

CHAPTER V: Harmful Practices— the Case of Female Genital Mutilation

The Protocol on the Rights of Women in Africa defines harmful practices as “all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity... .”¹ Most societies have customs and traditions that can jeopardize the health, well-being, or dignity of women and young girls. Globally, the practices that are consistently recognized as harmful to women include, among others, female genital mutilation (FGM), child marriage, dowry-related deaths, honor killings, and manifestations of son preference.²

This chapter focuses solely on the duties of governments to end the harmful practice of FGM, defined by the World Health Organization as a set of “procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.”³ It reviews the international legal foundations of these duties and identifies their three primary components: 1) promoting public awareness of the practice’s threat to women’s rights, 2) creating legal mechanisms to prevent FGM, and 3) guaranteeing care for girls who have undergone FGM and suffered complications. The chapter provides examples of national-level legal and policy instruments that, through various means, seek to stop the practice of FGM.

Facts about FGM

- An estimated 100–140 million girls and women worldwide are living with the effects of FGM.⁴
- FGM is generally performed on girls between the ages of four and 12. However, in different communities, the timing varies from as early as a few days after birth to as late as just prior to marriage or after a first pregnancy.⁵
- Each year, at least three million girls are at risk of undergoing some form of the FGM,⁶ which is practiced in 28 countries in sub-Saharan and North Africa, and has been reported in parts of Asia and the Middle East. FGM also occurs among immigrant groups from countries in these regions who reside in Europe, North America, and Australia.⁷
- Prevalence varies in Africa, ranging from 5% in Uganda and the Democratic Republic of Congo to 98% in Djibouti and Somalia.⁸

HUMAN RIGHTS FRAMEWORK

The **right to security of person**, which protects women's right to physical integrity, ensures freedom from violence. Compulsory FGM robs women of the right to make independent decisions in matters affecting their bodies, rejects the state of the female body and its naturally occurring sexual functions, and invades women's privacy regarding their sexuality.⁹ FGM also is considered to be violence against women because of these impingements on women's liberty and bodily security interests.¹⁰

For international legal foundations of the rights marked in bold, see Appendix B

The right to freedom from FGM also falls within the **right to freedom from discrimination**, because the practice of FGM distinguishes on the basis of sex and hinders the equal enjoyment by women of the fundamental rights described above. FGM aims at controlling women's sexuality and carries a strong message about society's subordination of women and girls.¹¹

FGM also obstructs women's **right to health**, both because the practice can lead to harmful physical and psychological complications, and because subjecting someone to an invasive, medically unnecessary removal of healthy tissue violates the broadly understood right to the "highest attainable standard of health."¹²

In those worst cases where girls bleed to death or suffer other grave complications, FGM deprives girls of their **right to life**.

The Protocol on the Rights of Women in Africa clearly articulates the duties that these rights require of governments and specifically addresses FGM.

THE AFRICAN CHARTER ON HUMAN AND PEOPLES' RIGHTS ON THE RIGHTS OF WOMEN IN AFRICA

Article 5. Elimination of Harmful Practices

States Parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, including:

- a) creation of public awareness in all sectors of society regarding harmful practices through information, formal and informal education and outreach programmes;
- b) prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalisation and para-medicalisation of female genital mutilation and all other practices in order to eradicate them;
- c) provision of necessary support to victims of harmful practices through basic services such as health services, legal and judicial support, emotional and psychological counselling as well as vocational training to make them self-supporting; and
- d) protection of women who are at risk of being subjected to harmful practices or all other forms of violence, abuse and intolerance.¹³

These legal guarantees require governments to:

