HWA CHONG CONFLICT RESOLUTION & INQUIRY 2017

HUMAN RIGHTS COUNCIL

The Human Rights Council

The United Nations Human Rights Council (UNHRC) is a United Nations inter-governmental body responsible for promoting and protecting human rights around the world. It was established on 15 March 2006, when the General Assembly adopted a resolution (A/RES/60/251) to replace the previous United Nations Commission on Human Rights (UNCHR).

The responsibility of the UNHRC is to address human rights-related situations in all UN member states. The UNHRC also addresses important thematic human rights issues such as freedom of association and assembly, freedom of expression, freedom of belief and religion, women's rights, LGBT rights, and the rights of racial and ethnic minorities. The resolution establishing the UNHRC states that "members elected to the Council shall uphold the highest standards in the promotion and protection of human rights".

The UN General Assembly elects the members who occupy the UNHRC's 47 seats. Choi Kyong-lim, Permanent Representative of the Republic of Korea to the United Nations Office at Geneva, is the current President of UNHRC. The General Assembly takes into account the candidate states' contribution to the promotion and protection of human rights, as well as their voluntary pledges and commitments in this regard. The term of each seat is three years, and no member may occupy a seat for more than two consecutive terms. The seats are distributed among the UN's regional groups as follows: 13 for Africa, 13 for Asia, 6 for Eastern Europe, 8 for Latin America and the Caribbean (GRULAC), and 7 for the Western European and Others Group (WEOG). The General Assembly, via a two-thirds majority, can suspend the rights and privileges of any Council member that it decides has persistently committed gross and systematic violations of human rights during its term of membership.

On 18 June 2007, the UNHRC adopted its Institution-building package, which provides elements to guide it in its future work. Elements include the Universal Periodic Review, the Advisory Committee and the Complaints Procedure. Additionally, the UNHRC also involves itself via other subsidiary bodies such as: Expert Mechanism on the Rights of

Indigenous Peoples, the Forum on Minority Issues and the Social Forum, all of which provide platforms to discuss issues pertaining to national, religious, ethnic and linguistic minorities.

The Universal Periodic Review consists of a working group of 193 UN member states, with reports coming from different sources, including contributions from NGOs. The introduction of such a mechanism is said to have marked the end of discrimination which its predecessor was accused of showing, while demonstrating the universal nature of human rights.

The Advisory Committee consists of a group of 18 experts whose mandate was to conduct studies on discriminatory practices and to make recommendations to ensure that racial, national, religious, and linguistic minorities are protected by law.

The Complaints Procedure was established to address consistent patterns of gross and reliably attested violations of all human rights and all fundamental freedoms occurring in any part of the world and under any circumstances.

While the UNHRC attempts to remain impartial and address global human rights' issues of varying nature, Secretaries General Kofi Annan and Ban Ki-moon, former president of the council Doru Costea, the European Union, Canada, and the United States have accused the council of focusing disproportionately on the Israeli–Palestinian conflict. The United States also boycotted the Council during the George W. Bush administration, although reversing its position on it during the Obama administration, with American commentators beginning to argue that the UNHRC was becoming increasingly relevant.

Ending Female Genital Mutilation

Overview of Topic

Female Genital Mutilation (FGM), also known as female circumcision or female genital cutting, is an ancient practice that predates the Abrahamic religions. Fraught with medical, legal, and bioethical debates, FGM is practiced in 28 African countries (such as Somalia, Djibouti, Guinea, Egypt and Mali) and some countries in Asia (such as Brunei, Malaysia, Indonesia and Philippines). In 1997, the World Health Organization (WHO), United Nations Children's Fund, and United Nations Population Fund issued a joint statement that defined FGM as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons." [1]

Approximately 3 million girls every year are at risk of undergoing FGM. [2] The health, psychological, and sexual complications of FGM depend on the type of procedure that is performed, sterility during the procedure, the experience of the operator, and the social atmosphere at the time the cutting is performed.

There are a few types of FGM classification. Type I, also known as clitoridectomy or *sunna*, involves removing part or all of the clitoris and/or the prepuce. Type II, also known as excision, involves removing part or all of the clitoris and labia minora, with or without excision of the labia majora. Type III, the most severe form, is also called infibulation or pharaonic. It entails removing part or all of the external genitalia and narrowing the vaginal orifice by reapproximating the labia minora and/or labia majora. This infibulated scar covers the urethra and most of the introitus, leaving a small hole

[1] Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement. Geneva, Switzerland: World Health Organization; 1997.

