

## FEMALE GENITAL MUTILATION: A SURVIVOR'S NARRATIVE

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### Abstract

*Globally, over 200 million girls have undergone female genital mutilation). FGM is considered beneficial among practising communities and is often motivated by cultural and religious considerations, gender inequality, the desire to restrict women's sexuality, and economic benefits for those performing the mutilation. Long-term and short-term effects of the practice include extended physical and psychological trauma that can potentially reduce victims' and survivors' quality of life. Thus, the physical and psychological repercussions of FGM exceed the supposed benefits of the practice. In this chapter I describe my personal experience as a survivor of FGM and its impact on my daily life, particularly on my sexual and reproductive health and well-being, and sexual relationships. In addition, I also examine the factors that contribute to the high prevalence rate of FGM in The Gambia and discuss the current status quo of FGM in The Gambia, drawing on work that organisations and survivors have done to end the practice.*

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## 1 Introduction

The Gambia is a highly patriarchal society where male dominance and superiority are the order of the day.<sup>1</sup> Women are often seen as second-class citizens, and their human rights often are not respected despite the fact that laws are in place to protect them.<sup>2</sup> The lack of implementation of laws, compounded by certain social and cultural dimensions, has resulted in women and girls being subjected to harmful traditional practices such as female genital mutilation (FGM).<sup>3</sup> FGM is the total or partial removal of the female genitalia for non-medical purposes.<sup>4</sup> It is a social norm that is deeply entrenched in the cultural and historical beliefs of various ethnic groups in The Gambia and has religious connotations. Although the practice remains a serious human rights violation, people have disguised it as a religious and customary obligation, and young girls, in particular, suffer the consequences either in the early or later parts of their lives. The consequences vary from physical and emotional to psychological.

## 2 Factors that contribute to the high prevalence rate of FGM in The Gambia

FGM is widely practised in The Gambia for a variety of reasons. The key to these is religion. The majority of the practising communities, including my community, who are largely Muslim, consider it obligatory for them. Despite the efforts of anti-FGM religious leaders and scholars to dispel the myth that FGM is associated with Islam, the practice persists. Others believe that subjecting their women and girls to this harmful traditional practice is socially acceptable. Due to stigmatisation, social marginalisation, and discrimination against uncut women who

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1 MB Sawo 'Is the ban on FGM and child marriage in The Gambia the end of these practices?' <https://www.thegirlgeneration.org/blog/ban-fgm-and-child-marriage-gambia-end-these-practices> (accessed 20 June 2022).

2 'Human Rights Committee examines the state of civil and political rights in The Gambia in absence of report 2018, <https://www.ohchr.org/en/press-releases/2018/07/human-rights-committee-examines-state-civil-and-political-rights-gambia> (accessed 20 June 2022).

3 World Health Organisation 'Prevalence of female genital mutilation', <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/female-genital-mutilation/prevalence-of-female-genital-mutilation> (accessed 24 May 2022).

4 World Health Organisation 'Female genital mutilation', <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation> (accessed 20 June 2022).

are married into practising communities, many of these women are compelled to undergo FGM in order to fit into their practising spouses' communities.<sup>5</sup> This is exacerbated by the fact that women who have undergone FGM appear to enjoy social prestige and respect, fostering inferiority complexes among women who have not undergone FGM.

There is a general belief among many practising communities, such as the one I come from, that FGM increases the desirability of a woman for marriage, thus providing income for her family through the payment of dowry. Many are of the belief that the practice prepares girls for womanhood and for their lives ahead as wives, mothers and caregivers. This is also related to the fact that FGM is aimed at controlling and suppressing women's sexual desires in an attempt to preserve their chastity, which is considered a matter of family honour. Practising communities in The Gambia commonly believe that by mutilating girls, their sexual desire will diminish, hence encouraging chastity or preventing promiscuity. In societies where virginity testing is considered important, this, according to them, is done to protect the family name.

