africa



Source: Statista, 2023

Data shows that Somalia has a high prevalence of Female Genital Mutilation (FGM), with rates reaching 98%. Since the majority of the Somali population is Muslim, this practice is often associated with that religion. In Somalia, the practice of Female Genital Mutilation (FGM) is generally type III, or known as *pharaonic circumcision*. This tradition is usually carried out by a shaman or female elder called Gudday. This FGM tradition is carried out without using anesthesia, so that women undergoing the procedure remain conscious. The process involves laying the woman on her back, while Gudday uses various tools such as cutting tools, thorns, and needles to stitch the wound. In addition, a mixture of powdered sugar, chewing gum, plants, ashes, or crushed animal dung is used to control bleeding (Mardiyah & Abbas, 2022). Female genital mutilation is classified into 4 main types: **Type 1:** Removal of part or all of the clitoral glans (the outer, visible part of the clitoris, which is the sensitive part of the female genitals), and/or the foreskin/clitoral hood (the fold of skin that surrounds the female genitals). **Type 2:** Partial or complete removal of the clitoral glands and labia minora (inner folds of the vulva), with or without removal of the labia majora (outer folds of the vulvar skin). **Type 3:** Narrowing of the vaginal opening by creating a closing seal. This seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes by stitching, with or without removal of the foreskin/clitoral hood and glans penis. **Type 4:** All other harmful procedures on the female genitalia for non-medical purposes, for example piercing, poking, cutting, scraping, and burning the genital area.

The risk of mothers performing FGM on their daughters is influenced by the mother's age, educational status, religion, household wealth, place of residence, unemployment in the community, and poverty in the community. The country and community where the woman lives explain about 57% and 42% of the total variation in the provision of FGM to girls. The provision of FGM to daughters from the mother's generation in Africa is common, especially among women from low socioeconomic, poor, rural, and low-educated backgrounds (Fagbamigbe, etc., 2021).

## **Cultural and Social Factors in Performing FGM**

The motives behind FGM vary from region to region and may change over time, depending on the various socio-cultural factors that influence local families and communities. Here are some of the reasons why FGM is still practiced: If FGM is considered the norm in a society, pressure to follow the practice, the desire to be accepted in the social environment, and the fear of rejection from society can be the main reasons why this practice continues. FGM is often seen as a crucial element in raising girls, with the aim of preparing them for adulthood and marriage. The practice typically involves controlling sexuality to ensure premarital virginity and postmarital fidelity. Some believe that the practice has religious support, although there is no religious scripture that regulates the practice. Religious leaders have different positions on FGM, and some have contributed to the abandonment of the practice.

## **Medical Reasons for FGM**

There are many reasons why health care providers perform FGM as follows: The belief that there is a reduced risk of complications associated with medical FGM compared to non-medical FGM. The belief that medicalization of FGM can be a first step towards completely ending the practice. Health care providers who perform FGM are also members of the communities that perform FGM and are subject to the same social norms. Financial incentives to engage in such practices.

However, with the support and training provided by WHO has had a positive impact on the attitude of health care providers towards Female Genital Mutilation (FGM). With this training and support, health care providers not only reject FGM in the medical context, but also within the family and community. This shows that WHO's efforts are not only limited to the medical setting, but also extend to broader social and cultural aspects.

## **The Role of Women's Movements in Ending FGM in Africa**

The drive to end FGM in Africa has gained traction over the years as state actors at the international, regional and national levels come together to take action designed to address this harmful practice. These efforts have demonstrated the commitment of African states to the global goal of ending FGM by 2030, in addition to launching a continental effort aimed at promoting and accelerating collective rejection of FGM at the community level through the development and enforcement of comprehensive anti-FGM legislation; increasing and allocating resources to end FGM, and strengthening partnerships geared towards this goal.