[2] Female genital mutilation (FGM) [Accessed September 2, 2008]. World Health Organization Web site.http://www.who.int/reproductive-health/fgm/index.html.

for urination and menses. Type IV is the mildest form and includes any form of other harm done to the genitalia by pricking, piercing, cutting, scraping, or burning.[3]

History of Female Genital Mutilation

The origins of FGM are a mystery. It is thought to have existed in ancient Egypt, Ethiopia, and Greece. The practice transcends religion, geography, and socioeconomic status. Although FGM predates Islam, a small number of Muslims have adopted the practice as a religious requirement. As late as the 1960s, American obstetricians performed clitoridectomies to treat erotomania, lesbianism, hysteria, and clitoral enlargement. [4]

Girls typically undergo FGM between the ages of 6 and 12 years. It is performed on newborns, at menarche, and prior to marriage. Usually girls are aware that they will be cut some day, and some eagerly anticipate it. Villagers gather girls and celebrate the rite of passage with food, song, and gifts. [5]

Generally, midwives or trained circumcisers go from village to village and perform the cutting with no anesthesia, antibiotics, or sterile technique. Their instruments are knives, razors, scissors, or hot objects that are reused. After the tissue has been excised, sutures, thread, and local concoctions such as oil, honey, dough, or tree sap are used to ease bleeding. Postoperatively, wound care depends on the extent of damage. Girls who have undergone type I usually heal within a few days, whereas girls who have undergone type III require bed rest for approximately 1 week. Their thighs and legs are bound together to ensure proper healing of the infibulated scar.[6]

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[3] Eliminating Female Genital Mutilation: An Interagency Statement. Geneva, Switzerland: World Health Organization; 2008.

[4] Nour N. Female genital cutting: clinical and cultural guidelines. Obstet Gynecol Surv. 2004;59:272–279. [PubMed]

[5] Cutner W. Female genital mutilation. Obstet Gynecol Surv. 1985;40:437–443. [PubMed]

[6] Ibid.

Some girls are unaware they will be cut. FGM is performed on these girls suddenly, without mental preparation, celebration, or fanfare. In this situation, girls can be emotionally traumatized. In other cases, nurses and physicians perform FGM in their offices under anesthesia in order "to protect" girls from complications. The international medical community strongly opposes medicalizing FGM on ethical grounds. Medical involvement is also seen as justifying and perpetuating a practice that should instead be eradicated. [7]

Age at which FGM is performed

The age at which FGM is performed varies widely between cultural groups. In some groups, FGM is performed as early as infancy, while in other groups the practice may not occur until the girl is of marriageable age, approximately 14 to 16 years old. The most typical age for infibulation seems to be between six and eight, although the age is generally falling, indicating that FGM is having less and less to do with initiation into adulthood. It is also reported that refugees seeking asylum in Western countries are performing the procedure on their daughters at a much younger age so as to overcome laws in recipient countries prohibiting the practice. [8] Thus, delegates should craft targeted solutions to tackle the problem of FGM bearing in mind the relevant age at which females undergo this practice.

How FGM is performed

FGM is most frequently performed in rural areas by traditional birth attendants, midwives, or 'circumcision operators'. The procedure is carried out using special knives, scissors, razor blades, or scalpels. Anaesthetics and antiseptics are not generally used and pastes containing herbs, local porridge, or ashes are frequently rubbed on to the wound to stop bleeding. The girl is held down by female relatives to prevent her from

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[7] Cook R, Dickens B, Fathalla M. Female genital cutting (mutilation/circumcision): ethical and legal dimensions. Int J Gynecol Obstet. 2002;79:281–287. [PubMed]

[8] "Female Genital Mutilation." Background to FGM :: Female Genital Mutilation. Accessed February 12, 2017. http://fgm.co.nz/background-to-fgm/.

struggling and there may be unintended damage due to crude tools, poor light, and septic conditions. In urban areas however, FGM is being performed more frequently in hospitals under anaesthetic by trained doctors, nurses, and midwives.