The practice also occurs as a result of misconceptions around the practice. For many practising communities, there is a belief that a failure to perform FGM will result in abnormal births. It is a common misconception that if the clitoris is not cut, it will grow longer and resemble the size of a penis. Consequently, during childbirth, once the clitoris touches the head of the baby, the baby will develop a mental and intellectual disability. In spite of the existence of legislation against FGM, these and a number of other social-cultural factors continue to motivate the practice. This is largely due to the lack of implementation of the law by the state and the failure of the state to put in place mechanisms that facilitate the implementation and enforcement of the Women's Amendment Act 2015.<sup>6</sup> Since its enactment in 2015, no single case has been prosecuted or prosecuted successfully. Even though cases have been reported, the conviction rate remains at zero.<sup>7</sup>

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5 S Nabaneh & A Muula 'Female genital mutilation/cutting in Africa: A complex legal and ethical landscape' (2019) 145 *International Journal of Gynaecology and Obstetrics* 3.

6 E Durojaye & S Nabaneh 'Addressing female genital cutting/mutilation (FGC/M) in The Gambia: Beyond criminalisation' in E Durojaye, G Mirugi-Mukundi & C Ngwenya (eds) *Advancing sexual and reproductive health and rights in Africa: Constraints and opportunities* (2021) 126.

7 Durojaye & Nabaneh (n 6) 125.

### 3 Impact of female genital mutilation on my life as a survivor

My memories of undergoing FGM are not as faded as I would wish them to be. I was about five or six years old when I went through it. I remember being told that I would be visiting my paternal grandmother, who is also my namesake. I was so excited that I would be taking my first trip to my village. Little did I know that even my father did not know his mother, as she passed away when he was a toddler. This journey to my village would haunt me almost two decades later. Even though I did not see my paternal grandmother, I returned from the village with so much pride because I had been mutilated. I remember walking around my neighbourhood and school with my *Jujus* around my neck, thinking that I was better than the other children. This was because I was told that undergoing FGM had cleansed and purified me.

Even as a child, I felt superior to other girls from non-practising communities and would even call them *Solima*, a Mandinka word meaning 'the uncut or unclean one'. This personal feeling of superiority and pride gives credence to scholarship that has linked the practice to prestige and social acceptance. For instance, in many practising communities, FGM is regarded as an integral component of the ethnic identity of girls and offers them a sense of pride, maturation and acceptance into their communities.<sup>8</sup> Although members of some practising communities in Africa are aware of the severe health implications of FGM, many of these communities continue to strive to preserve the practice because it represents prestige and cultural identification, which they feel obligated to protect.<sup>9</sup> Thus, women and girls are often mutilated because this practice confers a high social status and prestige on women and girls who have undergone FGM.

I first learnt about FGM as a human rights issue during an advocacy training on the rights of the child organised by the Child Protection Alliance (CPA) in The Gambia. As a member of the Voice of The Young, a child-led advocacy group under CPA, I had the opportunity to learn at an early age about human rights issues, including harmful traditional

8 M Refaei and others 'Socio-economic and reproductive health outcomes of female genital mutilation' (2016) 19 *Archives of Iranian Medicine* 807.

9 AK Halder and others 'Female genital mutilation: From the life story of girls in remote villages in Pokot county, Kenya' (2015) 3 *Journal of Child and Adolescent Behaviour* 3.

practices such as FGM. It was through several advocacy trainings that I realised that what I went through as a child not only violated my human rights but would also completely change my adult life and have a devastating impact on it.

Although I had theoretical knowledge of the harmful effects of FGM, my first real experience of the harmful effects of FGM was on the night my marriage was consummated. Married at the age of 14 and coming from a family where virginity testing is non-negotiable, my first sexual encounter was horrific and left me scarred for good. This was a result of the type of FGM I underwent. For three nights, my marriage could not be consummated. Every attempt made on each night caused nothing but excruciating pain, resulting in physical disfigurement. Not only was I scarred physically, but I was also left in a state of shock and pain.

The practice of FGM causes a variety of health problems, such as pain, repeated urinary and vaginal infections and difficulty during childbirth.<sup>10</sup> It is viewed as a form of exploitation and discrimination against women and girls and results in numerous sexual and reproductive health consequences, including sexual disability.<sup>11</sup> Consequently, the practice can lead to psychological issues, and destruction of women's ability to be intimate and perform sexually.<sup>12</sup> FGM has affected my desire for sex and left me with a great sense of loss and denial about the prospect of having pleasant sexual relations with a partner. For me, sexual interactions will always mean pain and suffering. In addition, the scarring of my genitalia as a result of the infibulation has also impacted my confidence and self-esteem and has exacerbated my lack of desire for intimacy. Although I encountered difficulty during the birth of my first child as a result of having undergone FGM, the physical trauma of FGM became a lifelong issue and has had an impact on my mental health and well-being.

