

HUMAN RIGHTS IN THE CONTEXT OF TRADITION:
A COMPREHENSIVE APPROACH TO ELIMINATING
FEMALE GENITAL MUTILATION/CUTTING

Hannah Miao

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Professor Juliette Duara

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ABSTRACT

Female genital mutilation/cutting (FGM/C) is a procedure involving partial or total removal of the external female genitalia and affects about 130 million women and girls worldwide. Deeply ingrained as a cultural practice for social, moral, and religious purposes, FGM/C has no known medical benefits but rather a myriad of severe short-term and long-term risks to physical, sexual, reproductive, and psychological health. Ending the practice of FGM/C is imperative due to its violations of internationally recognized and codified human rights to health, freedom from discrimination against women, and freedom from torture, yet the complex nature of FGM/C makes creating sustainable and respectful solutions incredibly challenging.

While many methods have been used to work toward elimination of the practice, most approaches only address the issue from a single tactic. Through evaluating the effectiveness of three different techniques using case studies of the Egyptian Penal Code, Tostan Community Empower Programs, and Centre for Development and Population Activities, this paper finds that while each method experiences varying successes and challenges, a three-tiered approach utilizing positive deviance, education, and legislation provides a uniquely comprehensive solution. The three methods work together rather than against each other through the cooperation of local communities and state government. With human rights as the focus of this multifaceted solution, ending FGM/C allows for the empowerment of women through recognizing their inherent rights to bodily autonomy and wellbeing.

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I. Introduction

According to the World Health Organization (WHO), female genital mutilation consists of “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.”¹ The procedure varies widely, involving components of or combinations of partial or total removal of the clitoris, labia minora, or labia majora, the narrowing of the vaginal opening through the creation of a cover seal, or any other alteration of the female genitalia in a non-medical context.² The practice has no known health benefits but rather includes many varying and severe health consequences. For the purpose of identification, this article will adapt the hybrid term “female genital mutilation/cutting” (FGM/C), which both emphasizes the severity of the practice’s effects on girls and women with the term “mutilation” while maintaining sensitivity and respect to practicing communities with the term “cutting.”³

Around the world, about three million women and girls undergo FGM/C every year, and an estimated 130 million women worldwide have experienced the procedure.⁴ FGM/C is largely concentrated in 29 countries in Africa and the Middle East, as well as many immigrant and migrant communities elsewhere in the world.⁵ The international community widely views FGM/C as a serious violation of universal international human rights standards such as the right to health, freedom from discrimination against women, freedom from torture, and the specific

¹ “Female genital mutilation,” World Health Organization, last modified February 2017, <http://www.who.int/mediacentre/factsheets/fs241/en/>

² WHO, “Female genital mutilation.”

³ *Female genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change* (New York: UNICEF, 2013).

⁴ “Changing a harmful social convention: Female genital Mutilation/Cutting.” *Innocenti Digest* 12 (2005)

⁵ UNICEF, *Female genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*.

right to health of children.⁶ However, the procedure's implications are far more complex as FGM/C serves an important role in the societal functioning of women in practicing communities.

While UNICEF reports a steady decrease in prevalence over the past thirty years, the rate of decline does not sufficiently match the pace of population growth, thus suggesting a need for reevaluation of currently prevention strategies⁷. This paper examines the advantages and disadvantages of three approaches to ending FGM/C: legislation, educational programming, and a more recent development of positive deviance. Unlike other evaluations, I do not argue that the strategies compete with one another or that one strategy proves more effective than another, but rather that while each strategy experiences varying successes and challenges on their own, together, the complementary approaches form a collective solution for ending the practice of FGM/C.

II. Understanding FGM/C

A. Reasoning and Causation of Practice

Before evaluating potential approaches and solutions to prevent the practice of FGM/C, it is important to understand the cultural and social significance of the procedure to discover the motives driving the continuation of the practice. Mackie and LeJeune identify FGM/C as a social convention with a combination of “social norms enforced by positive sanctions for compliance or negative sanctions for noncompliance; religious norms commanded and enforced by God; and moral norms, enforced by internalized values of right or wrong.”⁸

For many practicing communities, FGM/C is integral to attaining access to social privileges. As older women arrange and execute the practice for younger girls, the procedure

⁶ Mitchum, Preson D., “Slapping the hand of cultural relativism: Female genital mutilation, male dominance, and health as a human rights framework.” *William & Mary Journal of Women and the Law* 19, no. 3 (2013)

⁷ *Female genital mutilation/cutting: A global concern* (New York: UNICEF, 2016).