The practice is rooted in gender inequality, attempts to control women's sexuality, and ideas about purity, modesty and beauty. It is usually initiated and carried out by women, who see it as a source of honour, and who fear that failing to have their daughters and granddaughters cut will expose the girls to social exclusion. The health effects depend on the procedure; they can include recurrent infections, difficulty urinating and passing menstrual flow, chronic pain, the development of cysts, an inability to get pregnant, complications during childbirth, and fatal bleeding. [9] There are no attributable health benefits to FGM so far and justification for the practice hinges largely on religious and traditional arguments.

Prevalence of FGM

FGM is found mostly in what is called an "intriguingly contiguous" zone in Africa—east to west from Somalia to Senegal, and north to south from Egypt to Tanzania. Nationally representative figures are available for 27 countries in Africa, as well as Indonesia, Iraqi Kurdistan and Yemen. Over 200 million women and girls are thought to be living with FGM in those 30 countries.[10] In almost all of these countries, FGM occurs when the child is far below the age of consent.

The highest concentrations among the 15–49 age group are in Somalia (98 percent), Guinea (97 percent), Djibouti (93 percent), Egypt (91 percent) and Sierra Leone (90 percent). As of 2013, 27.2 million women had undergone FGM in Egypt, 23.8 million in Ethiopia, and 19.9 million in Nigeria. There is also a high concentration in Indonesia, where Type Ia (removal of the clitoral hood) and symbolic nicking (Type IV) are practised; the prevalence rate for the 0–11 group is 49 percent (13.4 million).[11]

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[9] "Female genital mutilation", Geneva: World Health Organization, February 2016.

[10] Female Genital Mutilation/Cutting: What Might the Future Hold?, New York: UNICEF, 22 July 2014 (hereinafter UNICEF 2014), 89–90.

[11] Ibid

Smaller studies or anecdotal reports suggest that FGM is also practised in Colombia, the Congo, Malaysia, Oman, Peru, Saudi Arabia, Sri Lanka, and the United Arab Emirates, as well as among the Bedouin in Israel; in Rahmah, Jordan; and among the Dawoodi Bohra in India. It is also found within immigrant communities in Australasia, Europe, North America and Scandinavia. [12]

UN Actions to end FGM

In December 1993 the United Nations General Assembly included FGM in resolution 48/104, the Declaration on the Elimination of Violence Against Women, and from 2003 sponsored International Day of Zero Tolerance to Female Genital Mutilation, held every 6 February. [13]

UNICEF began in 2003 to promote an evidence-based social norms approach to the evaluation of intervention, using ideas from game theory about how communities reach decisions about FGM, and building on the work of Gerry Mackie on the ending of footbinding in China.[14] In 2005 the UNICEF Innocenti Research Centre in Florence published its first report on FGM.[15]

UNFPA and UNICEF launched a joint programme in Africa in 2007 to reduce FGM by 40 percent within the 0–15 age group and eliminate it from at least one country by 2012, goals that were not met. In 2008 several UN bodies recognized FGM as a human-rights violation, and in 2012 the General Assembly passed resolution 67/146, "Intensifying global efforts for the elimination of female genital mutilations." [16]

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[12] "Female Genital Mutilation/Cutting: A Global Concern", New York: United Nations Children's Fund, February 2016.

[13] UNICEF 2013, 15; Francesca Moneti, David Parker, The Dynamics of Social Change, Florence: UNICEF Innocenti Research Centre, October 2010, 6.

[14] UNICEF 2013, 15; Francesca Moneti, David Parker, The Dynamics of Social Change, Florence: UNICEF Innocenti Research Centre, October 2010, 6.

[15] WHO 2008, 8.

[16] "67/146. Intensifying global efforts for the elimination of female genital mutilations", United Nations General Assembly, adopted 20 December 2012. Emma Bonino, "Banning Female Genital Mutilation", The New York Times, 19 December 2012.

Despite laudable efforts to eliminate FGM, several barriers still exist to the complete eradication of FGM. The gap between policy and enforcement, the prevalence of conservative mindsets that view FGM as an unshakeable tenet of their tradition, and most importantly, the limits of UN authority in changing local policies are major barriers to real change.

Criticism of FGM

Arguing against suggested similarities between FGM and dieting or body shaping, philosopher Martha Nussbaum writes that a key difference is that FGM is mostly conducted on children using physical force. She argues that the distinction between social pressure and physical force is morally and legally salient, comparable to the distinction between seduction and rape. She argues further that the literacy of women in practising countries is generally poorer than in developed nations, and that this reduces their ability to make informed choices. [17] Changing minds about FGM and reducing its prevalence is not simply a matter of spreading awareness. The practice of FGM is often rooted in a set of beliefs, values, social norms, and economic pressures that govern the lives of women around the world. In other words, the embeddedness of the practice will make it all the more difficult to eradicate.