Similarly, women's rights advocates in Africa have come together and played their part in contributing to the anti-FGM movement by holding states accountable and exposing the inequalities that continue to put women and girls at risk of FGM. While some have worked under the umbrella of the Solidarity Coalition for African Women's Rights to mobilize regional and national action, others, such as the Hope Beyond Foundation in Kenya, have led campaigns at the community level. As recognition of the global prevalence of the practice grows, activists from across the continent are now leading a global movement to end FGM. In 2020, Burkina Faso tabled a resolution at the UN Human Rights Council on behalf of a group of African nations calling on governments globally to take comprehensive, multisectoral and rights-based measures to prevent and eliminate FGM. Little did anyone know that this horrific FGM torture was being perpetrated by immigrants in Europe. Waris Dirie decided to work with young European and African journalists to conduct research in African communities. The Desert Flower Foundation team conducted a two-year investigation into FGM in African communities in many European capitals from London to Paris, Berlin to Rome, Madrid to Amsterdam,

Brussels to Stockholm, and Vienna to Lisbon. The report contained 4,000 pages of hard facts. Waris Dirie decided to publish the book “Desert Children”, published by Virago Books, London, 2005. The book has been translated into many other languages and has been published in many countries. The publication of the book and the results of the study had a tremendous impact. The international media covered the issue because 500,000 girls affected by FGM live in Europe without treatment, without education to stop the practice. FGM is not only a problem in Africa, but also in neighboring countries.

Desert Flower Foundation was founded in 2002 by world-renowned model Waris Dirie and her friends, with the aim of eradicating FGM. The aim of the foundation is to educate and inform the community to support and save girls from FGM. During 2002, the Foundation conducted research on FGM across Europe and Africa and published a 4,000-page report on the practice containing hard facts. This led many countries to put FGM on their agenda, enact laws and start campaigns against the practice. Today, the foundation is active in raising awareness of the practice worldwide and supporting little girls from FGM. So far, the foundation has saved thousands of girls by signing contracts with their parents promising not to perform FGM on their daughters. The foundation also supports FGM victims with health services and reconstructive surgery, as well as holistic care in hospitals. It also educates and trains girls and enables them to earn their own income.

In 2009, the Desert Flower Foundation presented the film “Desert Flower”, a biographical film of Waris Dirie during the Venice Film Festival. The film has been shown since 2009 in 40 countries in cinemas and regularly on TV. Many conferences, organizations such as UNHCR, UNICEF and embassies showed and presented Desert Flower as the strongest statement ever made in the fight against FGM. Today the film is part of the anti-FGM campaign. Schools, universities, film festivals and cultural events around the world including many African and Asian countries show the film. In 2007 Al Jazeera, which was then the largest Arab TV station, invited Waris Dirie to appear on their prime time program “The Riz Kahn Show”. This was the first time an Arab TV station discussed FGM on its program. 200 million people watched the show. Meanwhile, many Arab TV stations discussed FGM and Waris Dirie which was done in many Arab TV shows such as Kalam Nawaem, on MBC. The work of the Desert Flower Foundation has been honored and awarded by many politicians and organizations and Waris Dirie has garnered numerous awards for her Desert Flower Foundation. In 2007, French President Nicolas Sarkozy presented Waris Dirie with France's most prestigious award *le chevalier de la legion d'honneur* at the Elysee Palace, President Michael Gorbachev presented Waris with *the Women of the World Award*, readers of the US Glamour Magazine voted Waris Dirie *Woman of the Year*, the Italian government awarded her Italy's highest honor, the African Union appointed her as their first Ambassador for Peace and Security (2010), the United Nations, UNESCO and UNICEF appointed her as their Special Ambassador and the World Economic Forum in Davos named her the first Young Global Leader in 2005.

The Desert Flower Foundation raises worldwide awareness of FGM and supports women and children in Africa directly to save them. With the new project “Save the Little Desert Flower” it saves 1,000 little girls in Africa by signing contracts with their parents to guarantee their integrity. In 2015, the organization plans to sign 5,000 contracts. The Desert Flower Foundation supports victims of FGM directly through health services and surgeries. Since its inception, the Desert Flower Foundation has funded surgeries and treatments for victims of FGM. In 2013 decided to launch *Desert Flower The first Waldfriede Center* for the care of FGM victims is in collaboration with the Waldfriede hospital in Berlin (Douederi, 2024). The initiative of cooperation with the Desert Flower Foundation was significantly driven by the Chief Physician Dr. Roland Scherer. Specialization and commitment in Africa were crucial in starting this