⁸ Shell-Duncan, Bettina, Katherine Wander, Ylva Hernlund, and Amadou Moreau, “Legislating change? responses to criminalizing female genital cutting in senegal.” *Law & Society Review* 47, no. 4 (2013).

marks a rite-of passage intended to “welcome young girls into womanhood and confer social acceptance or a sense of belonging.”⁹ Shell-Duncan explains that as a result of the procedure, “young women gain ‘insider’ status, and hence access to the social connections and social support of elder women.”¹⁰ Uncircumcised women, on the other hand, face ostracization and harassment from the majority circumcised women and lack access to the social benefits of their circumcised peers.¹¹ FGM/C also marks moral and religious values including purity and cleanliness. Supporters of the procedure explain that the practice promotes moral values such as virginity prior to marriage and fidelity.¹² Thus, because FGM/C functions as a marker of marriageability, uncut women face challenges in finding partners, which compromises their future economic and social wellbeing. In addition, although no holy texts address FGM/C, many believers of Islam, Christianity, and Judaism believe that the procedure attains the purity needed for practicing those religions.¹³ Others see FGM/C as creating cleanliness for childbirth and rearing.¹⁴ In each case, the sense of collective pressure to comply with community standards of lifestyle perpetuates the continuation of the practice. Given FGM/C’s integral role in societal functioning, it is not enough for community members to individually reject the practice; rather, efforts to end the practice must encompass a collective communal choice to discontinue the procedure.

B. Importance of Prevention

⁹Shell-Duncan, Wander, Hernlund and Moreau, “Legislating change? responses to criminalizing female genital cutting in Senegal.”; Muteshi J, Sass J. *Female Genital Mutilation in Africa: An Analysis of Current Abandonment Approaches*. Nairobi: PATH; 2005.

¹⁰Shell-Duncan, Wander, Hernlund and Moreau, “Legislating change? responses to criminalizing female genital cutting in Senegal.”

¹¹ Muteshi, Sass, *Female Genital Mutilation in Africa*.

¹² Shell-Duncan, Wander, Hernlund and Moreau, “Legislating change?”

¹³ Shell-Duncan, Wander, Hernlund and Moreau, “Legislating change?”

¹⁴ Shell-Duncan, Wander, Hernlund and Moreau, “Legislating change?”

While FGM/C has long-standing cultural roots, it is important to grasp the severity of its effects and implications in order to establish the necessity of ending the practice. Immediate health risks of FGM/C include hemorrhage, pain, shock, swelling of the genital tissue, infection, urination difficulties, wound healing problems, and even death due to severe loss of blood or infection. Sexually, FGM/C can cause pain during intercourse, decreased sexual desire, and decreased sexual pleasure. The procedure may also lead to psychological risks such as depression, anxiety, and post-traumatic stress disorder. In the long run, FGM/C causes permanent health issues such as genital tissue damage and pain, menstrual problems, reproductive tract infections, chronic genital infections, and long-term infection and pain in urination.¹⁵ FGM/C also significantly increases medical risks during childbirth, as death rates of babies during and immediately after birth increases between 15-55% for mothers who have undergone FGM/C, depending on the type of cutting.¹⁶

With these health risks in mind, the implications of FGM demonstrate clear violations of international human rights standards, especially regarding women and children. Although the declaration lacks specific reference to the practice, FGM/C violates Article 25 of the Universal Declaration of Human Rights under the right to health and well-being. In terms of codified treaties and conventions, FGM/C as a gendered practice constitutes discrimination against women as prohibited in the Convention on the Elimination of All Forms of Discrimination against Women, constitutes torture as prohibited in the Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, and as many girls who undergo FGM/C

¹⁵ WHO *guidelines on the management of health complications from female genital mutilation*. (Geneva: WHO, 2016).