Several commentators maintain that children's rights are violated with the genital alteration of intersex children, who are born with anomalies that physicians choose to correct. Legal scholars Nancy Ehrenreich and Mark Barr write that thousands of these procedures take place every year in the United States, and say that they are medically unnecessary, more extensive than FGM, and have more serious physical and mental consequences. They attribute the silence of anti-FGM campaigners about intersex procedures to white privilege and a refusal to acknowledge that "similar unnecessary and harmful genital cutting occurs in their own backyards." [18]

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[17] Nussbaum 1999, 123–124.

[18] Nancy Ehrenreich, Mark Barr, "Intersex Surgery, Female Genital Cutting, and the Selective Condemnation of 'Cultural Practices'", Harvard Civil Rights-Civil Liberties Law Review, 40(1), 2005 (71–140), 74–75.

Ultimately, although the criticism of FGM raises questions about the right to judge culture and the precarious balance between tradition and modern consciousness, there is no excuse for systematic cruelty towards any group, in any society. In the case of FGM, these cultural arguments come in direct contrast with human decency. Though the practice must be combated in a holistic manner, within its social and religious context, there is never a valid reason to violate a woman's fundamental right to her own body and her own happiness.

Key Issues

Cultural Relativism vs Human Rights

An area of key contention is the conflicting ideals of universalism and cultural relativism - both of which strive to maximise the welfare of individuals. It is vital that both schools of thought are examined before delegates reach a conclusion on this matter.

Universalism asserts that all people are linked together by a common cause that is universal human rights. It argues that "as people we all share in being equal in dignity and in rights and thus we are united together against any form of discrimination, inequality, or any violations of human rights, advocating for the greater development of the masses." [19]

FGM is thus said to go against fundamental universalism beliefs as all three different versions of the practice pose serious health risks that inevitably violate a female's intrinsic right to life, dignity, and health. Under the Universal Declaration of Human Rights (UDHR), FGM is in direct violation of three fundamental universal human rights: the right to health (Article 25 s.1), the right to life liberty and the security of personhood (Article 3), and the right to an adequate education that includes proper knowledge of the cultural practice (Article 26 s.1). This is largely due to the fact that

[19] Danial, Sandra. "Cultural Relativism vs. Universalism: Female Genital Mutilation, Pragmatic Remedies." *Prandium - The Journal of Historical Studies* 2, no. 1 (2013): 3. Accessed February 12, 2017. http://jps.library.utoronto.ca/index.php/prandium/article/view/19692.

FGM procedures intentionally alter or injure the female genital organs for non-medical reasons, with no known health benefits for the affected girls and women. [20]

The right to health is expressed in Article 25 of the UDHR - "(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection." [21]FGM goes against both clauses within the article as the negative health implications inflicted on the females evidently lower their standard of living, as well as young girls (unable to make informed choices for themselves and not granted autonomy over their bodies) not having their "entitled special care and assistance" granted to them.

Article 3 is expressed simply - "Everyone has the right to life, liberty and security of person."[22] Due to the propensity for FGM to cause harm, potentially even leading to deaths in extreme cases, and the enforcement of it on many young girls, this right has clearly been violated.

The right to an adequate education that includes proper knowledge of the cultural practice (Article 26) has also been violated through FGM as well. In particular, it goes against the spirit of clause 2 - "Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace." [23] Given FGM's propensity to inflict prolonged physical harm to females from a young age (with it imposed upon them from parents or other adults), it cultivates a vicious cycle of ignoring an individual's

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[20] Danial. "Cultural Relativism vs. Universalism: Female Genital Mutilation, Pragmatic Remedies.": 1.

[21] The United Nations. 1948. *Universal Declaration of Human Rights*.

[22] The United Nations. 1948. *Universal Declaration of Human Rights*.

[23] The United Nations. 1948. *Universal Declaration of Human Rights*.

fundamental freedoms - which could last for many generations to come, if not addressed adequately.