partnership. Due to the large international response, the Desert Flower Foundation opened more *Desert Flower Centers* in Europe, America, Africa and Asia to offer reconstructive surgery to victims and treat them with dignity and respect. FGM is still widespread because women still do not have rights in societies that commit this crime. Therefore, the Desert Flower Foundation created a project called “Together for African Women” in 2011 as a pilot project in Ethiopia to educate women, train them in jobs and guarantee their income. More than 140 women, all single mothers participated in the first pilot project and plans to roll this project out across Africa.

The services provided at *the Desert Flower Center Waldfriede* include surgical procedures, psychological support and physiotherapy. In addition, there are also weekly swimming lessons in collaboration with a swimming school. This not only promotes physical recovery but also strengthens women's self-esteem. Another important part is providing support from counselors and translators, who act as an important bridge between doctors and patients, helping to overcome cultural and language barriers. The issue of financing is a major challenge. By including FGM in the medical diagnosis key for compulsory health insurance in Germany, we can help many women. In addition, the Desert Flower Foundation also founded the Waldfriede support association, which is funded through donations and covers costs for uninsured patients.

Desert Flower is directly affiliated with the foundation, offering not only medical and psychological help but also hope for a new life to the women. Cornelia Strunz, who is a leading doctor and medical coordinator, has played a major role in the fight against FGM. When the Desert Flower Foundation was founded in 2002, only a few people knew about FGM. Today, the whole world is aware of the cruel crime against children and women. Waris Dirie, whose experience and activism brought the issue to a global level, also played a major role in its founding. Thanks to her dedication, this unique center was able to open in 2013 offering medical care, psychological support and a strong sense of community. In 2002, only four African countries Today, there are only four countries in Africa that do not have laws against FGM. However, things have changed for the better in Africa.

Education and income for girls are essential to eradicate FGM sustainably. Only economically independent girls will not easily succumb to peer pressure. The poorest countries in Africa not only have the highest illiteracy rates but also the highest rates of FGM. Education is key to eradicating FGM in Africa. Currently, 2,250 children attend five Desert Flower Foundation schools (Desert Flower Foundation, 2024). All girls sponsored by Desert Flower are not only protected from FGM and forced marriage, but also receive an education. In Sierra Leone, a fifth Desert Flower school is currently under construction. Boys will attend one of the Desert Flower schools. The Desert Flower Center Waldfriede is more than just a medical center, it is a symbol of the fight against FGM and a safe haven for girls affected by it.

*The Desert Flower Foundation* emphasizes that every step taken is a step towards a world where women and girls can live free from violence and discrimination. Waris Dirie's struggle is a clear example of how individuals and communities can come together to bring about significant change. The commitment of *the Desert Flower Foundation* and *the Waldfriede Center* and its supporters, especially Waris Dirie, is a strong and shining example of the power of hope, courage and solidarity. As the fight against FGM continues, the center remains a key player in the global effort to enable women to live lives of dignity and freedom. *The Desert Flower Foundation* has support groups where affected women are guided and supported. These support groups offer psychological support, yoga gym courses and talk therapy. The first support group was launched in 2014 in Berlin. In 2014, together with Dutch surgeon Dr. Refaat Karim, the Desert Flower Foundation inaugurated a training center for surgeons, gynecologists and urologists in Amsterdam. Medical staff from Austria, Belgium, Brazil, Egypt, Ethiopia,

France, Germany, Italy, Morocco, the Netherlands, Sierra Leone, Spain and the United Kingdom have participated in the training.

### **Efforts That Can Be Made**

Effective interventions are possible, although changes in patriarchal attitudes often lag behind other societal changes. An important first step is to make FGM illegal in countries where the practice is legal, given that legal change can lead to cultural change. A key social dimension of FGM is its impact on marriage, for example, the practice affects women's marriage opportunities in Africa because of patriarchal culture and institutions. Research by James Rockey (2023) suggests that decisions about FGM may reflect a trade-off between perceived harms of FGM, such as pain and illegality, and expected benefits such as reduced social sanctions and higher dowries. Communities may consider the increased risk of death as part of this.