¹⁶ WHO, *Eliminating female genital mutilation: An interagency statement*.

are minors, constitutes a violation of the health and protection of children as prohibited in the Convention on the Rights of the Child.¹⁷

In order to achieve the empowerment of women through eliminating FGM/C, discussions on elimination approaches should center on the realization of women's inherent rights, as such a framework encourages autonomy and self-actualization, rather than a simple prevention of health risks. Approaches that only address health risks lead to medicalization of the practice, in which the procedure is carried out by a doctor. Though medicalization gives the illusion of a safer practice, the practice still maintains no health benefits, incurs the same long-term complications, and hinders the global movement to end FGM/C.

III. Legislative Approach

A. Critiques and Successes of Legislative Approach

While 26 countries in Africa and the Middle East currently have laws against FGM/C,¹⁸ many believe criminalization of FGM/C is ineffective as it contradicts social norms and criminalizes vulnerable populations. Due to the strength of the social, moral, and religious norms as described in Section II, prohibitive legislation often leads to resistance rather than a decline in the practice. The imperial history and nature of the anti-FGM/C movement heightens this opposition.¹⁹ In addition, by criminalizing those who carry out FGM/C, legislation primarily punishes average women, as “women are the organizers, the champions, and staunch defenders of these practices”²⁰. By unintentionally targeting women who see FGM/C as a way to provide a

¹⁷ UNICEF, *Female genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*.

¹⁸ WHO, “Female genital mutilation.”

¹⁹ Muteshi and Sass, *Female Genital Mutilation in Africa: An Analysis of Current Abandonment Approaches*.

²⁰ Shell-Duncan, Bettina, Katherine Wander, Ylva Hernlund, and Amadou Moreau, “Dynamics of change in the practice of female genital cutting in senegambia: Testing predictions of social convention theory” *Social Science & Medicine* 73 no. 8 (2011).

sustainable future for their daughters or granddaughters, legislation may miss the importance of addressing the greater social climate that causes FGM/C.

On the other hand, legislation can be viewed as a symbolic affirmation of a country's dedication to protecting the rights of women as well as raise awareness for the elimination of FGM/C.²¹ State-level laws also provide a favorable framework for local community initiatives to support women in ending the practice. When brought about through human rights context, legislation can be transformative, as it “strengthen(s) the capacity of duty bearers to meet their obligations (protecting, respecting and fulfilling human rights); and empower(s) citizens – including women and children – to articulate their priorities and claim their rights.”²² Under this premise, legislation can serve as a representation of their commitment to creating an environment where the protection of women through elimination of FGM/C is possible.

B. Case Study: Egypt

Legislation in Egypt banning the practice of FGM/C provides a model to evaluate the strengths and weaknesses of the legislative approach to ending FGM/C. Egypt has one of the highest rates of FGM/C in Africa, with 87% of girls and women from ages 15-49 having undergone the procedure.²³ Though the Minister of Health has decreed legislative efforts to prohibit FGM/C since 1959, such proclamations were ineffective as they focused primarily on health risks of the practice, which led to increased medicalization of FGM/C.²⁴ However, in

²¹ Shell-Duncan, Wander, Hernlund and Moreau, “Legislating change? responses to criminalizing female genital cutting in Senegal.”

²² *Legislative Reform to Support the Abandonment of Female Genital Mutilation/Cutting*, (New York: UNICEF, 2010).

²³ *Egypt: Statistical profile on female genital Mutilation/Cutting*, (New York: UNICEF, 2016).

²⁴ Moore, Kirsten, Kate Randolph, Nahid Toubia, and Elizabeth Kirberger. "The Synergistic Relationship between Health and Human Rights: A Case Study Using Female Genital Mutilation." *Health and Human Rights* 2, no. 2 (1997): 137-46.

2008, the Egyptian Parliament passed legislation formally criminalizing the act by amending the Penal Code to include explicit reference against FGM/C as an aspect of bodily harm.²⁵

To evaluate the effectiveness of the 2008 legislation in effecting a change in the prevalence and support for FGM/C, the 2008 and 2014 Demographic and Health Surveys provide evidence. Since the enactment of the ban against FGM/C, the percentage of FGM/C among adolescent women between the ages of 15 to 19 years dropped significantly from 94% in 2008 to 88% in 2014. In addition, the percentage of women with positive views regarding FGM/C decreased from 62% in 2008 to 58% in 2014.²⁶ While the extent to which the 2008 legislation directly caused this decline is unclear, the data shows clear correlation and can be interpreted as relative success in the intended effects of the legislation.