While human rights did not always constitute women's rights historically speaking, the international community began to recognise women's rights as human rights, and vice versa. The international community's change in stance has been recorded in several international documents, including but not limited to, the Universal Declaration of Human Rights in 1948, the International Covenant on Economic, Social and Cultural Rights in 1966, the Convention on the Elimination of All Forms of Discrimination Against Women in 1981, the UN Declaration of Elimination of Violence against Women in 1993 and the Vienna Declaration and Programme of Action adopted by the World conference on Human Rights in 1994. [24] Thus, this elucidates the universalist stance that FGM is a violation of basic human rights, and that it should be abolished in all countries.

The Cultural Relativist's viewpoint is in stark contrast with the aforementioned, as it holds no particular culture superior to another when examining issues of ethics, morality, law or politics. Cultural relativists posit that all cultural beliefs are equally valid and that truth itself is relative, depending on the cultural environment. Cultural relativism holds that all religious, ethical, aesthetic, and political beliefs are completely relative to an individual within a society of a particular culture. It especially urges "the need for tolerance and respect of all cultures", giving each culture the liberty to practice what is native and relevant to that society without, the imperialist imposition from another culture that holds a different set of beliefs and or norms. [25]

Cultural Relativism thus defends the rights of communities to continue their practice of FGM, without interference from the UN, given its deep entrenchment in Western values. It further argues that simply abolishing the practice without pragmatic remedies would also be in violation of several articles in the UDHR, such as Article 18 (that

[24] Danial. "Cultural Relativism vs. Universalism: Female Genital Mutilation, Pragmatic Remedies.": 3.

[25] Danial. "Cultural Relativism vs. Universalism: Female Genital Mutilation, Pragmatic Remedies.": 2.

everyone has the right to freedom of thought, conscience and religion) and Article 27 (the right to freely participate in the cultural life of a community).

Article 18 states that "Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance." [26] This implies that it would be unfair to place a value judgement on FGM (which is considered to be a cultural practice) and simply abolish it, as individuals should be accorded the right to believe and engage in activities underpinning their beliefs.

Additionally, Article 27 (and in particular its first clause) - "Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits" [27] directly contravenes the abolishment of FGM. It views the imposition of an abolishment on FGM stifling to its culture, as it assumes that there is a correct or proper way of living, of which FGM does not meet the criteria.

Furthermore, it is equally important to examine the context in which many young girls and women find themselves in.

The reasons given within families and communities for practicing female genital mutilation include a combination of cultural, religious, and social factors. UNICEF conducted a study regarding the social conditions surrounding rituals and practices and stated, "where FGM is a social convention, the social pressure to conform to value system of that society is a strong motivation to perpetuate the practice." FGM is seen as a "necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage." Rejecting the practice decreases the likelihood of a girl getting married in the future and brings shame to the young girl and her family. In Islamic cultures, "the practice is often motivated by beliefs about what is considered proper sexual behavior, linking procedures to premarital virginity and marital fidelity." In these societies "FGM

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[26] The United Nations. 1948. *Universal Declaration of Human Rights*.

[27] The United Nations. 1948. *Universal Declaration of Human Rights*.

is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful by removing body parts that are considered male or unclean." Cultural relativists state that those working to eradicate FGM have to acknowledge the risk of alienation faced by women and girls who choose to reject the tradition on account of imperialist imposition. The need to feel accepted is a basic human need and what place is it for anyone to displace a human from their own culture or society on the basis of adhering to morally acceptable norms?[28]

Respect for the traditions and practices of a culture thus needs to be at the forefront of this debate. The notion that no culture is superior to another is relevant when an external nation with opposing views, values, and traditions seeks to impose their values on another, especially when moral values are not necessarily common across various cultures. Delegates are thus advised to keep in mind that it is one thing if a girl within a society decides by her own accord to reject the practice of FGM, and another when an outsider outrightly condemns the practice and argues for its abolition, completely negating one's right to practice the traditions of one's culture.

Lack of access to information regarding FGM

Another pertinent issue is the lack of access to vital information for the women undergoing FGM as well as their family members, resulting in uninformed choices being made. This is despite the fact that UN has launched awareness campaigns with the message of putting an end to FGM such as the creation of an 'International Day of Zero Tolerance for Female Genital Mutilation' on 6 February annually. The hashtag '#EndFGM' has also been used in conjunction with the International Day of Zero Tolerance, whereby social media users pledge and express their support for the cause online, generating even more attention for the issue and possibly empowering individuals who feel pressured into undergoing FGM, by showing them there is an international community supporting them.