The physical impact of FGM on my bodily integrity has also made it almost impossible for me to seek gynaecological care when necessary. As someone who suffers from recurrent chronic infections, I have always dreaded seeking medical assistance due to the reaction I sometimes receive

10 MIH Mahmoud 'Effect of female genital mutilation on female sexual function' (2016) 52 *Alexandria Journal of Medicine* 56.

11 M Owojuyigbe and others 'Female genital mutilation as sexual disability: Perceptions of women and their spouses in Akure, Ondo state, Nigeria' (2017) 25 *Reproductive Health Matters* 80.

12 Mahmoud (n 10).

from practitioners, especially those from non-practising communities or those who are unfamiliar with FGM. The questions from those who are not familiar with FGM leave me with little or no desire to return. These reactions, while not malicious, leave me feeling uncomfortable, ashamed, and judged by medical practitioners. As a result of my reluctance to seek medical assistance for these reactions, my medical issues are often exacerbated, and I am forced to rely on ineffective home remedies that sometimes are harmful to my reproductive health. Thus, the impact of FGM cannot be underestimated.

FGM robs women and girls of their right to be autonomous and in charge of their bodies as it prevents them from making informed decisions about a procedure that has lifelong implications on their lives.<sup>13</sup> The practice infringes on the right to bodily integrity, which covers a variety of wider human rights principles, including the fundamental right to dignity of the individual and the freedom to make autonomous choices regarding one's own person. FGM is an invasion of a person's right to this bodily autonomy as well as a violation of other fundamental rights.<sup>14</sup> This is because, in the majority of cases, the victims or survivors of FGM are not capable of exercising such autonomy and thus do not or cannot give their voluntary and well-informed consent to the practice.<sup>15</sup> My experience of FGM has resulted in a loss of self and the colonisation of mind and body. This is because the thought of undergoing FGM has resulted in lingering trauma and residual pain and, to a large extent, has made me feel like a prisoner in my own body, thus robbing me of my wholeness as a person. For the longest time, this inhibited my ability to think and also prevented me from thriving. For an extended period of time, I was neither able to internalise my trauma emanating from the consequences of FGM nor devise any useful strategy for dealing with it. I was silent about my struggles with my mental health and the physical

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13 OHCHR and others 'Eliminating female genital mutilation: An interagency statement', [https://www.un.org/womenwatch/daw/csw/csw52/statements\\_missions/Interagency\\_Statement\\_on\\_Eliminating\\_FGM.pdf](https://www.un.org/womenwatch/daw/csw/csw52/statements_missions/Interagency_Statement_on_Eliminating_FGM.pdf) (accessed 20 June 2022).

14 Centre for Reproductive Rights 'Female genital mutilation: A matter of human rights: An advocate's guide to action' (2006) 14, [https://www.reproductiverights.org/sites/default/files/documents/FGM\\_final.pdf](https://www.reproductiverights.org/sites/default/files/documents/FGM_final.pdf) (accessed 20 June 2022).

15 GI Serour 'Medicalisation of female genital mutilation/cutting' (2013) 19 *African Journal of Urology* 147.

pain I have had to endure as a result of FGM and did not seek professional help to enable me to deal with my trauma.

The concealment of my trauma stemmed from a sense of shame toward myself and toward my family by others whom I believed would judge my family and me if I ever spoke about the traumatic experiences I was exposed and subjected to. This was exacerbated by the fear of losing my family should I tell my story. For the very first time that I shared my story and started using my experience to accelerate the campaign to end FGM in The Gambia, my fears came to light. I felt unwelcome in my family and was described as a person bringing shame to the family and tainting its good name. I had expected this rejection because anti-FGM campaigners quite often encounter a backlash from practising communities, particularly conservative communities, in their efforts to eradicate FGM.<sup>16</sup>

Notwithstanding this, anti-FGM advocates continue to take action to end FGM, despite the danger of being ostracised by their families and other members of their communities.<sup>17</sup> Thus, sharing my story provided me with a sense of escape and security, allowing me to work on resolving the pain and humiliation I have endured for more than a decade. While this may be my narrative for the rest of my life, I refuse to let it define me. Hence, my refusal to identify as a victim but rather as a survivor.

