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**Analysis of the UNFPA, UNICEF, and Africa  
Union joint program as a human rights manager  
for girls and women for the elimination of Female  
Genital Mutilation**

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## **DEDICATION**

To my parents, for their unconditional love and constant support at every stage of my life, thank you for your sacrifice and example.

Thank you to my professors for their guidance, for sharing your knowledge, and for pushing me to reach my academic goals.

Finally, to Christian, for his love, understanding, and belief in me when I needed it most.

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# LIST OF CONTENTS

DEDICATION .....	i
ACKNOWLEDGEMENTS .....	ii
LIST OF CONTENTS .....	iii
INDEX OF FIGURES.....	iv
INDEX OF APPENDICES .....	iv
Abstract .....	v
Resumen .....	v
1. Introduction .....	1
1.2 Theoretical framework .....	2
1.3 Literature review .....	6
1.3.1 La Mutilación Genital Femenina (MGF) .....	6
1.3.2 Female Genital Mutilation in figures .....	6
1.3.3 Female Genital Mutilation and Human Rights.....	7
1.3.4 Female Genital Mutilation and Male Circumcision .....	7
1.3.5 UNICEF and UNFPA Joint Program for the Eradication of Female Genital Mutilation.	8
1.3.6 The Role of the African Union against Female Genital Mutilation .....	9
2. Methods.....	10
3. Results .....	12
4. Discussion .....	19
5. Conclusions .....	22
6. References.....	23

## INDEX OF FIGURES

<b>Figure 1</b> <i>PRISMA methodology steps</i> .....	11
<b>Figure 2</b> <i>PRISMA flow chart</i> .....	12
<b>Figure 3</b> <i>Prevalence of female genital mutilation in Africa.</i> .....	13
<b>Figure 4</b> <i>Prevalence of Female Genital Mutilation by Region</i> .....	14
<b>Figure 5</b> <i>Percentage of girls and women and boys and men aged 15-49 who have heard of Female Genital Mutilation and think it should end.</i> .....	15
<b>Figure 6</b> <i>Prevalence of female genital mutilation among girls aged 0-14 years by country</i> .....	16
<b>Figure 7</b> <i>Prevalence of female genital mutilation by type of procedure.</i> .....	17

## INDEX OF APPENDICES

<b>Appendix 1</b> <i>Literature Review Matrix</i> .....	28
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# **Analysis of the UNFPA, UNICEF, and Africa Union joint program as a human rights manager for girls and women for the elimination of Female Genital Mutilation**

## **Abstract**

The following article is composed by a bibliographic research methodology, PRISMA, about Female Genital Mutilation (FGM), as this is a practice that violates the human rights of girls and women on the African continent, being this a cultural and traditional practice that involves the mutilation of the external female genitalia where figures and relevant data about FGM are presented. The article focuses on the Joint Program of UNICEF and UNFPA for the eradication of FGM, arguing that this practice is a violation of human rights, as well as how the African Union has acted against Female Genital Mutilation.

## **Keywords**

Female Genital Mutilation, Human Rights, UNICEF, UNFPA, African Union.

# **Análisis del programa conjunto de la UNFPA, UNICEF y la Unión Africana como gestores de los derechos humanos de niñas y mujeres para la eliminación de la Mutilación Genital Femenina**

## **Resumen**

El siguiente artículo, se compone por una investigación bibliográfica metodología PRISMA, acerca de la Mutilación Genital Femenina (MGF), como esta es una práctica atentatoria de los derechos humanos de las niñas y mujeres en el continente africano, siendo esta una práctica cultural y tradicional que involucra la mutilación de los genitales femeninos externos donde se presenta cifras y datos relevantes acerca de la MGF. El artículo se centra en el Programa Conjunto de la UNICEF y UNFPA para la erradicación de la MGF argumentando que esta práctica es violatoria de los derechos humanos, al igual que, como la Unión Africana ha actuado contra la Mutilación Genital Femenina.

## **Palabras clave**

Mutilación Genital Femenina, Derechos Humanos, UNICEF, UNFPA, Unión Africana.

# **Analysis of the UNFPA, UNICEF, and Africa Union joint program for the elimination of Female Genital Mutilation as a human rights manager for girls and women**

## **1. Introduction**

Female Genital Mutilation (FGM) is a procedure that involves the total or partial mutilation of the external female genital, motivated by different socio-cultural and ethnic aspects that result in discrimination and violence towards girls and women. Female Genital Mutilation is one of the most significant violations of human rights today, and there is still much misinformation about essential aspects: what it is, who it affects, and mainly how it has acted for its eradication. Thanks to the Universal Declaration of Human Rights in 1948, which guarantees the respect and protection of the fundamental human rights of individuals, overcoming physical, cultural, and religious boundaries, the need to develop cooperation between states in the field of these rights to protect and respect the rights of girls and women who are subjected to this practice has arisen.

Historically, there is no origin of FGM. However, it is believed to have emerged thousands of years ago, and its spread is linked to ancient rituals and beliefs about purity, control of sexuality, and the transition to adulthood. Throughout history, FGM has spread to various regions of Africa, the Middle East, and parts of Asia, taking on different forms and meanings according to each culture. Other types of FGM developed, ranging from mild cutting to total removal of the female external genitalia. The motivations behind this practice also varied, including social control, control of female sexuality, hygiene, fertility enhancement, and preservation of virginity before marriage. However, in the second half of the 20th century, with the affirmation of the universal doctrine of Human Rights, FGM awakened international attention and condemnation, becoming a matter of public health and human rights, so that women's organizations, activists, and the medical community promoted movements to abolish this practice. In 1984, the World Health Organization (WHO) formally condemned it in resolution WHA61.16.

According to UNICEF, it is estimated that more than 200 million girls and women have undergone FGM in 30 countries in Africa, Asia, and the Middle East. Every year, millions of girls are at risk of being subjected to this practice, which has serious physical, psychological, and social consequences. It causes health problems, including severe pain, infections, bleeding, urinary problems, sexual dysfunction, infertility, and complications in childbirth. In addition, girls and women who undergo FGM may experience psychological trauma, depression, anxiety, low self-esteem, and social isolation (Tapia,2011).

Numerous countries have passed laws banning FGM, although implementation remains a challenge in many places; on the other hand, education and awareness campaigns have contributed to a gradual change of mentality in communities that practice FGM. Girls and women have gained a voice and are fighting for their physical integrity and autonomy. Thus, in 2008, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) launched the Joint Program for the Elimination of Female Genital Mutilation. This program aims to accelerate the elimination of FGM in 17 countries in Africa and Asia where the practice is most prevalent, transform social norms that perpetuate FGM through education and awareness-raising, and promote the active participation of communities in the fight against FGM. The program has achieved several things over the years. However, there are still numerous challenges to achieving the objectives set by the program.

On the other hand, the Africa Union (AU) has made a firm commitment to eradicate this practice to protect the rights and health of girls and women on the continent. The AU has adopted several legal instruments prohibiting FGM, including the Maputo Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa in 2003, as well as a Continental Strategy for the Eradication of Female Genital Mutilation in 2010 and the AU Plan of Action for the Elimination of FGM starting in 2016 with a projection towards 2025.

The objective of this paper is to provide a historical and current overview of Female Genital Mutilation and how this practice has affected millions of girls and women for centuries. Also, to understand the human rights violated by this practice and the importance of achieving its eradication to guarantee the full enjoyment of human rights. It also aims to contribute to the knowledge of the UNFPA-UNICEF Joint Program for the Elimination of Female Genital Mutilation to raise awareness of this practice.

This work joins the struggle for the dignity and physical integrity of girls and women and for a world where FGM is eradicated, which is a collective responsibility. The AU, governments, international organizations, communities, and individuals work together to achieve a future where all girls and women can live free of FGM.

## **1.1 Objectives**

### **General Objective:**

To contribute, investigate, and influence the knowledge of Female Genital Mutilation as a human rights violation and how the joint program of UNICEF, UNFPA, and Africa Union has acted for its eradication.

### **Specific objectives:**

1. To investigate Female Genital Mutilation and how it is a practice that violates the human rights of girls and women.
2. To investigate and analyze how the regional integration of the African Union has worked and how it has affected the human rights of women and girls submitted to this practice.
3. To analyze the joint program of UNICEF and UNFPA to eradicate Female Genital Mutilation and to know how international instruments have influenced it.