[28] Danial. "Cultural Relativism vs. Universalism: Female Genital Mutilation, Pragmatic Remedies.": 4

Apart from the UN, other non-governmental organisations such as the 'End FGM European Network', '28 Too Many' and 'Campaign Against Female Genital Mutilation' have also been working together to raise greater awareness. For instance, the 'End FGM European Network', which is funded by Amnesty International Ireland, aims to adopt a comprehensive approach to end FGM as well as to protect women and girls who flee their countries for fear of mutilation. Their first objective is to raise awareness, and they have historically done so by holding events, training sessions and running communications campaigns around a theme which changes annually.

However, while the awareness campaigns have worked to a certain extent - by gaining the sympathies and understanding of those unaffected or previously unaware of FGM, it is often limited by the echo chamber effect. Those who have been ingrained with the dogmatic mentality that FGM is the only way for a woman to be virtuous or those in less economically developed countries (who thus are uninformed by social media awareness campaigns) seldom chance upon the awareness campaigns and continue to lack access to the support given to them.

Due to poor access to information, and often because circumcisers downplay the connection, women may not associate the health consequences with the FGM procedure. According to Lala Baldé, president of a women's association in Medina Cherif, a village in Senegal, when girls fell ill or died, it was attributed to evil spirits, and when they were informed of the causal relationship between FGM and ill health, they broke down and wept.[29] This highlights a lack of knowledge on the severe health implications that FGM can potentially bring about - a phenomenon that has to be acted upon and changed, so that women can be prepared and held accountable for their decisions. Additionally, due to the introduction of community-empowerment programmes in several countries focusing on local democracy, literacy, and education about healthcare by Tostan, an American non-profit group founded in 1991, women were equipped with the tools to make their own decisions. Through the implementation of the Tostan programme, over 7,300 communities in six countries had

[29] Mackie, Gerry. "Female Genital Cutting: A Harmless Practice?" Medical Anthropology Quarterly 17, no. 2 (2003): 135-58. Accessed February 12, 2017. doi:10.1525/maq.2003.17.2.135.

pledged to abandon FGM and child marriage by 2016.[30] With proof that access to medical information can and will significantly affect women's perception of FGM by factoring the medical risks to their decision making calculus, it is vital that such information is disseminated accordingly.

Additionally, surveys have shown a widespread belief, particularly in Mali, Mauritania, Guinea and Egypt, that FGM is a religious requirement.[31] In fact, a World Health Organization study in Egypt, showed that 33.4% of subjects perceived the practice of FGM to be a religious tradition, as well as the most important reason for performing FGM in Egypt.[32] However, FGM's origins in northeastern Africa are pre-Islamic, with no mention of it in the Quran and the practice only becoming associated with Islam because of the religion's focus on female chastity and seclusion.[33] In 2007, the Al-Azhar Supreme Council of Islamic Research in Cairo even ruled that FGM had "no basis in core Islamic law or any of its partial provisions." [34] There is also no mention of FGM in the Bible, with Christian missionaries in Africa being among the first to object to FGM, [35] but Christian communities in Africa are still continuing to practise it. It thus becomes apparent that the misconception of FGM being a religious practise has to be eradicated, such that any decision to undergo it is free of religious obligations.

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[30] Tostan. "Female Genital Cutting." Tostan. Accessed February 12, 2017. http://www.tostan.org/female-genital-cutting.

[31] UNICEF. "Bookshelf: Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change." Reproductive Health Matters 21, no. 42 (2013): 184-90. Accessed February 12, 2017. doi:10.1016/s0968-8080(13)42747-7.

[32] Yirga, Wondimu Shanko, Nega Kassa, Mengistu Gebremichael, and Arja R. Aro. "Female genital mutilation: prevalence, perceptions and effect on women's health in Kersa district of Ethiopia." International Journal of Women's Health, 2012, 45. Accessed February 12, 2017. doi:10.2147/ijwh.s28805.

[33] Mackie. "Female Genital Cutting: A Harmless Practice?"

[34] UNICEF. "Bookshelf: Female Genital Mutilation/Cutting: a statistical overview and exploration of the dynamics of change."

[35] Murray, Jocelyn. "The Church Missionary Society and the "Female Circumcision" Issue in Kenya 1929-1932." Journal of Religion in Africa 8, no. 2 (1976): 92-104. Accessed February 12, 2017. doi:10.1163/157006676x00075.