- **Promote public awareness of the harmful nature of the practice.** Improving women’s access to information about their reproductive rights and the harms that ensue from FGM is critical for empowering women to claim their rights and those of their daughters. Governments fulfill this duty in a variety of ways, including launching education and outreach programs and legislating to create new bodies or mechanisms to develop and coordinate programs to end FGM.
- **Protect women’s right to be free from the practice of FGM.** Clearly acknowledging women’s right to be free from FGM means enshrining the concept in national laws and government statements. The clearest means by which governments can promote this right is by formal recognition of the right in a national constitution. Adoption of other legislation prohibiting and criminalizing FGM is another important step in ending FGM. Governments have at their disposal a multitude of legal mechanisms that can shield girls from the imminent harm of FGM. Child protection laws can authorize agencies to intervene to prevent child abuse. Assuring that civil claims for damages and judgments are fairly and strictly enforced provides another way for governments to fight FGM. Finally, they can encourage medical professionals to develop and apply medical ethics standards that would subject violators to disciplinary proceedings, fines, and license revocations.
- **Guarantee care to girls and women who develop complications from FGM.** FGM causes both immediate and long-term reproductive problems. Short-term effects can include pain, bleeding, infection, and swelling around the wound. Longer-term consequences can include complications during childbirth, including obstructed labor. Legislation on FGM should encompass measures to secure health care for all complications arising from FGM.

1. GOVERNMENT OUTREACH TO STOP FGM

Governments have an obligation to educate and inform their people about the harmful effects of FGM. It has been widely acknowledged that law alone cannot change deeply held attitudes regarding FGM. Sustained social change can only come through a holistic approach to women’s empowerment. While such empowerment can be achieved through a variety of means, one key element is improving women’s access to information. Governments play an important role in ensuring communities’ access to information about the impact of FGM on the human rights of women and girls.¹⁴

Education and outreach programs to stop FGM have been established in a number of ways. Government ministries have, in many cases, worked with nongovernmental organizations or intergovernmental agencies, such as the United Nations Children’s Fund and the United Nations Population Fund. Governments can also take legislative action to create new bodies or mechanisms to oversee outreach to stop FGM, as was done in **Mali**.

A. Mali Creates Government Program to Stop FGM

FGM affects the lives and well-being of 92% of women of childbearing age in Mali.¹⁵ Although it is not mandated by any major religion,¹⁶ FGM is deeply embedded in Malian culture; 80% of women who were circumcised believe that the practice should continue.¹⁷ So far, the Malian government has not criminalized the practice of FGM, but it has taken steps to change popular attitudes toward the practice.

On June 4, 2002, the president of Mali issued an order creating a government program aimed at stopping the practice of FGM.¹⁸

Duties of the National Programme for the Eradication of Excision

- coordinating, monitoring, and evaluating government policy and strategies on FGM;
- carrying out research on the practice of FGM;
- developing a strategy for information, education, and communication that targets individuals and communities;
- planning national programs with a team of partners from local and regional organizations involved in the issue;
- evaluating and monitoring activities addressing FGM;
- creating a receiving center for data and a database on FGM; and
- supporting the development and introduction of training curricula for personnel in the fields of health and education.¹⁹

2. PROTECTION OF WOMEN'S RIGHT TO BE FREE FROM FGM

Governments have the duty to protect women's right to be free from FGM. As indicated explicitly in the Protocol on the Rights of Women in Africa, FGM is now widely recognized as a violation of the human rights of women and girls. United Nations (UN) human rights bodies, as well as the UN General Assembly, have repeatedly called upon governments to take action to stop FGM.²⁰ National governments are also increasingly approaching FGM as a rights violation, as reflected in national laws and government statements.²¹

A. Constitutional Recognition of the Right to Be Free from FGM

Constitutional measures that uphold the rights of women and girls to be free from FGM can shape governmental responses to the practice. In some countries, constitutional provisions provide legal remedies for women and girls whose rights have been violated. At a minimum, a provision at the constitutional level can guide members of the government in their drafting and implementation of law and policy. Whatever the legal significance of a constitutional provision condemning FGM, it represents a clear government commitment to stopping the practice and strengthens a developing movement. Several governments in Africa, including those of **Ethiopia** and **Uganda**, have adopted constitutional measures condemning harmful practices such as FGM.

i). Ethiopian Constitution Protects Women from “Harmful Customs”

An estimated 80% of Ethiopian women aged 15–49 have been subjected to FGM.²² In 2004, Ethiopia adopted a new criminal code that prescribes criminal penalties for the practice of FGM.²³ Ten years before, in its national constitution, Ethiopia recognized the threat posed to women’s rights by harmful practices such as FGM.