## **1.2 Theoretical framework**

To address the subject, it is necessary to understand different concepts: first, to understand what Female Genital Mutilation is and to develop a historical perspective, what are its conditions, and how this practice is developed; second, to be clear about the figures of Female Genital Mutilation, and then to develop which are the human rights violated in this practice. Also, to understand how the UNICEF and UNFPA programs have acted against it and what their international instruments are to address it, and finally, to act against Female Genital Mutilation.

According to Modrek and Sieverding (2016), it is not possible to identify a historical moment of the beginning of the practice of Female Genital Mutilation since there are no documents that support where and how FGM started. However, the authors argue that FGM was born in ancient Egypt due to the findings of mummies that present signs of having undergone FGM and spread to the rest of Africa, the Middle East, and Asia. The exact reason for its origin is uncertain, but it is associated with cultural beliefs and traditions, as well as reasons for the sexual and social control of women.

According to WHO data (2023), Female Genital Mutilation is practiced in more than 30 countries, mainly Muslim and Christian. However, this practice is not related to religion since, in



religious documents, there is no mention of Female Genital Mutilation. Cultural beliefs and traditions guide it more.

Female Genital Mutilation (FGM) consists of partial or total injury or removal of the external female genitalia for non-medical reasons. As its name indicates, it means depriving girls and women of a part of their body. It is a practice that affects the health of girls, as it violates their dignity and their right to decide about their bodies. However, FGM is a cultural practice carried out in many parts of the world. (Romero. et al.). Female Genital Mutilation lacks health benefits and harms girls and women in various ways. It is a practice that causes intense pain since it is performed without any type of anesthesia, by midwives without adequate asepsis for such a procedure, improvised instruments such as razor blades, etc.

There are different types of Genital Mutilation: Type 1 consists of a partial or total resection of the glans clitoris (the external and visible part of the clitoris, which is the sensitive part of the female genitalia) and/or the prepuce/clitoral hood (the fold of skin surrounding the glans clitoris). Type 2 consists of partial or total resection of the glans clitoris and the labia minora (internal folds of the vulva), with or without excision of the labia majora (external skin folds of the vulva). Type 3, often called infibulation, is the narrowing of the vaginal opening, which is sealed by cutting and positioning the labia minora or majora, sometimes by making them, with or without resection of the prepuce/clitoral hood and the glans of the clitoris (type 1). Finally, type 4 consists of all other procedures injurious to the female genitalia for non-medical purposes, such as puncturing, piercing, incision, scraping, or cauterization of the genital area. On the other hand, infibulation is used; this technique consists of cutting to open the sealed vaginal opening of a woman previously subjected to infibulation, which is usually necessary to improve her state of health and well-being and to make coitus possible or to facilitate childbirth. (WHO, 2016).

According to the Pan American Health Organization (2022), Female Genital Mutilation causes severe physical and psychological consequences to girls and women who are subjected to this practice. As for the physical consequences, first, it is essential to understand the FGM procedure: Girls are taken by their mothers or grandmothers, assuring that they will be part of a ritual where they will be honored and become part of society. Consequently, FGM is performed by midwives without any medical guidance, with materials not appropriate for a surgical procedure, materials such as razors, blades, sewing needles, fishing lines, etc. These girls undergo this practice without anesthesia or any sedative. Therefore, the consequences range from health complications such as intense or chronic pain, bleeding, infections, high risk of contracting HIV, infertility, complications during sexual intercourse, as well as in childbirth, and, in more severe cases, even death. The psychological consequences of FGM lead to depression, body insecurity, anxiety, etc.

Activist and model Waris Dirie, who as a child was a victim of this practice, noted:

[...] When I was a little girl, I begged my mother to do it to me, as I had heard that it would make me clean and pure. When I was no taller than a goat, my mother held me down while an older woman sectioned my clitoris and the inside of my vagina and sewed up the wound. She left only a tiny opening, the size of the head of a matchstick, for urination and menstruation. [My beautiful sister Halima died as a result. Although no one in my family told me, I am sure she bled to death or died of an infection. Midgwan women who perform circumcision use a razor or a knife sharpened on a stone to cut. In Somali society, they are considered untouchable, as they come from a tribe that is not descended from the Prophet Muhammad. [...] Later, when a girl gets married, on the wedding night, the groom tries to force open the bride's infibulation. If the opening is too small, it is opened with a knife. After years of struggle, I realized that it was mutilation, but still, I felt anxious when I talked about it: I was afraid that something bad could happen to me for violating the code of silence (Waris Dirie. 2003).

Over the years, Female Genital Mutilation has often been mistakenly referred to as "female circumcision," this term is not correct because if we talk about circumcision, we would be referring only to FGM type 1. The others would not be included in the term. In addition to the fact that this term tries to equate to male circumcision, and unlike FGM, male circumcision is given for religious and medical reasons; it has no consequences for men's health; on the contrary, the medical community points out that it has multiple benefits for men's sexual health because circumcision could prevent 5.7 million new cases of AIDS and 3 million deaths in 20 years in sub-Saharan Africa. However, male circumcision is a complementary measure that does not provide total protection against the AIDS virus, but it does reduce the risk.

Male circumcision has several benefits: it reduces the risk of urinary tract infections in boys, reduces the risk of acquiring sexually transmitted diseases, protects against penile cancer, prevents inflammation of the glans penis (balanitis) and foreskin (postitis), reduces the risk of HIV infection by 60%, and allows for better hygiene. Above all, male circumcision is not discriminatory, unlike FGM (Pérez et al., 2013).

Another term for FGM, ablation, according to the RAE (Royal Academy of the Spanish language), refers to the "removal or destruction of an organ or tissue by various procedures." Which fits correctly into the meaning of Female Genital Mutilation.

After having understood, in a very brief way, both the origin and the meaning of Female Genital Mutilation, we must be clear about the figures of this practice. It is estimated that some 200 million women and girls around the world have undergone some form of Female Genital Mutilation, many of them before the age of 15. On the other hand, the main groups of women who receive FGM practices correspond to girls and adolescents; where it is projected that by 2030, there will be 44 million girls under 14 years of age affected, although in many cases, the victims suffer from this practice before reaching their fifth birthday (UNICEF, 2016).

According to UNICEF (2016), 7 out of 10 women and girls living in countries where FGM is performed think that this practice should be eradicated. So also, girls between 0 and 15 years of age are often subjected to this practice; another important fact to consider is that 3,157 networks of men and boys advocated ending FGM in the last five years.

Female Genital Mutilation is practiced mainly in 30 countries in Asia, the Middle East, and Africa. The countries with the highest prevalence are in the African continent and are Somalia, Guinea, Djibouti, Mali, Chad, Eritrea, Ethiopia, Sierra Leone, Nigeria, Burkina Faso, Sudan, Niger, Egypt, and Yemen. On the other hand, in Asia, there are Indonesia, Malaysia, India, Pakistan, and Sri Lanka. Moreover, Iraq and Kurdistan have lower prevalence in the Middle East. It is essential to understand that in many of the countries mentioned, if not most of them, Female Genital Mutilation is forbidden as it is considered an illegal practice (WHO, 2020).

On the African continent, since the prevalence of this practice is higher, in countries such as Somalia, according to UNICEF data, 98% of girls and women between 15 and 49 years have undergone Female Genital Mutilation, followed by Guinea with 97%, Djibouti: 93%, Mali: 89% and Chad with 87%. On the other hand, the prevalence of FGM has decreased in recent decades. In some countries, such as Egypt, the rate of FGM among girls aged 15-19 years has decreased from 58% in 1995 to 18% in 2016, and in Ethiopia, the rate has decreased from 74% in 2005 to 65% in 2016 (WHO, 2020).

Consequently, after this analysis, it is unthinkable not to relate this practice as a violation of human rights, even though for years FGM has not been categorized as such, because it was associated with the cultural traditions of peoples, where an external intervention could be related to cultural imperialism. Therefore, the declaration on the elimination of violence against women in 1993 recognized FGM as implicit violence against women and thus established that the fight

against female genital mutilation was an obligation in the field of human rights. The UN in 1996 expressed that "it is unacceptable to remain impassive before the aberrations of a false culture, which promotes behaviors of high risk for the health and dignity of women, by allowing pernicious and degrading practices for them" (Amnesty International, 1997).