Studies have shown that the effects of FGM on women and girls are lifelong and include several physical health issues such as extended bleeding, urinal problems, cyst development, recurrent infections, pain during sexual intercourse, and complications during childbirth, among others.<sup>18</sup> FGM can also have severe psychological implications, with a high incidence of anxiety and depression-related concerns, along with post-traumatic stress disorder.<sup>19</sup> Sexual performance is often hampered, and women who have undergone FGM have significantly lower

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16 Equality Now 'No time for inaction: Female genital mutilation is global, but so is the movement to end it' (2021), [https://www.equalitynow.org/news\\_and\\_insights/ztd\\_2021/](https://www.equalitynow.org/news_and_insights/ztd_2021/) (accessed 20 June 2022).

17 UNFPA "'I refused': Brave women and girls take a stand against FGM", <https://www.unfpa.org/news/i-refused-brave-women-and-girls-take-stand-against-fgm> (accessed 20 June 2022).

18 E Klein and others 'Female genital mutilation: Health consequences and complications – A short literature review' (2018) *Obstetrics and Gynecology International* 2.

19 J Rymer & N O'Flynn 'Female genital mutilation: Everyone's problem' (2013) 63 *British Journal of General Practice* 515.



reproductive and sexual performance scores than those who have not been mutilated.<sup>20</sup>

#### 4 Current status quo of female genital mutilation in The Gambia

Globally, over 200 million girls have undergone female genital mutilation.<sup>21</sup> In the Gambia, prior to the enactment of the Women's Amendment Act 2015, which banned FGM, more than 75 per cent of women and girls in The Gambia had been mutilated.<sup>22</sup> While legal frameworks are without doubt important in the campaign to end FGM, it is important to note that laws alone cannot bring about the change we desire when it comes to ending FGM, especially in communities where the practice is mandatory.<sup>23</sup> It is imperative that legislative frameworks are complemented by other approaches and strategies to achieve social change.<sup>24</sup> Thus, the promotion of non-legislative, judicial and legal efforts to end FGM has gained prominence in recent years, as stakeholders recognise the necessity for supplementary approaches to statutory provisions prohibiting FGM.<sup>25</sup>

In The Gambia these efforts have taken multifaceted approaches such as awareness-raising initiatives that have served as a primary intervention to induce voluntary cessation of the practice based on improved awareness of its negative consequences. Other interventions include youth-led educational and advocacy campaigns involving men and boys, mentorship programmes for girls, among others. The use of these methods are based on the premise that FGM remains a social convention issue that will require training to transform these social norms and encourage practising communities to cease pressuring their

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20 As above.

21 Nababeh & Muula (n 5) 1.

22 A Kaplan and others 'Female genital mutilation/cutting in The Gambia: Long-term health consequences and complications during delivery and for the newborn' (2013) 5 *International Journal of Women's Health* 323.

23 Durojaye & Nabaneh (n 6); see also B Shell-Duncan and others 'Legislating change? Responses to criminalising female genital cutting in Senegal' (2013) 47 *Law and Society Review* 39.

24 United Nations Population Fund 'Driving forces in outlawing the practice of female genital mutilation/cutting in Kenya, Uganda and Guinea-Bissau' (2013) 22, <https://www.unfpa.org/sites/default/files/resource-pdf/Legislation%20and%20FGMC.pdf> (accessed 20 June 2022).

25 UNFPA Regional Office for West and Central Africa 'Analysis of legal frameworks on female genital mutilation in selected countries in West Africa' (2018) 19.



girls to undergo the procedure.<sup>26</sup> It also emphasises on community participation in formulating and implementing homegrown solutions, since these education and awareness-raising programmes oftentimes necessitate active and voluntary involvement of community members and influencers.<sup>27</sup> The steps and approaches taken in The Gambia are consistent with Article 5 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), which outlines comprehensive and systematic approaches to eradicating harmful traditional practices such as FGM.

## 5 Steps taken to curb female genital mutilation in The Gambia

Over the past three decades, several steps have been taken to accelerate the abandonment of FGM. These, among others, include coordinated efforts of young people, civil society organisations (CSOs) and survivors of FGM. CSOs, international non-governmental organisations (INGOs), United Nations (UN) agencies, and survivors of FGM, such as myself, have exerted a substantial degree of effort for many years in an effort to end FGM, including advocacy that resulted in the promulgation of law that banned FGM. As a survivor, I use my voice and story to educate parents and guardians across The Gambia, including in communities where FGM is most prevalent, about the complex and lasting impacts FGM can have on women and girls. As the National Coordinator for Think Young Women (TYW), a young women-led, non-profit organisation in The Gambia, and a former programme officer for the Girl Generation, I was able to formulate and design impactful projects and programmes that are aimed at curbing FGM in The Gambia. My advocacy efforts, alongside those of many other survivors, CSOs and INGOs, led to the reduction in the prevalence of the practice of FGM in The Gambia. I am committed to ending the cycle of FGM in my family, country, and lifetime.