Right to protection from harmful customs

The constitution states that “[w]omen have the right to protection by the state from harmful customs. Laws, customs and practices that oppress women or cause bodily or mental harm to them are prohibited.”²⁴ While the text of the constitution does not refer specifically to FGM, legislative history indicates that the constitution’s drafters identified FGM as a “harmful custom.”²⁵

Women’s right to equality

In addition, article 35 of the constitution guarantees women “the right to equality with men in the enjoyment and protection of rights provided for by this Constitution.”²⁶

ii). Ugandan Constitution Prohibits Harmful Practices

In Uganda, the prevalence of FGM is estimated at 5%.²⁷ While the country has not criminalized the practice, its constitution has prohibited customs or traditions that harm women.

Prohibition of harmful customs and traditions

The Constitution of Uganda explicitly notes that “[l]aws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status are prohibited by this Constitution.”²⁸ It also affirms that “[w]omen shall be accorded full and equal dignity of the person with men.”²⁹

Right to equality and nondiscrimination

The Constitution provides that “[a]ll persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law.”³⁰ It specifically prohibits discrimination based on sex.³¹

Protection of children’s social and economic rights

The constitution allows states to intervene to protect children’s health and meet their social and economic needs. It provides that “[n]o child shall be deprived by any person of medical treatment, education or any other social or economic benefit by reason of religious or other beliefs.”³²

B. Legal Provisions That Punish the Practice of FGM

By far, the most common legal response to FGM has been the adoption of measures to punish the practice. A number of countries have adopted criminal legislation prohibiting FGM. While there have been sporadic reports of enforcement of these laws, cases of FGM are rarely prosecuted. Medical professionals have also adopted ethics standards that condemn the practice; where such standards are in place, practitioners who perpetrate FGM are subject to disciplinary proceedings and may lose their licenses to work in medicine.

Criminal Legal Measures That Punish FGM

Fifteen African countries (including, for example, **Ghana** and **Benin**) and 11 “receiving” countries—those that receive large numbers of African immigrants (including Sweden, Norway, the United Kingdom, and the United States)—have adopted laws that specifically criminalize FGM. Laws of this type typically include a definition of the practice, some indication of who may be prosecuted under the law, specification of a criminal penalty such as imprisonment or a fine, and a list of circumstances under which the crime is considered more serious (such as when death results or when the practitioner is a member of the medical profession). Individuals who may be prosecuted under these laws include not only the practitioners themselves, but also parents and other family members who arrange for FGM to take place. Enforcement of these laws occurs sporadically in African countries and is rare in receiving countries.

i). Ghana Criminalizes FGM

Ghana was among the first countries in Africa to take up FGM as a matter of criminal law in the 1990s. Ghana’s legislation, adopted in 1994, is notable for its detailed definition of FGM, which specifies prohibited practices but is broad enough to encompass those practices that are not explicitly named.³³

The crime of FGM

Ghanaian law provides that “[w]hoever excises, infibulates or otherwise mutilates the whole or any part of the labia minora, labia majora and the clitoris of another person commits an offence and shall be guilty of a second degree felony and liable on conviction to imprisonment of not less than three years. For the purposes of this section, ‘excise’ means to remove the prepuce, the clitoris and all or part of the labia minora; ‘infibulate’ includes excision and the additional removal of the labia majora.”³⁴

ii). Benin Criminalizes FGM

In Benin, where an estimated 17% of women aged 15–49 have undergone FGM,³⁵ legislation prohibiting the practice was adopted after many years of lobbying by advocates for women’s rights and health. The law defines FGM, assigns penalties for performing it, penalizes the failure to report cases of FGM, and requires health-care centers to treat complications resulting from the practice.

In 2003, Benin’s National Assembly adopted Law No. 2003–03 prohibiting the practice of FGM.³⁶

Definition of FGM

FGM is banned in all its forms, and is defined as any ablation, partial or total, of a female person’s external genitalia, or any other operation on such genitalia. Surgeries that are performed for medical purposes are exempt from criminalization.³⁷

Penalties for FGM

Practicing FGM is punishable with monetary fines and prison sentences, the lengths of which depend on the circumstances surrounding the act. The sentencing provisions are as follows:

- imprisonment from six months to one year and a fine for persons who perform FGM;
- imprisonment from three to five years and an increased fine if the cutting is performed on a girl