According to the UN Human Rights (2016, p.10), human rights correspond to the principles on which all societies are based, in which the rule of law and democracy govern.

The Universal Declaration of Human Rights was proclaimed by the United Nations General Assembly on December 1, 1948, in Paris. Elaborated by representatives of all world regions, it is established as a common ideal for all peoples and nations, collecting those fundamental human rights that must be protected worldwide by a law regime (Garrido, 2019).

According to Garrido (2019, p.8), female genital mutilation violates the right to health because this practice is usually performed without any medical control, causing inevitable physical and psychological damage; this practice also violates the right to physical integrity, security, and the right not to be subjected to torture or degrading treatment, violates the rights of the child because it is exercised in most cases in girls in periods between infancy and adolescence, even when they are minors. This practice represents extreme discrimination against women and violates the right to equality. Even in the worst cases, it violates the right to life.

With this, in 2008, the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) launched a joint program to eliminate FGM in Africa. The program aims to reduce the prevalence of this practice by 50% by 2030; the work of the Joint Program is to accelerate the inevitable disappearance of this practice. This program works to address Female Genital Mutilation through interventions in 17 countries: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda, and Yemen (UNICEF, 2023).

The Joint Program, launched in 2008 and is currently implementing Phase IV, works to transform social norms in affected communities and works with governments to establish viable national response systems. In addition, one of its priority strategic approaches is to develop an international movement of partners with a focus on eliminating the practice of female genital mutilation (UNICEF, 2023).

Así también para el año 2013 la Asamblea General Naciones Unidas, solicitó a los estados Africanos formular estrategias para prevenir la práctica, incluyendo formación personal a trabajadores sociales y líderes sociales para disminuir el riesgo que docenas de mujeres y niñas han vivido (Valdivieso.et.al, 2019).

Regarding the program's regulatory framework, 14 of the 17 countries have a regulatory framework prohibiting Female Genital Mutilation. Over 1,368 cases of legal enforcement and arrests have followed intensive capacity-building initiatives. Public statements have been made at all levels of government stating that female genital mutilation is a human rights issue and must be eradicated. These statements provide the political backing needed to strengthen community-wide efforts and initiatives to eliminate female genital mutilation (UNFPA, 2023).

As of 2021, 14 countries supported by the UNFPA-UNICEF Joint Program had a national coordination mechanism that systematically involved all actors at the national level. Accordingly, twelve countries established a national budget line that funds programs and services.

The practice of International Relations provides tools to analyze international instruments in some fields. In this case, the violation of Human Rights and the role of the African Union, starting from the African System, in particular the African Charter on Human and Peoples' Rights

that binds the United Nations System, allow institutions such as UNICEF and UNFPA to determine the critical factors of Female Genital Mutilation.

According to the violence observatory, the Pan-African Parliament (2016), the legislative body of the African Union, passed a law banning the practice of Female Genital Mutilation in its 54 Member States. This measure was accepted under an action plan signed by its 250 deputies and representatives of the United Nations Population Fund (UNFPA) during meetings in South Africa.

### **1.3 Literature review**

#### **1.3.1 La Mutilación Genital Femenina (MGF)**

Female Genital Mutilation includes a wide variety of practices that consist of total or partial resection of the external female genitalia for cultural reasons. It is practiced as a rite of passage into adulthood and entry into society.

As for the background of Female Genital Mutilation as a practice, it is estimated that it was created in Egypt and was expanding throughout Africa, Asia, and the Middle East thanks to migrations; today, it is a widespread practice throughout the world, including countries in Africa, Asia, the Middle East, and Latin America specifically Colombia; however, the highest incidence of Female Genital Mutilation is centered in African countries (WHO, 2020). In early times, this practice was erroneously known as "female circumcision"; consequently, in the late 1970s, the WHO suggested the word "Female Genital Mutilation," and this makes sense not only in a linguistic distinction of meaning and background but also expresses the seriousness of what the practice entails. In 1991, WHO asked the United Nations to express the practice as "Female Genital Mutilation" (WHO, 1997).

This practice, as mentioned above, consists of the partial or total removal or injury of the external female genitalia. The WHO classifies Female Genital Mutilation into four types: type 1, which is clitoridectomy and refers to partial or total removal of the clitoris, type 2, which is excision which refers to partial or total removal of the clitoris and labia minora and may include removal of the clitoral foreskin, type 3 which is infibulation and is the narrowing of the vaginal opening by removal of the labia minora and labia majora, followed by suturing of the edges of the vulva which leaves a small opening for urination and menstruation, and finally type 4 which are all other procedures damaging to the female genital organs for non-medical reasons (WHO, 2020).

#### **1.3.2 Female Genital Mutilation in figures**

According to UNICEF data (2024), more than 230 million girls around the world have been victims of Female Genital Mutilation, with about 144 million in Africa, 80 million in Asia, and 6 million in the Middle East. The countries with the highest prevalence of FGM are Somalia, with 99%; Guinea, with 95%; and Egypt, with 87%. These data suggest that female genital mutilation is more prevalent in African countries. On the other hand, the countries in the Middle East region with the highest prevalence are Yemen with 31% and Iraq with 22%, in Asia countries such as Indonesia with 49%, Pakistan with 14% and Malaysia with 11%.

According to UNICEF (2016), the main groups of women who are subjected to Female Genital Mutilation correspond to girls and adolescents, and it projects that by 2030, there will be 44 million girls between 0 and 15 years of age affected. In many cases, the victims suffer this practice before reaching their fifth birthday.

According to UNICEF (2023), 7 out of 10 women and girls living in countries where FGM is performed think that the practice should be eradicated. Another critical fact to consider is that 3,157 networks of men advocated for an end to FGM in the last five years.

Alemayehu, one of the many young people who form youth groups against FGM in his community, said in an interview with Plan International: "I have four older sisters. One of them had so many complications during childbirth that she almost died. The same person performed mutilation on all my older sisters following a traditional rite. Many times, I feel weird talking about FGM because I am a boy. It used to be unacceptable, and the whole subject was taboo. What gives me the courage to do it is the idea that if we boys keep quiet, our sisters and friends may die." (Plan International, 2020)

### **1.3.3 Female Genital Mutilation and Human Rights**

Female Genital Mutilation has been practiced for many years of history, leaving millions of victims in its wake. Because this practice is directly related to culture and traditions, it has been challenging to talk about how it has violated the human rights of girls and women around the world for so long. We can point out that, on the one hand, there is the culture and tradition of Female Genital Mutilation. On the other hand, Human Rights were crystallized in 1948 in the Universal Declaration of Human Rights, signed by several countries worldwide, including some African countries. Later, the article will focus in-depth on the hegemonic part of this cultural tradition and the relevance of Human Rights.

From a universal human rights perspective, Kaplan points out that there are detrimental effects on the physical and mental health of all girls and women victims, as well as all the consequences that this practice entails. However, as this practice is directly related to traditions and culture, we find that Female Genital Mutilation represents a part of the people where it is carried out. It is seen as an indispensable ritual for the communities. Since FGM has a symbolic meaning due to its ritual nature, communities exert tremendous social pressure on families and communities, as this practice is directly associated with the fundamental values of African cultures, such as the feeling of belonging to their communities. For African communities, this practice provides ethnic identity, as it brings a sense of belonging and a sense of family pride. FGM has become a physical sign of femininity (Kaplan et al., 2013).

On December 10, 1948, the United Nations General Assembly proclaimed the Universal Declaration of Human Rights, establishing a common ideal for all nations and peoples and proclaiming universal and fundamental rights that a law system must protect. This declaration was a historic starting point since disregarding or omitting these 30 fundamental rights had previously led to acts outrageous to humanity, such as the Second World War. This made it necessary for states to commit themselves to ensuring these rights.

From a hegemonic perspective of human rights, we can point out that the practice of female genital mutilation violates the rights outlined in Article 5: "No one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment" (Universal Declaration of Human Rights, 1948, Article 5). From this point of view, FGM violates women because of the way it is practiced.