Understanding the need for a comprehensive and inclusive approach, together with my team I designed and coordinated various regional initiatives for young people across The Gambia, particularly those in

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<sup>26</sup> As above.

<sup>27</sup> P Mwendwa and others 'Promote locally led initiatives to fight female genital mutilation/cutting (FGM/C): Lessons from anti-FGM/C advocates in rural Kenya' (2020) 17 *Reproductive Health* 2.

rural Gambia. The rationale behind these initiatives is to increase the number of youths involved in the campaign to end FGM and to give them the opportunity to meet and acquire vital knowledge, skills and tools necessary in the campaign to end FGM. The initiatives and engagements also enabled and supported the beneficiaries to create, lead and implement their own programmes and initiatives and enabled them to serve as change agents and ambassadors in their own communities. With an increasing number of young people pledging to never subject their daughters to FGM once they become parents, the desire to end FGM in one generation is not out of reach. Similarly, multiple organisations, including TYW, have embarked on community-led activities in our quest to curb FGM in The Gambia. It is my belief that the *status quo* surrounding FGM in The Gambia will only change with the full inclusion and participation of everyone at the community level. By applying social change communications techniques, the 'do no harm' principle, and using survivor and positive stories of change to reach communities, the narratives would change. TYW believes storytelling can enlighten, equip, engage, and communicate messages, including those concerning FGM. Storytelling may convey the bodily, cognitive and behavioural characteristics of a person within the framework of their present or previous experiences, allowing for a more complete comprehension of the person.<sup>28</sup> Studies have shown that narrative telling encourages self-reflection and personal growth and creates resilience, which is the drive to turn life's emotional pain into something positive and empowering.<sup>29</sup>

As part of its efforts to end FGM through the use of extra-legal strategies involving social action advocacy, TYW has carried out a variety of activities. The Girls' Mentorship Programme, which TYW has been running since 2011, is one of these initiatives. The Girls' Mentorship is a school-based programme designed to empower and inspire girls to be active participants in their communities, equip them with interpersonal and communication skills, and build their self-esteem. It also focuses on educating girls on sexual and reproductive health rights in an effort

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28 M Drumm 'The role of personal storytelling in practice' (2013), <https://www.iriss.org.uk/resources/insights/role-personal-storytelling-practice> (accessed 20 June 2022).

29 As above.

to teach them about their bodies, promote dialogue, and foster a sense of sisterhood. Over 700 girls have completed and graduated from this programme and now serve as ambassadors in their various schools and communities. Many have taken up leadership positions in their schools and communities and have influenced critical changes within their homes, including preventing child marriages and FGM. The most impressive outcome of this programme is that some of the graduates have returned to volunteer as mentors in the subsequent classes, creating an opportunity to sustain the programme and transfer knowledge and skills across generations.

To achieve its vision of creating a new generation of enlightened and well-informed young women, TYW has replicated and extended its girls' mentorship programme in order to reach more girls at the grassroots level. It accomplished this by training regional mentees who would implement and sustain this programme in rural communities. Part of this expansion also includes targeting out-of-school girls so that no girl is left behind. Not only is the mentorship programme more accessible to girls at the grassroots level, but it has also increased the involvement of adolescent voices in addressing FGM and other harmful traditional practices in their communities.

In our quest to find more innovative ways of engaging communities through 'Artvocacy', TYW engaged Gambian artists and poets for an intensive training on FGM and child marriage. This provided an opportunity to raise their awareness of these issues while also emphasising the critical role they can play in ending these social challenges. Using this information and their creativity, young artists collaborated and produced a music album of seven songs with key messages on these issues and a music video for an enhanced visual experience to accompany the transmission of these messages. Following the production of these materials, national caravans across the country have been conducted to popularise the songs while raising awareness about FGM and other harmful traditional practices in various communities across the country. Similarly, several poster competitions for schoolchildren on FGM and other forms of gender-based violence have also been implemented under my leadership. The activity, themed 'Engaging Young People for Amplified Action to End FGM', targeted students from senior secondary schools. The training aimed to equip the students with accurate information about FGM and child marriage, which led to an arts competition among the

participating schools, depicting their views on the issues. The winning entries from these competitions have been developed into billboards and serve as advocacy materials in our campaign to end FGM.