- or adolescent under the age of 18;
- forced labor of 5–20 years and a still higher financial penalty, should the victim die as a result of the cutting; and
- a maximum penalty is imposed on recidivists, with no possibility of a reduced sentence.³⁸

Accomplice liability

The law establishes that anyone who assists, participates in, or solicits an act of FGM, or provides the means or gives instructions to the person who performs the cutting, is deemed an accomplice who is subject to the same penalty as the principal perpetrator.³⁹

Liability for failure to prevent or report FGM

Anyone who has knowledge of a planned genital mutilation who does not act to stop it from taking place can be prosecuted for failure to assist a person in danger. Likewise, anyone with knowledge that FGM has occurred must immediately inform the nearest law enforcement authorities. Failure to report such knowledge is punishable with a fine.⁴⁰

Duties of health-care facilities

Finally, the law requires public and private health institutions to care for those who have undergone FGM and ensure that they receive appropriate services. The health institutions caring for these patients are further required to inform local authorities.⁴¹

Professional Disciplinary Measures to Punish FGM

Governments can also tie medical licensing to the enforcement of ethical standards that forbid the practice of FGM. While FGM has generally been performed by traditional practitioners, medical providers have increasingly been asked to do the cutting in hygienic settings. In Egypt, for example, an estimated 61% of FGM cases are carried out by medical personnel.⁴² The “medicalization” of the practice of FGM is troubling to governments, women’s advocates, and members of the medical community, who consider all forms of FGM inherently damaging and undermining of women’s rights.⁴³ Medical providers who perform FGM may be subjected to professional disciplinary procedures. If their actions are deemed to violate professional ethics standards—as they are in **Guinea**—penalties may include fines, suspensions, or even license revocations.

i). Guinea’s Code of Medical Ethics Prohibits Unnecessary Cutting

In Guinea, where the practice of FGM is nearly universal,⁴⁴ genital cutting has been a criminal offense since 1965.⁴⁵ In 1996, in an attempt to prevent the medicalization of the practice, the national code of medical ethics was amended to make performing FGM a basis for professional discipline.

In 1996, Guinea amended its medical ethics code to provide that “[n]o mutilating intervention may be performed without serious medical grounds and, except in the event of emergency or impossibility, without informing the person concerned and obtaining his consent.”⁴⁶

C. Preventive Measures Using Child Protection Laws

While all government action to stop FGM aims to prevent the practice—either through persuasion

or deterrence—governments also have at their disposal certain legal mechanisms to protect individuals from imminent threats of undergoing FGM.⁴⁷ Many countries have child protection laws that could potentially be applied to prevent girls from undergoing FGM. Child protection laws provide for state intervention in cases of child abuse by a parent or guardian. Unlike criminal laws, child protection laws are concerned less with punishing parents or guardians than with ensuring that a child’s interests are being served. These laws provide mechanisms for removing the child from his or her parent or guardian when the state has reason to believe that abuse has occurred or is likely to occur. A number of countries, such as the United Kingdom, have declared the applicability of child protection laws to FGM.

i). United Kingdom Deems FGM a Form of Child Abuse

FGM was first criminalized in the United Kingdom in 1985,⁴⁸ and more comprehensive criminal sanctions were adopted in 2003.⁴⁹ While prosecutions under the criminal law remain rare, officials in the United Kingdom have sought to prevent the practice by developing guidance documents for child welfare personnel, first in 1999 and with revisions in 2004 and 2006,⁵⁰ on how to use existing child protection mechanisms to prevent cases of FGM.

Interventions to protect children

The Children Act of 1989 provides that when a local authority has “reasonable cause to suspect that a child who lives, or is found, in [its] area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare.”⁵¹ Child welfare officials, when they suspect that a child is at risk of FGM, can intervene by filing for a “prohibited steps order.” Such an order prevents a child’s parents or legal guardians from taking specified actions without the court’s consent.⁵² In addition, a court could issue a “care” or “supervision” order that would either remove the child from custody of the parent or guardian or put the child under the supervision of a designated local authority or probation officer.⁵³