### **1.3.4 Female Genital Mutilation and Male Circumcision**

Male circumcision is defined as "the total or partial removal of the foreskin, which is the skin covering the end of the penis." Circumcision is practiced for various reasons, mainly religious, as religious circumcision is an ancient practice carried out in several world religions as a rite of passage or as a symbol of belonging to a faith community; in Judaism, circumcision is a

mandatory commandment for all males born to Jewish parents. In Islam, circumcision is not obligatory but is widely recommended by the Sunnah, the traditions of the Prophet Muhammad (OMS, 2020).

On the cultural side, for example, in Africa, in the Bantu tribes, circumcision is a rite of passage from childhood to adulthood. It is performed on adolescents as part of a collective ceremony marking their entry into adult social life and the responsibilities it entails. From a medical perspective, circumcision can facilitate penile cleansing. The foreskin can accumulate secretions, which can make it difficult to clean properly. However, circumcision is not necessary to maintain good genital hygiene. It is estimated that 375 million men alive in the world have been circumcised. This practice can have some complications, such as bleeding and infection. However, it is generally considered a safe practice (Pan American Health Organization, 2024).

However, unlike Female Genital Mutilation, male circumcision has benefits, such as reducing the risk of HIV infection. According to WHO (2022), male circumcision reduces the risk of HIV infection by 60%, in addition to reducing the risk of sexually transmitted infections, such as chlamydia, gonorrhea, and syphilis.

The World Health Organization (WHO) (2022) recommends male circumcision as a public health intervention to reduce the risk of HIV infection. However, WHO also recognizes that this practice may violate human rights if performed without the child's informed consent.

### **1.3.5 UNICEF and UNFPA Joint Program for the Eradication of Female Genital Mutilation**

The Joint Program started in 2008 thanks to a global consultation organized by the United Nations Population Fund (UNFPA), where the responses showed that there was an urgent need to end the action and commitment against Female Genital Mutilation. Since 2008, the program has expanded to reach 17 countries, including 16 African countries: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, Uganda, and one country in the Arabian Peninsula, Yemen. A budget of USD 109 million was allocated for ten years (UNFPA, 2024).

According to the UNFPA program report (2022), the UNICEF-UNFPA Joint Program is currently in Phase IV and works towards objectives such as collaborating with governments to establish viable social systems. In addition, it focuses on transforming community social norms and, finally, on developing a network of international partners. A long struggle is involved in achieving these goals.

From 2008, when the project began, and up to phase III, which ended in 2022, some progress was made in the 17 countries involved. In that period, about 1.2 million people participated in a public declaration in favor of the elimination of Female Genital Mutilation (FGM). As a result, 3,663 communities implemented measures to monitor and report cases of FGM. In addition, 2,081,595 women and girls received medical care, social welfare, and access to justice to prevent and respond to this practice. A total of 2,454,831 people participated in dialogues on gender equality and the elimination of FGM. Also, 440,675 boys and men participated in education sessions to promote positive male attitudes and norms conducive to gender equality. In addition, 660,359 girls had access to sex education programs. More than 18.8 million people received relevant information to promote gender equality and the elimination of FGM through social media campaigns and large-scale communication. Another important development was that 49,681 community leaders and religious leaders publicly accused FGM of being a pernicious practice (UNICEF, 2023).

The Joint Program is strongly supported by countries such as Austria, Belgium, Canada, France, Germany, Iceland, Italy, Luxembourg, Norway, Sweden, the United Kingdom, and the United States of America; additionally, it is backed by the European Union.

The UNICEF and UNFPA Joint Program for the Eradication of Female Genital Mutilation has had remarkable achievements worldwide, raising the profile of FGM to a global debate and ensuring its visibility on the international agenda in countries where the practice is known to be pernicious. It has also given great importance to emerging actors on the issue at national and subnational levels, succeeding in strengthening legal frameworks in this area and establishing greater awareness of the physical and psychological risks involved in FGM.

UNICEF and UNFPA lead one of the largest programs for the eradication of Female Genital Mutilation. UNFPA supports 17 countries in a legal and policy framework, government involvement, increased community-led participation, and provision of appropriate and quality services. More than 6.3 million girls and women have benefited from these protection services.

According to UNFPA (2024), by 2024, an estimated 4.3 million girls are at risk of being subjected to Female Genital Mutilation. The COVID-19 pandemic proved to be an obstacle to the implementation of the Joint Program, resulting in an increase of 2 million more possible cases of FGM in the next decade.

The Joint Program for the Elimination of Female Genital Mutilation has actively contributed to the reduction of the practice worldwide over the past 14 years. It has achieved the realization of three phases from 2008 to 2022, and since 2022, the fourth phase was initiated, in which efforts will be intensified to eliminate Female Genital Mutilation by 2030. This phase is aligned with Sustainable Development Goals 5 and 3, which aim to end harmful practices by 2030. The UNICEF and UNFPA Joint Programme on the Eradication of Female Genital Mutilation gives importance to the implementation of global movements where partners come together to work towards the goal of eradicating FGM. The Program continues to focus on countries with the highest prevalence of the practice, such as Somalia, Burkina Faso, and Djibouti, among others, intending to transform the social norms of communities and work together with governments to support this with viable national responses (UNFPA, 2024).

### **1.3.6 The Role of the African Union against Female Genital Mutilation**

In the practice of International Relations, whose objective is to provide tools to analyze international instruments in different fields, as in this case, the violation of Human Rights, starting from the African System, in particular the African Charter on Human and Peoples' Rights that links the United Nations System, allows other institutions such as UNICEF, UNFPA, WHO, Plan International, etc. to identify the critical factors of Female Genital Mutilation.

The Protocol to the African Charter on Human and Peoples' Rights on Women's Rights in Africa, or "Maputo Protocol," was signed in 2003. This protocol provides economic protection and social welfare for African women. The African Union adopted it in the same year and entered into force in 2005. It requires member states to eliminate all harmful practices against women, including FGM.

The Maputo Protocol, which explicitly prohibits FGM, in its Article 5, recognizes the practice as a violation of the human rights of women and girls and has provided a solid legal framework for African states to eradicate Female Genital Mutilation. In addition, the Protocol establishes mechanisms for victims to access justice and obtain redress by requiring states to implement legislative and administrative measures. On the other hand, the Maputo Protocol recognizes the importance of education and awareness-raising to change social norms and attitudes that perpetuate FGM. It also recognizes the crucial role of civil society organizations in

the fight against FGM, requiring States to cooperate with these organizations (Maputo Protocol, 2005).

According to the Violence Observatory of the Pan-African Parliament (2016), the legislative body of the African Union, a law banning the practice of Female Genital Mutilation was passed in its 54 Member States. Such a measure was accepted under an action plan signed by its 250 deputies and representatives of the United Nations Population Fund (UNFPA) during meetings in South Africa. This law provides for a complete and unequivocal promotion of FGM in all its forms, including cutting, excision, and any other procedure involving the alteration or injury of the female genitalia for non-medical reasons; it also requires African Union Member States to adopt legislative and administrative measures to promote the practice (FIGO, 2023).

The African Union (2024) has demonstrated a firm commitment to the fight against Female Genital Mutilation (FGM), developing laws and encouraging its Member States to prohibit the practice. Thus, the AU developed a Continental Plan of Action for the Eradication of FGM from 2016 to 2025. This plan sets out strategies to combat the practice, including awareness-raising, information, and education campaigns to change the social norms perpetuating FGM. It also involves legal strengthening by supporting the implementation of laws prohibiting FGM and the prosecution of perpetrators, as well as protecting girls and women by supporting health and psychosocial services for victims of the practice. It also seeks to empower women by promoting their participation in decision-making and leadership to challenge this problem.

This Continental Plan of Action, established by the AU from 2016 to 2025, has established a solid legal framework. 46 of the 54 Member States have enacted laws prohibiting FGM. In addition, awareness and information campaigns have been conducted in 26 African countries, where it is estimated that they have reached more than 100 million people. On the other hand, the plan has formed more than 1,000 networks of women and girls to fight against FGM. More than 2,000 support centers for victims have been established (African Union, 2022).

According to a report by the African Union (2022), several advances have been made in the continent for the eradication of Female Genital Mutilation. They have reduced prevalence in some countries, with a 30% reduction rate between 2000 and 2018. However, they have also faced several challenges, such as the persistence of the practice, as FGM remains a severe problem in many African countries. It is estimated that more than 200 million girls and women have undergone FGM on the continent.