Bearing in mind the patriarchal nature of Gambian society, through TYW and other CSOs, I created and supported programmes that targeted young men as a strategy to end FGM. In The Gambia, men as custodians of customary powers control the narratives around social norms and practices. While there is an acknowledgment that many of the rights of women that are suppressed are done so by men, a theoretical shift in understanding gender more holistically, backed by practice, has revealed the important role young men can play in ending harmful traditional practices, particularly FGM. The increasing recognition of the role of young men in violence prevention, the promotion of gender equality, and ending FGM and other traditional practices resulted in the promulgation of these initiatives. With conversations centred on raising awareness and debunking some of the myths and stereotypes about gender roles in our society, as well as influencing the creation of a generation of gender-sensitive young men, these initiatives left great impressions on the beneficiaries. Not only did they open up avenues for healthier conversations around gender issues and violence against women, including FGM in The Gambia, but they also reminded our male counterparts of the role they play in advancing the fundamental rights of women and girls.

In line with the objectives of The Gambia National Action Plan (NaPA) on FGM/C and in an effort to develop a more effective programme of intervention in the campaign to end FGM, TYW, with support from INGOs, has embarked on data collection and sensitisation on FGM. With very little data concerning why FGM is practised or its harmful effects on those who have undergone it, the research was set to identify the knowledge and attitudes of people around FGM, the factors that motivate the practice, and the impact on those who have undergone FGM, while at the same time raising awareness of FGM and its harmful effects, encouraging the use of dialogue in changing the mindsets of people concerning the issues, and documenting and sharing the voices of young people so as to influence policy makers into taking a more active role in ending FGM.

Recognising that access to health services, including psychosocial support services, is integral to the well-being of victims and survivors,

several CSOs and survivor-led initiatives have been providing such services to survivors of FGM who need such services. Consortia such as the Network Against Gender-Based Violence (Network), of which I am the Chairperson of the executive board, have been providing psychosocial support services for people who have experienced or are experiencing trauma from FGM through its One Stop Centres. The Network also provides capacity-building services to other service providers such as the police, nurses, and social workers to ensure quality service delivery to victims and survivors.

Throughout its years of existence and under my direction, TYW has shown ingenuity and creativity in addressing issues affecting women and girls in The Gambia. TYW pioneered a much-needed transition in the way in which organisations communicate their work in order to expand their reach and increase partnership opportunities. This comparative advantage has been utilised by the organisation to contribute to national campaigns to end FGM and other harmful traditional practices. Representatives of the organisation have also been assisting other organisations with the development of their communication strategies in an effort to end FGM. Other initiatives that I have coordinated include mentorship programmes for girls; intergenerational dialogues, and engagement with traditional and religious leaders; ‘artvocracy’ through the use of musicians and poets; and training for law enforcement officers, members of the judiciary, and members of the legislature. Through the collective efforts and innovations of CSOs, survivors, and all other relevant stakeholders, despite limited resources to support the work of ending FGM, significant strides have been made.

## **6 Conclusion**

The consequences of FGM on women and girls are irreparable. The impact of FGM on the physical and psychological well-being of women and girls who undergo it is devastating. Despite being prohibited by several international and regional human rights treaties and domestic legislation, its prevalence remains high. While survivors, CSOs and INGOs have taken meaningful steps to curb the practice, the need for states to redouble their efforts in fulfilling their obligations under international human rights law by protecting women and girls from harmful traditional practices such as FGM is paramount. These, among other things, include not only the enactment of laws but the development

of mechanisms and the allocation of monetary and human resources that will ensure the effective implementation and enforcement of the law, as well as provide services that will support the rehabilitation of survivors who have suffered from physical or mental health emanating from FGM.

The need for the development of holistic programmes that are youth and community-led and which allow communities to take ownership of such initiatives cannot be overemphasised. Engaging all relevant stakeholders such as survivors, women and girls, boys and men, traditional and religious leaders, community members, CSOs, INGOs, and the state can lead to the desired outcome. FGM should be a priority and should be everyone's problem.

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