Guidance on FGM prevention

The guidance documents issued in 1999, 2004, and 2006 all emphasize the sensitive nature of intervening to prevent FGM, the necessity of investigating suspected cases, and the importance of focusing agency efforts on prevention through education and dialogue with family members of children who have been identified to be at risk.⁵⁴ The guidance emphasizes communication to demonstrate that while social services agencies understand the cultural importance of the practice, they must, as part of their statutory duty, take steps to prevent illegal action that harms children.⁵⁵

3. CARE FOR GIRLS AND WOMEN WHO HAVE UNDERGONE FGM

Governments should bear in mind the link between the practice of FGM and women’s pressing need for reproductive health services. FGM’s short-term complications can include excessive bleeding, infection, and severe pain.⁵⁶ In the long run, FGM heightens women’s risks during pregnancy and childbirth.⁵⁷ The increased risk may be attributable to vulval and vaginal scarring associated with FGM, which can obstruct delivery.⁵⁸ In addition, genital and urinary-tract infections caused by FGM can also lead to problems during delivery.⁵⁹ Complications of this type can be deadly in settings where health personnel lack the training and equipment to deal with these problems.

Legislation addressing FGM should include measures to ensure women’s access to reproductive health care. Such provisions were attached to **Togo’s** law criminalizing FGM. Women who

have undergone FGM need medical attention, not only immediately after the procedure has been performed, but also during pregnancy, childbirth, and the postpartum period.

A. Togo Requires Health Facilities to Ensure Care Following FGM

In Togo, where the prevalence of FGM is estimated at 50% of girls and women,⁶⁰ the practice was criminalized in 1998. Included in the legislation that outlawed the practice were provisions requiring all health-care facilities to treat complications of FGM. Unfortunately, the law also requires health-care providers to report cases of FGM to law enforcement authorities. The mandatory reporting provision may deter young women from seeking care out of fear that members of their family or community would be reported to the police.

The provisions of Togo’s 1998 law criminalizing FGM include the following components.

Mandated care for victims of FGM

The directors of both public and private health facilities are required “to ensure the most appropriate medical care to the victims of female genital mutilations arriving in their centers or establishments.”⁶¹

Duty to report FGM

The law provides that “[t]he competent public authorities should be informed without delay in order to permit them to follow the evolving state of the victim and to meet the requirements of this provision.”⁶²

CONCLUSION

Several types of legal strategies are available to policymakers to stop FGM. Measures to pursue prevention, including public education, must be the cornerstone of all government responses to FGM. Legal measures are also available to deter the practice and intervene to prevent it from taking place. National constitutions should officially condemn the practice while proclaiming women’s equality and their right to be free from harmful practices such as FGM. Laws that punish FGM can deter the practice and be a vehicle for raising awareness of FGM’s harmful effects. Mechanisms to protect children can be used to prevent an imminent case of FGM. In addition, governments should ensure medical care for girls who have undergone FGM.