The African Union collaborates openly with different bodies, including the United Nations and its agencies, such as UNFPA, UNICEF, and WHO. It also works with non-governmental organizations such as Plan International, Amnesty International, and Terre des Hommes. The European Union has also funded programs to combat FGM in Africa (United Nations Office of the High Commissioner for Human Rights, 2024).

## **2. Methods**

The methodology to be used in this work will be a qualitative investigation framed within a systematic literature review following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) style, which consists of 8 stages:

1. Define the research question: The research question was formulated clearly and specifically based on what the systematic review seeks to answer. It is relevant and feasible. The planned research question is: How have the joint programs of UNICEF, UNFPA, and the African Union acted against Female Genital Mutilation as human rights advocates?

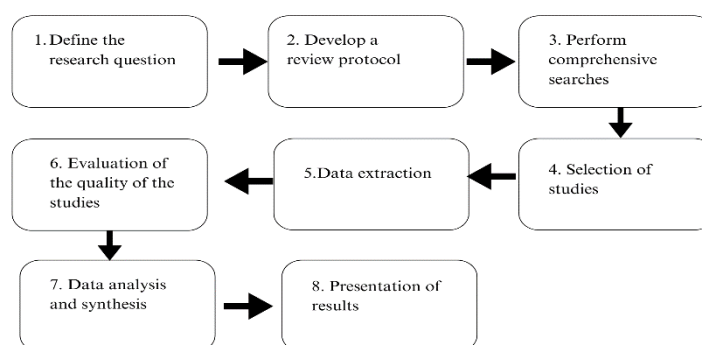


2. Develop a review protocol: The review protocol identified relevant sources of information for the systematic review. The main sources are official United Nations websites, in this case, UNICEF and UNFPA, as well as the official website of the World Health Organization. These websites contain articles in Spanish and English. To extract complementary data, we searched for articles in international journals.
3. Conduct exhaustive searches: To search relevant databases, filters were applied to limit the results with keywords such as "Female Genital Mutilation," "FGM and Human Rights," "Social approach to Female Genital Mutilation," "Joint UNICEF/UNFPA Program," "Female Genital Mutilation and the African Union," etc.
4. Study selection: The titles, abstracts, and full texts of the selected studies were read to determine their eligibility and document the study selection process.
5. Data extraction: Relevant data from selected articles were extracted and verified for accuracy.
6. Assessment quality study: The risk of bias in selected studies was thoroughly assessed.
7. Data analysis and synthesis: Data from the included articles and studies were synthesized.
8. Presentation of results: A clear and concise review was written, including an introduction, theoretical framework, state-of-the-art methods, results, discussion, and conclusion.

This systematic review article will focus on secondary descriptive and statistical data, the first historical research about Female Genital Mutilation and its figures, as well as secondary descriptive and investigative data from sources such as international organizations (UNICEF and UNFPA) and governmental and regional research about FGM and human rights. The search criteria for the bibliographic selection were carried out with databases such as Google Scholar, Dialnet and Scopus, as well as the primary search that resulted in international and regional organizations such as UNICEF, UNFPA, WHO, African Union, United Nations, among others; as can be seen in Figure 2 below where the PRISMA flow of the review is presented; the search criteria were based on the PRISMA system with coverage of recent years, as well as years since 1948 to explain, support and validate the criteria in this article. Figure 1 below shows the stages used for the review.

**Figure 1**

*PRISMA methodology steps*

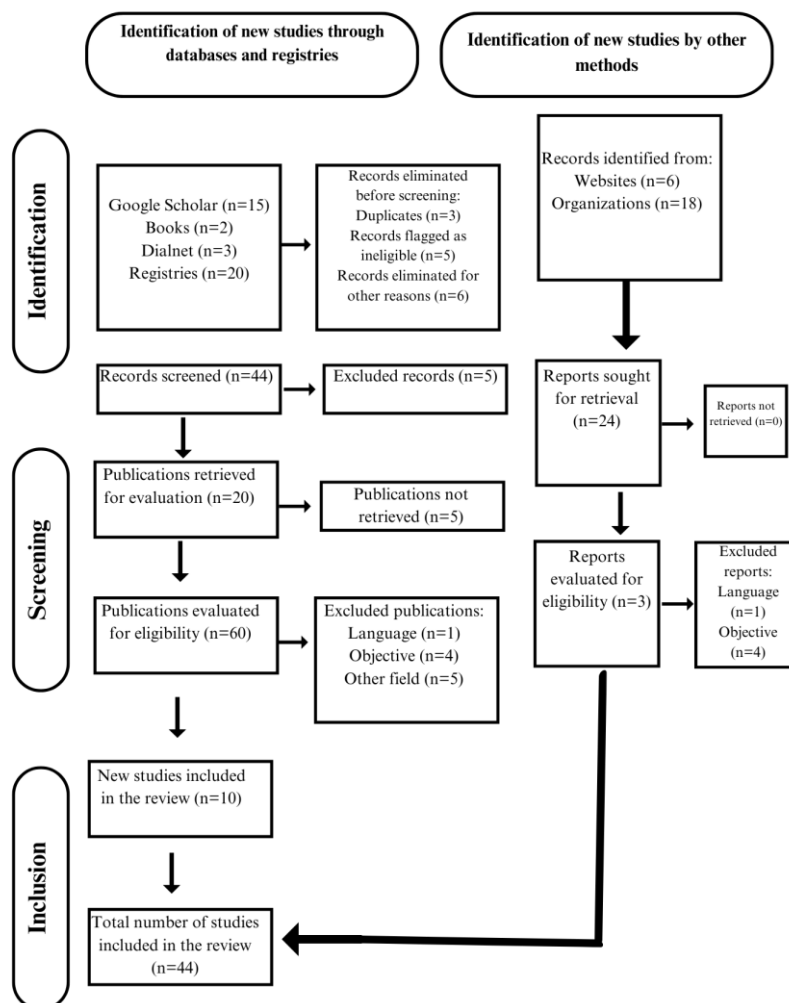


*Note: Adapted from PRISMA (2020).*

### 3. Results

According to the methodology proposed in the article, selected sources were analyzed, covering a broad review of literature focused on Female Genital Mutilation. The articles show reasonable evidence about the incidence of female genital mutilation the violation of human rights, as well as covering ample qualitative and quantitative data on the subject raised throughout the article; the review focuses on the search for precise and consistent information on FGM, human rights and international organizations in the specific case of the Joint Program of UNICEF and UNFPA for the eradication of Female Genital Mutilation, as well as the instruments proposed by the African Union, as can be seen in the following Figure 2 corresponding to the PRISMA Flow, which aims to show the sources selected for the literature review.

**Figure 2**  
*PRISMA flow chart*



*Note: PRISMA (2020) PRISMA Flow Chart*

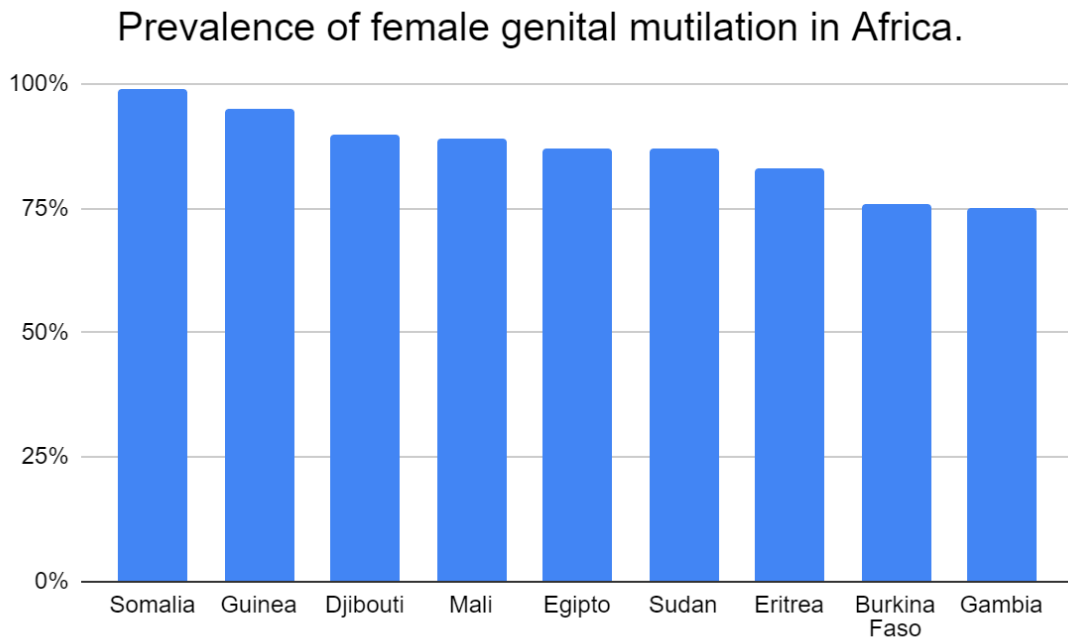
According to the objectives stated in this article, Female Genital Mutilation refers to all processes that involve the total or partial removal of a woman's external genitalia for non-medical purposes. It is practiced on girls and women from 0 to 49. UNICEF stated that FGM is divided into four types according to the extent of genital mutilation. This practice is most prevalent in African countries and represents the cultural traditions of African communities and other parts of the world, such as Asia and the Middle East.