In 2008, *the World Health Assembly Resolution* issued a resolution on the elimination of FGM, emphasizing the need for concerted action across sectors such as health, education, finance, justice and women's affairs (McCauley & Van Den Broek, 2018). WHO supported the health sector response to FGM prevention and care, by developing guidance and resources for health workers to prevent FGM and manage its complications, and by supporting countries to adapt and apply these resources to local contexts. WHO also provided real-world evidence to improve understanding of FGM and efforts to end this harmful practice. Since then, WHO has developed a global strategy against the medicalization of FGM with partner organizations and continues to support countries in its implementation.

International efforts to accelerate the elimination of FGM have expanded, including research, community-level efforts to address social norms and attitudes, revision of legal frameworks that criminalize the practice, and increased political support and advocacy. Despite increased attention and action, as well as resolutions issued by international monitoring bodies condemning the practice, the effectiveness and impact of these efforts in accelerating the end of the practice is difficult to demonstrate and measure.

The decline in FGM practices in Europe over generations is evident. In Ethiopia, FGM rates have fallen from 79.9% in 2000 to 65.2% in 2016 (UNICEF, 2022). This research shows that attitudes towards eliminating FGM are changing among younger generations, who are reshaping gender norms. There are examples of effective legislation being passed, and locally designed programmes *with* communities are showing success. In Eastern and Southern Africa, the UNFPA-UNICEF Joint Programme on the Elimination of FGM, the largest global programme to accelerate the elimination of FGM, is focusing its efforts on Eritrea, Ethiopia, Kenya, Somalia and Uganda. It is supported by the EU Spotlight Initiative Africa Regional Programme to eliminate harmful practices and violence against women and girls.

Progress has been made at the policy level, such as the regional inter-ministerial meeting to end cross-border *FGM* in Mombasa, where Ministers from Ethiopia, Kenya, Somalia, Tanzania and Uganda signed an inter-ministerial declaration to end cross-border FGM. Government representatives from these countries launched a regional action plan to end cross-border FGM, as well as research on FGM in border communities, with support from UNICEF. UNICEF has an ambitious vision of zero FGM by 2030, in order to achieve the Sustainable Development Goals. Ending FGM by 2030 is part of the Sustainable Development Goals. Target 5 sets out clear targets and language that recognizes that eliminating FGM is a critical step towards achieving gender equality and improved health and well-being, safe motherhood, quality education, inclusive societies and economic growth. To be the generation that ends FGM and to achieve the vision of zero FGM by 2030, collaboration and coordination among all

stakeholders is essential to eliminating cross-border FGM. To achieve this goal, UNICEF is calling on governments in the five countries to increase their financial resources and put systems in place to ensure that health and child protection professionals collaborate to end FGM. The ultimate success of national and cross-border programmes to end FGM requires sustained political will, ongoing advocacy and scaled-up programmes and investments.

## Conclusion

This study shows that the practice of *Female Genital Mutilation* (FGM) among girls in Africa is common, especially among those of low social and educational status. The practice is generally reported to occur in poor and rural settings with varying prevalence across countries in Africa. The practice and continuation of FGM is driven by a variety of interrelated factors including socio-cultural, economic, geographic and religious reasons. FGM has been used for social cohesion and is considered by cultural custodians as a fundamental pillar of traditional practice that must be protected and supported against the threat of misguided modernization. This is considered contrary to good medical practice and a violation of medical ethics. In fact, there are no perceived health benefits from the practice. FGM is a leading cause of death among girls and young women in countries where it is practiced. The struggle of Waris Dirie as the founder of *the Desert Flower Foundation* is a clear example of how individuals and communities can come together to bring about significant change. The commitment of *the Desert Flower Foundation* and *the Waldfriede Center* and their supporters, is a strong and shining example of the power of hope, courage and solidarity. As the fight against FGM continues, *the Desert Flower Foundation* remains a key player in the global effort to enable girls to live lives of dignity and freedom.

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