Endnotes

1. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, *adopted* July 11, 2003, O.A.U. Doc. CAB/LEG/66.6, art. 1(g) (*entry into force* Nov. 25, 2005) [hereinafter Protocol on the Rights of Women in Africa].
2. *Integration of the Human Rights of Women and the Gender Perspective, Violence Against Women: Cultural Practices in the Family that are Violent Towards Women*, Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, submitted in accordance with Commission on Human Rights resolution 2001/49, 58th Sess., Agenda Item 12(a), U.N. Doc. E/CN.4/2002/83 (2002).
3. WHO, *Factsheet No. 241: Female Genital Mutilation, June 2000*, www.who.int/mediacentre/factsheets/fs241/en/.
4. *Id.*
5. ANIKA RAHMAN & NAHID TOUBIA, FEMALE GENITAL MUTILATION: A GUIDE TO LAWS AND POLICIES WORLDWIDE 3 (2000).
6. See INNOCENTI RESEARCH CENTER, UNICEF, *Changing a Harmful Social Convention: Female Genital Mutilation/Cutting*, INNOCENTI DIGEST (2005) available at <http://www.unicef-icdc.org/publications/pdf/fgm-gb-2005.pdf>; WHO established four categories of FGM:
"Type 1 (commonly referred to as "clitoridectomy"): Excision of the prepuce with or without excision of part or all of the clitoris. Type 2 (commonly referred to as "excision"): Excision of the prepuce and clitoris with partial or total excision of the labia minora; Type 3 (commonly referred to as "infibulation"): Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening; Type IV (unclassified): All other procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons. Type IV refers to numerous other procedures that have been documented such as pricking, piercing, stretching or burning of the clitoris and the surrounding tissues." WHO, *Factsheet No. 241: Female Genital Mutilation, June 2000*, *supra* note 3.
7. RAHMAN & TOUBIA, *supra* note 5, at 7.
8. *Id.* at 7, 138, 212.
9. *Id.*
10. *Id.*
11. *Id.* at 21.
12. *Id.* at 26-27.
13. Protocol on the Rights of Women in Africa, *supra* note 1, art. 5.
14. See RAHMAN & TOUBIA, *supra* note 5, at 70-71.
15. P. STANLEY YODER ET AL., DHS COMPARATIVE REPORTS NO. 7: FEMALE GENITAL CUTTING IN THE DEMOGRAPHIC AND HEALTH SURVEYS: A CRITICAL AND COMPARATIVE ANALYSIS 26, tbl.4.1: Mali 2001 (2004) [hereinafter YODER, DHS COMPARATIVE REPORTS].
16. RAHMAN & TOUBIA, *supra* note 5, at 6.
17. MINISTÈRE DE LA PROMOTION DE LA FEMME, DE L'ENFANT ET DE LA FAMILLE [MINISTRY FOR THE ADVANCEMENT OF WOMEN, CHILDREN, AND THE FAMILY], PLAN NATIONAL D'ERADICATION DE L'EXCISION A L'HORIZON 2007 [NATIONAL PLAN FOR THE ERADICATION OF EXCISION BY 2007], at 3 (July 29, 1998), in CENTER FOR REPRODUCTIVE RIGHTS, WOMEN OF THE WORLD: MALI 144 (2003).
18. *Ordinance No. 02-053 portant creation du programme national de lutte contre la pratique de l'excision* [Ordinance creating a National Program to Fight the Practice of Female Genital Mutilation], June 4, 2002 (Mali).
19. *Id.*
20. RAHMAN & TOUBIA, *supra* note 5, at 19.
21. *Id.* at 59.
22. YODER, DHS COMPARATIVE REPORTS, *supra* note 15, at 26, tbl.4.1: Ethiopia 2000 (2004) [hereinafter YODER, DHS COMPARATIVE REPORTS].
23. Proclamation No. 414/2004, *Criminal Code of the Federal Republic of Ethiopia* (Revised), Part 2 Book 5 Title 1 Chapter 3: Crimes Committed Against the Life, Person, and Health Through Harmful Traditional Practices (2004) available at <http://mail.mu.edu.et/~ethioplalaws/criminalcode/criminalcodepage.htm>.
24. CONST. OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA, art. 35(4) (1994), translated in CONSTITUTIONS OF THE COUNTRIES OF THE WORLD (G.H. Flanz ed., 1996) [hereinafter ETHIOPIA CONSTITUTION].
25. Hillina Tadesse Tamrat, Ethiopian Women Lawyer's Association, Questionnaire, Mar. 30, 1998, in RAHMAN & TOUBIA, *supra* note 5, at 147.
26. ETHIOPIA CONSTITUTION, *supra* note 24, art. 35(1).
27. RAHMAN & TOUBIA, *supra* note 5, at 228.
28. CONST. OF UGANDA, art. 33(b) (1995), translated in CONSTITUTIONS OF THE COUNTRIES OF THE WORLD (G.H. Flanz ed., 1996).
29. *Id.* art. 33(1).
30. *Id.* art. 21(1).
31. *Id.* art. 21(2).
32. *Id.* art. 34(3).
33. Criminal Code (Amendment) Act (1994), reprinted in 47:1 INT'L DIGEST OF HEALTH LEGISLATION 30-31 (1996).
34. *Id.* art. 69A.
35. YODER, DHS COMPARATIVE REPORTS, *supra* note 15, at 26, tbl.4.1: Benin 2001.
36. Loi No. 2003-03 *Portant répression de la pratique des mutilations génitales féminines en République du Bénin* [Law prohibiting the practice of female genital mutilation in Benin], Jan. 21, 2003 (Benin).
37. *Id.* art. 3.
38. *Id.* arts. 4-6, 8.
39. *Id.* art. 7.
40. *Id.* art. 9.
41. *Id.* art. 10.
42. INNOCENTI RESEARCH CENTER, *supra* note 6, at 7.
43. *Cairo Declaration for the Elimination of FGM, Afro-Arab*