According to UNICEF (2024), Female Genital Mutilation in Africa, extending from Senegal in the West to Somalia in the East, prevalence is defined as the percentage of women

aged 15-49 years who have undergone some form of FGM and annually about three million girls and women are subjected to some form of Female Genital Mutilation on the African continent. The practice of FGM is no longer limited to the countries where it has been traditionally practiced thanks to African migration to mainly developed industrialized countries, thanks to the wars that the African continent has gone through and is going through, and among others, have caused African communities to take the practice of FGM with them and expand it to other areas. Figure 3 will analyze the African countries with the highest prevalence of Female Genital Mutilation.

**Figure 3**

*Prevalence of female genital mutilation in Africa.*

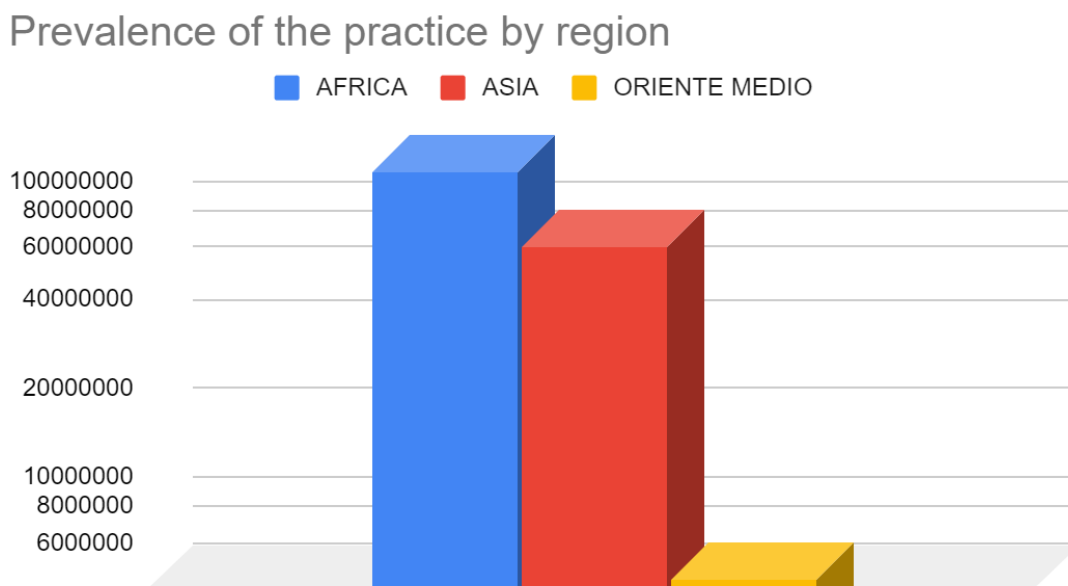


*Note: Data in Figure 3 adapted from "Prevalence of Female Genital Mutilation" by UNICEF. 2024. The figure shows the prevalence of FGM in Africa, where it can be seen that the countries where Female Genital Mutilation is most prevalent; in this case, according to the latest Somali demographic health survey conducted, 99% of women aged 15-49 years have undergone the practice. In the case of Guinea, 97% of girls and women have undergone some form of FGM. Consequently, the other countries, such as Djibouti with 90%, Mali with 89%, Egypt with 87%, Sudan with 87%, Eritrea with 83%, Burkina Faso with 76%, and Gambia with 75%. In all these countries with higher dominance of the practice, the average age of girls and women suggests that they are 15-49 years old.*

Female Genital Mutilation in Somalia is a tradition or an obligatory ritual, as it is argued that this practice purifies women. In Somalia, it is evident that the communities seek the supremacy of men over women. FGM corresponds to a conception associated with models of femininity, as women defend this practice since they are the same women who submit their daughters so that they can be married and accepted in society (Valdivieso & Moreno, 2019).

The prevalence of female genital mutilation in African countries has shown that the practice was and is deeply rooted in society. Culture and traditions are a determining factor in the dominance of the practice. However, beyond being a cultural practice, FGM is internationally recognized as a global problem. International organizations, such as the UNICEF and UNFPA joint programs, focus on raising awareness and working with families and communities to change the cultural patterns underlying the practice. Figure 2 shows how the prevalence of FGM is a problem that does not only affect Africa.

**Figure 4**  
*Prevalence of Female Genital Mutilation by Region*



*Note: Data in Figure 4 adapted from " Female genital mutilation/cutting: Statistical overview and exploration of the dynamics of change. 2013. The highest prevalence, as mentioned, is on the African continent, with a total of 144 million girls and women undergoing Female Genital Mutilation; on the Asian continent, with a total of 80 million girls and women undergoing FGM; and in the Middle East with a total of 6 millions of girls and women undergoing the practice.*

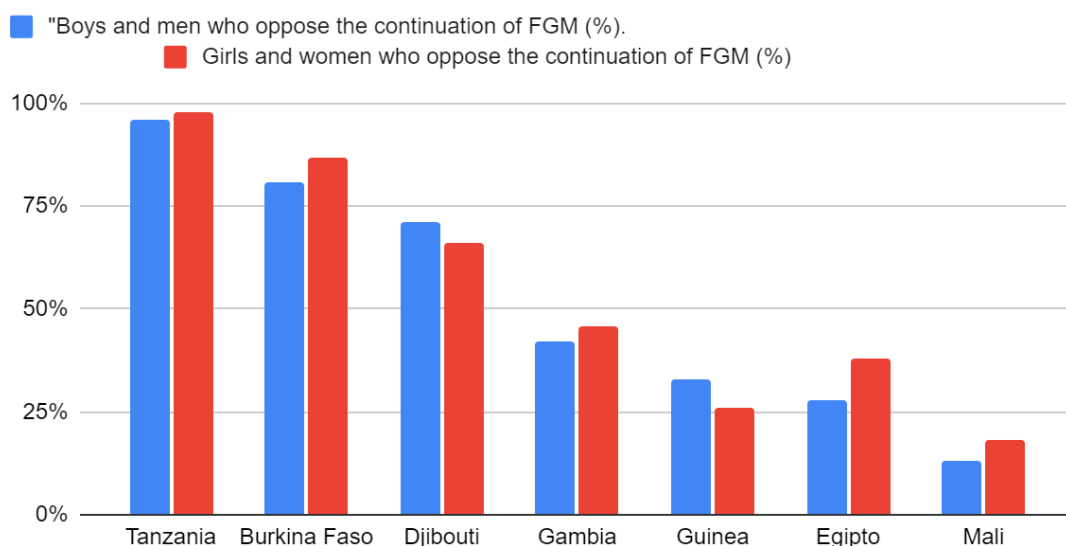
As previously mentioned, this practice is no longer considered a problem specific to the African continent; this is due to the migration that African countries have had, and this, among other factors, has caused FGM to expand mainly in Asia and the Middle East. Female Genital Mutilation has put into discussion whether it is part of the culture or is a violation of human rights; according to UNICEF, the percentage of young people and men who are against Female Genital Mutilation is presented in the following table compared to the opposition of girls and women about this practice. Even though FGM is more prevalent in the regions mentioned above, Female Genital Mutilation is also practiced in the Americas, Colombia being the only Latin American country to present cases in its Indigenous communities, more specifically in the Embera Chamí community, located in the departments of Risaralda, Caldas, and Quindío in Colombia.