The community-based and human rights-based approach in which Egypt enacted this legislation explains its effectiveness. According to a study by UNICEF, numerous measures preceded the enactment of the legislation, including:

sensitising the public about the harmful effects of FGM/C, using a rights-based approach [that] covered medical, religious and legal perspectives and resulted in public commitment against FGM/C, expressed through more than 50 public declarations...establishing groups of community volunteers to address FGM/C and raise awareness...capacity building and empowerment of the local community...a Child Helpline for reporting FGM/C cases and providing referrals for counselling services.²⁷

²⁵ *Law no. 12 of 1996 Promulgating the Egypt Child Law Amended by Law no. 126 of 2008*, (2008)

²⁶ Alkhalailah, Duna, Sarah R. Hayford, Alison H. Norris, and Maria F. Gallo, "Prevalence and attitudes on female genital mutilation/cutting in Egypt since criminalisation in 2008." *Culture, Health & Sexuality*, (2017): 1-10.

²⁷ UNICEF, *Legislative Reform to Support the Abandonment of Female Genital Mutilation/Cutting*.

Thus, when conducted in a specific manner that is motivated by a dedication to the commitment of human rights, involves participation of local communities, and provides resources for women and girls who have already been affected by the procedure, legislation can achieve its intended effects of decreasing the prevalence of FGM/C. Although legislation in Egypt has proven to have significant success, the extremely high prevalence of FGM/C that persists shows that legislation alone cannot completely solve the issue.

IV. Education Programming Approach

A. Critiques and Successes of Educational Approach

Early efforts to prevent FGM/C through education proved largely unsuccessful, as their focus on health education did not address the human rights implications of the practice. During the late 1970s, advocates began to utilize a health education approach for ending FGM/C and in 1982, the WHO endorsed the topic as a major health concern, assuming that once people became informed about the negative health consequences of the practice, they would stop practicing²⁸. In countries such as Egypt, Ethiopia, Kenya, Nigeria, and Sudan, health education programming consistently led to medicalization of FGM/C²⁹. Due to the greater societal consequences of renouncing the procedure, rather than giving up the practice completely, individuals believed they could evade short-term health complications by utilizing a medical professional rather than traditional methods³⁰.

However, education programming can prove to be highly successful when based in grassroots advocacy with a curriculum centered on human rights, empowering communities to collectively work toward supporting women and girls. As Kirsten Moore writes, “Community

²⁸ Kay Young McChesney, “Successful Approaches to Ending Female Genital Cutting,” *The Journal of Sociology & Social Welfare* 42, no. 1 (2015).

²⁹ Young McChesney, “Successful Approaches.”

³⁰ Mitchum, “Slapping the hand of cultural relativism.”

education about women's human rights in general and health rights in particular is needed to help women recognize their rights and challenge or expand their perception of their own entitlements.”³¹ Comprehensive educational approaches inform communities of political and legal rights, health care, and equality, helping people recognize their capabilities, identify alternatives, and build consensus about collective community change³².

B. Case Study: Tostan

Tostan, meaning “breakthrough” in the West African language of Wolof, is an organization which works with rural communities in Africa to bring about sustainable development and social change, under the mission of “dignity for all”³³. Their hallmark Community Empower Programs have been applauded for their transformative work in changing community perceptions of FGM/C and other gender issues. Tostan began with the intentions of teaching rural women problem-solving skills and addressing literacy, but after increased demand and interest from participants, they designed a new interactive curriculum that included democracy, human rights, and women’s health. The first participants in Malicounda Bambara, Senegal in 1997 decided as a community to make ending FGM/C a priority, coming to a consensus to collectively abandon the practice. Presently, Tostan operates as a “holistic, human rights-based program of non-formal education,” continuing to empower communities to create sustainable social change.³⁴

Since the program’s inception in 1997, upwards of 5,500 villages in Senegal and 1000 villages in Guinea, Burkina Faso, and other countries in West Africa have declared their

³¹ Moore, Randolph, Toubia, and Kirberger. "The Synergistic Relationship between Health and Human Rights."

³² Muteshi and Sass, *Female Genital Mutilation in Africa*.