- Expert Consultation on Legal Tools for the Prevention of Female Genital Mutilation*, Cairo, Egypt, June 23, 2003, paras. 9-10, available at http://www.reproductiverights.org/pdf/pdf_fgm_cairo2003_eng.pdf; DEP'T OF GENDER, WOMEN AND HEALTH, DEP'T OF REPRODUCTIVE HEALTH AND RESEARCH, FAMILY AND COMMUNITY HEALTH, WHO, FEMALE GENITAL MUTILATION: THE PREVENTION AND THE MANAGEMENT OF THE HEALTH COMPLICATIONS: POLICY GUIDELINES FOR NURSES AND MIDWIVES 6, 13 (2001).
44. YODER, DHS COMPARATIVE REPORTS, *supra* note 15, at 26, tbl.4.1: Guinea 1999.
 45. Penal Code of the Republic of Guinea, art. 265 (1965).
 46. Decree No. D/96/205/PRG/SGG of 5 December 1996 promulgating the Code of Medical Deontology, art. 40 (Guinea).
 47. RAHMAN & TOUBIA, *supra* note 5, at 67.
 48. Prohibition of Female Circumcision Act, ch. 38 (1985) (U.K.).
 49. Female Genital Mutilation Act 2003 (U.K.) available at <http://www.opsi.gov.uk/acts/acts2003/20030031.htm>. The Act makes it an offence for UK nationals or permanent residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. It also increases the maximum penalty for committing or aiding the offense from 5 to 14 years imprisonment.
 50. See Department for Education and Skills, *Local Authority Social Services Letter LASSL (2004)4* (March 1, 2004), available at <http://www.dfes.gov.uk/childrenandfamilies/cfcirculars.shtml>; Home Office Circular 10/2004, paras. 18-19 (February 6, 2004) (U.K.) available at www.londonpc.gov.uk/documents/homeofficecircular10-2004.doc; HM GOVERNMENT, WORKING TOGETHER TO SAFEGUARD CHILDREN: A GUIDE TO INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN, sec. 6.11-6.16, 123 (2006) available at http://www.everychildmatters.gov.uk/_files/CCE39E361D6AD840F7EAC9DA47A3D2C8.pdf.
 51. Children Act 1989, ch. 41, pt. V, sec. 47(1)(b) (U.K.).
 52. *Id.* ch. 41, pt. II, sec. 8(1).
 53. *Id.* ch. 41, pt. IV, sec. 31(1).
 54. Department for Education and Skills, *supra* note 50; Home Office Circular 10/2004, *supra* note 50, at 17-19; HM GOVERNMENT, WORKING TOGETHER TO SAFEGUARD CHILDREN, *supra* note 50, sec. 6.15, 6.16.
 55. Department for Education and Skills, *supra* note 50; Home Office Circular 10/2004, *supra* note 50, at 17, 19; HM GOVERNMENT, WORKING TOGETHER TO SAFEGUARD CHILDREN, *supra* note 50, sec. 6.15, 6.16.
 56. INNOCENTI RESEARCH CENTER, *supra* note 6, at 17.
 57. WHO Study Group on Female Genital Mutilation and Obstetric Outcome, *Female Genital Mutilation and Obstetric Outcome: WHO Collaborative Prospective Study in Six African Countries*, 367 LANCET 1835, 1839 (2006).
 58. *Id.* at 1841.
 59. *Id.*
 60. RAHMAN & TOUBIA, *supra* note 5, at 225.
 61. *Loi No. 98-016 portant interdiction des mutilations génitales féminines au Togo* [Law prohibiting female genital mutilation in Togo], Nov. 17, 1998, art. 7, JOURNAL OFFICIEL DE LA REPUBLIQUE TOGOLAISE 2-3 (Nov. 21, 1998) (Togo).
 62. *Id.*