It is important to analyze data on how many girls, women, boys, and men have heard about FGM and are aware that this practice must be eradicated. Data are necessary for organizations to design effective awareness-raising and education strategies. The data shown in Figure 4 helps to identify areas where more attention and resources are needed to combat the practice and drive effective action.

**Figure 5**

*Percentage of girls and women and boys and men aged 15-49 who have heard of Female Genital Mutilation and think it should end.*

### Percentage of girls, women, boys and men aged 15-49 who are against the practice



*Note: Data from Figure 5 adapted from "Female Genital Mutilation Data." 2024. In the figure, it can be observed how, in countries like Tanzania, 96% of boys and men believe that the practice of Female Genital Mutilation should end; on the other hand, in Tanzania, 98% of girls and women believe that FGM should end, Tanzania is a specific case regarding this practice, as FGM has been criminalized since 1998. This is a clear example that the eradication of FGM is an achievable goal, as today, only 10% of the population of women in Tanzania have been subjected to Female Genital Mutilation. In the case of Djibouti, the percentage of boys and men is higher than the percentage of girls and women who believe that FGM should end, as well as in the case of Guinea.*

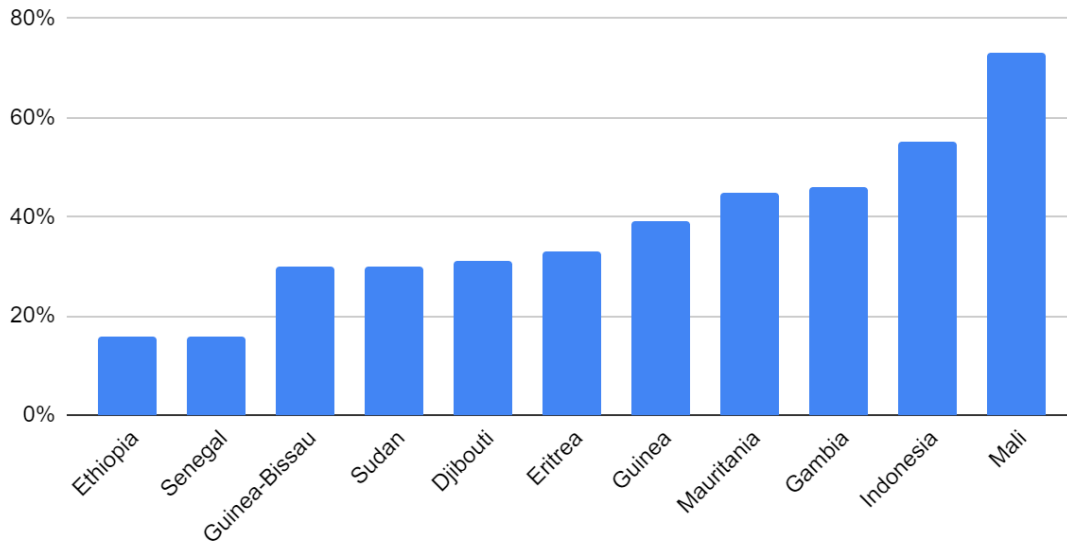
We understand that the involvement of boys and men is crucial to the eradication of FGM. Boys can be educated about the effects of FGM and become agents of change within their communities, as well as challenge the social norms of communities where FGM is practiced to promote gender equality. On the other hand, men as leaders, heads of households, and community members have a fundamental role to play in eradicating the practice by voicing opposition to FGM, as well as supporting girls and women to contribute to a safer and more equitable environment. Likewise, the participation of girls and women contributes to eradicating this practice by focusing on education and sensitization.

According to UNICEF data (2024), FGM is mainly performed on girls from 0 to 15 years of age, as it is considered an initiation rite either to introduce them to society or as a step towards becoming a woman.

**Figure 6**

*Prevalence of female genital mutilation among girls aged 0-14 years by country.*

Prevalence of female genital mutilation among girls aged 0-14 years by country.

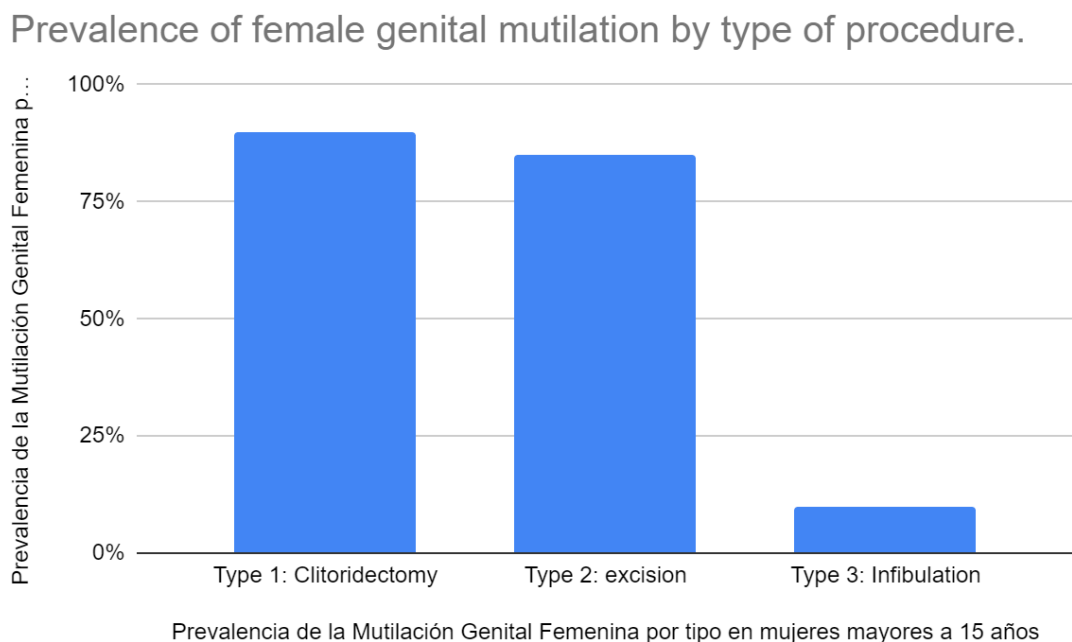


*Note: Data from Figure 6 adapted from "Percentage of girls who have undergone Female Genital Mutilation." year 2024. The figure shows the prevalence of Female Genital Mutilation among girls aged 0-14 years; in Mali, the percentage of girls under 14 years who have undergone Female Genital Mutilation is 73%; in Indonesia, it is 55%; in Gambia, it is 46%, in Mauritania it is 45%, and so on. This figure represents that in the societies where Female Genital Mutilation is practiced mostly, girls under 14 years old are subjected; on the other hand, it can be observed that Somalia does not contain data on the prevalence among girls aged 0 to 14 years, Somalia is a specific case since, according to UNICEF (2019), in Somalia, most girls are subjected to this practice before the age of 15 years.*

UNICEF has identified four types of Female Genital Mutilation as follows: Type 1, which is the partial or total removal of the clitoris; Type 2, which is the partial or total removal of the clitoris and inner labia; Type 3, which is the narrowing of the vaginal opening by creating a vaginal seal, with or without removal of the clitoris and/or inner labia, and Type 4 which are all other harmful procedures to the female genital organs for non-medical reasons, such as pricking, piercing, piercing, scraping or cutting. Figure 6 shows the prevalence of FGM by type of mutilation or procedure on the African continent.

**Figure 7**

*Prevalence of female genital mutilation by type of procedure.*



*Note: Data in Figure 7 adapted from "Prevalence of female genital mutilation". WHO. 2024. The most commonly used procedure on the African continent is type 1, corresponding to clitoridectomy, which, according to UNICEF, is the partial or total resection of the clitoris (small, sensitive, and erectile organ of the female genitalia) and, in sporadic cases, only of the prepuce (fold of skin surrounding the clitoris). The second most common type is excision, which corresponds to type 2 and is the partial or total resection of the clitoris and labia minora, with or without excision of the labia majora. On the other hand, type 3 is the narrowing of the vaginal opening to create a seal by cutting and repositioning the labia minora or majora, with or without resection of the clitoris.*

Because Female Genital Mutilation is internationally recognized as a practice that violates the human rights of girls and women affected, international organizations have generated several programs for the eradication of this practice; in this article, we will analyze the Joint Program of UNICEF and UNFPA for the elimination of Female Genital Mutilation.