³³ "Mission & History," Tostan International, accessed December 08, 2017, <http://www.tostan.org/about-us/mission-history/>.

³⁴ Diane Gillespie & Molly Melching, “The Transformative Power of Democracy and Human Rights in Nonformal Education: The Case of Tostan,” *Adult Education Quarterly - ADULT EDUC QUART.* 60 (2010): 477-498.

commitment to abandoning FGM/C.³⁵ Tostan’s Community Empower Programs have initiated important dialogue within communities about gender equality and providing socioeconomic pathways for women, challenging previous cultural mindsets and norms. Though ending FGM/C was never the original mission of Tostan, the topic has become one of high importance for participating communities, and Tostan has ignited a greater social movement in Senegal and other African countries.

Tostan’s success lies in their culturally aware, community-centered, human rights-based approach to education. Programs are led by facilitators who live in the village, teach in the village’s language, and nearly always identify with the same ethnic group as participants.³⁶ Thus, leadership comes from within the community rather than from imposing outside sources. In order to resonate most with community members, their human rights curriculum is presented in “images, symbols, narratives, and religious or secular language that resonate with the local community.”³⁷ If executed successfully, transformative human rights education “builds a positive vision of girls and women in society and allows for a discussion of better alternatives to fulfil the moral norm of ‘doing the best for their children.’”³⁸ Tostan’s programs do not criticize or blame villages for carrying out FGM/C, but rather encourage dialogue and allow the community itself to decide what actions are best for their development. When women understand that there are other options for their daughters besides FGM/C, communities examine their collective accountability in maintaining the cyclic nature of the procedure. As a result, many villages decide to publicly declare their commitment to ending the practice. While public declarations

³⁵ Young McChesney, “Successful Approaches.”

³⁶ Gillespie & Melching, “The Transformative Power.”

³⁷ Gillespie & Melching, “The Transformative Power.”

³⁸ Progress for Children: A Report Card on Child Protection, report no. 8 (New York: UNICEF, 2009).

carry significant weight, additional future monitoring is necessary to confirm that declarations result in extensive abandonment of FGM/C.

V. Positive Deviance Approach (PDA)

A. Critiques and Successes of PDA

The Positive Deviance Approach, or PDA, identifies individuals within a community who have challenged social standards of FGM/C and have experienced positive outcomes as a result. These individuals can include family members who decided to not circumcise their daughters, women who have not undergone the procedure, men who chose to marry an uncircumcised woman, and community and religious leaders who oppose the practice, and they serve as advocates for fellow community members to join them in abandoning FGM/C. The approach faces some challenges when applied to FGM/C because the practice is not only profoundly ingrained in society but also largely seen in a desirable light. Thus, identifying deviants carries significant risks. One must consider the unintended consequences of PDA, including potential repercussions for deviant individuals and families if their identities were to be revealed to their community³⁹.

However, the premise of PDA encourages leadership and solutions from within each village. This approach truly “can be carried out only by the community and for the community.”⁴⁰ Not only do deviants constitute a wide variety of community members, they also draw support from allies within local leadership. Thus, PDA allows for direct and engaged community involvement as a means of addressing the issue of FGM/C.

B. Case Study: Centre for Development and Population Activities (CEDPA)

³⁹ Richard T. Pascale, Jerry Sternin, and Monique Sternin, *The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems* (Boston, MA: Harvard Business Press, 2010), 58-59.

⁴⁰ Asma Mohamed Abdel Halim, "From Bagdadji to Abu Hashim: New Approaches to Combat Female Circumcision," *Review of African Political Economy* 34, no. 114 (2007): 719-25.

The application of PDA to FGM/C elimination approaches was spearheaded by the Centre for Development and Population Activities in Egypt in 1998 in conjunction with several local NGOs⁴¹. After successfully identifying several positive deviants within communities, the CEDPA interviewed role models to understand key information such as why the positive deviants decided to discontinue the practice. Their responses provided invaluable knowledge of cultural factors surrounding FGM/C, the difficulties in deciding to abandon the practice, and the benefits of doing so. Leaders of local NGOs then applied this knowledge to their respective community engagement programs. Positive deviant role models also spoke to parents of 1,033 girls at risk of being cut over the course of 2,607 visits from 1998 to 2001, engaging in eye-opening dialogue that revealed alternatives to continuing the practice of FGM/C.⁴²

Not only did the use of PDA spark community conversations regarding rights-based gender equality and its relation to ending FGM/C, the results show significant success in effecting considerable change. After visits with positive deviant role models, 73% of families publicly declared they would no longer have their daughters undergo the procedure⁴³. As CEDPA also utilizes community-level groups to track the progress of at-risk girls, their continued engagement with families showed that 88% of families who had publicly declared to not circumcise their daughters followed through with their promise.⁴⁴

By understanding that the best solutions for ending FGM/C do not come from the outside but rather already exist within a community, PDA allows villages to recognize that FGM/C is not necessary in order to function as a member of their society. Opening discussion on formerly

⁴¹ McCloud, Pamela A., Aly Shahira, and Sarah Goltz. *Promoting FGM Abandonment in Egypt: Introduction of Positive Deviance*. Report. Washington D.C.: Centre for Development and Population Activities, 2003.

⁴² Muteshi and Sass, *Female Genital Mutilation in Africa*.

⁴³ Muteshi and Sass, *Female Genital Mutilation in Africa*.

⁴⁴ Kathrin Tegenfeldt, *Mobilizing Communities to Abandon FGM: Lessons from Egypt*, report (Washington D.C.: Centre for Development and Population Activities, 2007).

private topics in a culturally acceptable manner gives voice to women to speak more freely on issues which affect them the most.⁴⁵ Utilizing members within the community as the basis of elimination efforts, PDA makes groups as a whole more invested in finding an end to FGM/C. PDA does not constitute a complete solution, but rather a method that can prove incredibly effective when coupled with other socially mobilizing community initiatives.

VI. Proposed Solution

As seen from the accomplishments and shortcomings of the aforementioned three approaches to ending FGM/C, no single method functions effectively on its own in successfully eliminating the practice. Community-based local action through PDA and educational programming, though incredibly effective in engaging individuals in important and transformative dialogue regarding women's rights, does not function without "active commitment of governments to support the abandonment of FGM through policies, laws, and resources."⁴⁶ In the same way, legislation against FGM/C at a national level "will be unsuccessful as long as local institutions do not support it."⁴⁷ Given FGM/C's integral role in the societal functioning of women in practicing villages, solutions should fully resonate with communities to create long-lasting, sustainable change. Efforts to end FGM/C must be led by local community members and leaders, rooted in human rights and empowerment, agreed upon collectively as a village, and supported by state policies and resources.

I propose a three-tiered approach to ending the practice of FGM/C centered on the symbiotic relationship of PDA, community-based human rights education, and supportive legislation in creating a comprehensive solution to the issue. The three approaches each provide key characteristics of a successful method of eliminating FGM/C. Positive deviance approach

⁴⁵ Muteshi and Sass, *Female Genital Mutilation in Africa*.

⁴⁶ Muteshi and Sass, *Female Genital Mutilation in Africa*.

⁴⁷ Young McChesney, "Successful Approaches."

utilizes resources already in place in each village, allowing local leadership to initiate conversations about FGM/C, its human rights implications, and alternatives to the practice. From there, community-based education initiatives engage entire communities, using culturally relevant methods to empower women through human rights education, thus leading villages to collectively renounce the practice. As support for elimination grows at the local level, grass roots, democratic movements bring FGM/C to the forefront of national legislation, providing a policy framework that allows for continued efforts to stop the practice. Together, a three-tiered approach places local communities at the center of women's rights discussions, supported by ground-up legislation that reaffirms a state's commitment to the global movement to end FGM/C.

VII. Conclusion

FGM/C perpetuates a cycle of serious human rights violations for women and girls, severely inhibiting their liberty and bodily autonomy. While significant progress has already been made in the effort to end FGM/C, a new multidimensional approach must be utilized in order to create a long-term, effective solution to the issue. Understanding the deeply ingrained social constructs that perpetuate the practice, a comprehensive three-tiered solution utilizing PDA, education, and legislation successfully targets the elimination of FGM/C by maintaining a focus of human rights. By enabling women to recognize their inherent rights and supporting them through community and governmental frameworks, a multifaceted solution to ending FGM/C plays an integral role in establishing gender equality and the empowerment of women.

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