According to a report by the UNFPA evaluation office, the UNICEF/UNFPA Joint Programme for the Eradication of Female Genital Mutilation has contributed to remarkable achievements in raising the profile of Female Genital Mutilation by framing it in a global discussion and ensuring its presence on the international agenda. The program has raised awareness of the risks involved in the practice of female genital mutilation by breaking down discourses and taboos and even the abandonment of the practice in specific communities, as in the case of Tanzania. Due to the magnitude of FGM, the program has made strategic decisions in phases I and II to make a concerted and successful effort to leverage the strengths of UNICEF and UNFPA around their strategic role as critical advocates for the abandonment of the practice at community, national, regional and international levels. The program's sustained commitment to changing social norms around FGM abandonment requires a significant investment in the short and long term; on the one hand, the current objectives are primarily designed to measure changes in behavior, and on the other hand, the program has placed greater emphasis in Phase III on explicitly situating FGM abandonment work within a gender equality perspective, the work of this phase consisted of supporting the empowerment of women and girls by promoting positive relationships at the community level, promoting them with education and sensitization programs.

The program is facing several changes in practice, so it adapts its programming; in phase IV, where it is currently located, efforts have been made to raise awareness of the harmful effects of FGM (UNFPA, 2021).

Phase I of the program ran from 2008 to 2013, testing a holistic approach to abandoning FGM. The objective was to contribute to a 40% reduction of the practice among girls aged 0 to 15 years with at least one country declared free of FGM. The phase started with eight central countries and ended with 15 operating countries, including Benin, Burkina Faso, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal. According to UNFPA (2017), the program had significant success in the first phase, reducing the prevalence of FGM in these countries. In Ethiopia, the prevalence of FGM among girls aged 15-19 years was reduced from 69% in 2005 to 41% in 2016, while in Kenya, the prevalence was reduced from 38% to 21% during the same period. The Joint Program collaborated with governments, civil society, and communities that carried out legal and policy reforms; in total, Phase I funded US\$31.6 million.

Phase II of the Program was undertaken from 2014 to 2017, which launched the expansion to the current 17 countries and also supported regional and global efforts to eliminate Female Genital Mutilation; in this phase, we first analyzed the objective of Phase I, so two notable strategies based on Phase I were implemented. First, greater attention was given to addressing the social norms that give rise to harmful practices by supporting social transformation and positive change in communities, society, and households. Finally, greater attention was given to strengthening systems and capacities for long-term data collection and analysis to monitor the program. According to UNFPA (2017), the phase achieved more than 20 million people sensitized to the harmful effects of the practice, more than 30 laws and policies enacted to ban FGM, more than 10,000 communities committed to abandoning FGM, and more than 2 million girls and women received services to abandon FGM.

The last report made by the Program, Phase III, which started in 2018 to 2021, adapted a holistic and integrated approach to create an enabling environment through policy and legislation, supported access to comprehensive services and empowered communities to drive social change by recognizing the interrelationships between intervention areas, this Phase articulated 4 outcomes; first, interventions targeted accountability mechanisms to hold governments accountable for eliminating FGM, as well as supported the rights, needs and agency of girls and women and expanded the participation of men and boys in promoting the elimination of FGM and gender equality, in addition to providing prevention services, protection and care for FGM including access to legal representation, finally the collection of good practices and lessons for knowledge sharing as well as the development of mechanisms to measure changes in social norms and create an evidence base for scaling up effective interventions to end FGM (UNFPA, 2021).

Currently, the program is in Phase IV, which runs from the year 2022 to the year 2030, and the objective is to accelerate efforts to eliminate FGM. This Phase focuses on social mobilization, intergenerational dialogue, and empowerment of girls and women. It aims to work with community leaders, establish comprehensive sexuality education, as well as train health personnel to provide medical and psychosocial care to victims of FGM and integrate the care of this practice into sexual and reproductive health services. It also aims to promote the strengthening of laws that prohibit FGM, implement public policies to protect those affected, and finally, collect data and strengthen the monitoring and evaluation of the practice. This phase is expected to significantly reduce the prevalence of FGM, eliminate the practice of FGM in communities, empower girls and women, and improve the health and well-being of those affected.

According to the evaluation office of UNFPA and UNICEF (2021), the evaluation of the Joint Program was conducted through in-depth interviews and focus group discussions with 1436



people, where 60% of the participants were women with Female Genital Mutilation. An extended document review was conducted in 12 countries, with more than 500 documents reviewed. Additionally, the program conducted global and regional interviews with key stakeholders, case studies in 4 countries, and a global survey of 113 representatives of Joint Program implementers. Finally, it analyzed financial and program monitoring data.

#### **4. Discussion**

As evidenced throughout the article, FGM violates a series of rights of girls and women, whether by culture or ancestral values; this practice affects several human rights. In context, human rights are understood as rights that every person has by their human dignity, where governments and other duty-bearers must respect, protect, and fulfill these rights.

Human rights are fundamental principles that guarantee the dignity and respect of all people. According to the Universal Declaration of Human Rights and other international treaties, FGM is a violation of the rights to health, safety, and physical integrity, as well as the right not to be subjected to torture or cruel, inhuman, or degrading treatment (UN Women, 2021). The universalist position argues that human rights are universal and inalienable, applicable to all people, which implies that FGM should be eradicated (UNICEF, 2013). In contrast, the culturalist position argues that cultural practices should be respected and that Human Rights should be interpreted in the context of local norms and values, suggesting that the elimination of FGM should consider cultural sensitivities and seek solutions that involve communities (Merry, 2006).

The debate on FGM confronts two positions: the universalist and the culturalist. The universalist position argues that human rights are inalienable and applicable to all, regardless of cultural practices. From this perspective, and according to UN Women, Female Genital Mutilation should be eradicated due to its harmful and discriminatory nature (UN Women, 2017). In contrast, the culturalist position argues that cultural practices should be respected and that any intervention should consider the specific cultural context to be effective and respectful. However, both approaches agree on the need to empower communities and women to change these practices from within, combining both concepts (UN Women, 2023).

In the sphere of civil and political rights, the practice of female genital mutilation violates, mainly, the right not to suffer cruel, inhuman, or degrading treatment or punishment, the right to liberty and security of the person, as well as the right to privacy. On the other hand, regarding economic, social, and cultural rights, it violates the right to health.

In contrast to what is mentioned in the article, it is essential to highlight authors immersed in the culture where Female Genital Mutilation is practiced. Sulayman Saho, MP of The Gambia, proposed in September 2023 to repeal the law prohibiting Female Genital Mutilation in The Gambia. His proposal, which received support from some legislators, was criticized by organizations working to end FGM as a step backward in the fight against the harmful practice. However, MP Saho argued that FGM is a deep-rooted cultural tradition in The Gambia, claiming that its prohibition has criminalized women who practice it. On the other hand, human rights organizations have condemned the MP's proposal, arguing that FGM is a severe violation of the human rights of girls and women victims and that re-legalizing it would normalize it and put girls at risk. Decriminalization of FGM in The Gambia could have a devastating impact on the lives of girls and women in the country, as it is estimated that over 70% of Gambian girls and women have undergone FGM, and legalization of the practice could lead to an increase in prevalence (Naranjo, 2023).

With this, we can understand that human rights encompass all aspects of life, and their exercise allows men and women to shape and determine their own lives in conditions of freedom, equality, and respect. However, these concepts have been questioned about the universality of

human rights, arguing that they are a Western concept; a study published by the United Nations Educational, Scientific and Cultural Organization (UNESCO) with the author Jeanne Hersch, who was a Swiss philosopher internationally recognized for her works focused on freedom, in 1968, showed the aspirations that underlie human rights and the concepts that correspond, these appear in all civilizations and at all times. Today, the universality of these rights is evidenced by the fact that most countries have adopted and ratified the main international human rights instruments (Hersch, 1968).

So, we can answer the question of whether Female Genital Mutilation is or is not a violation of human rights; human rights are inalienable; that is, no person can be deprived of their human rights; the most serious violations of human rights have been derived from discrimination against selected groups, here we can see how the right to equality and the principle of non-discrimination that have been enshrined in international and regional treaties are fundamental to understand why Female Genital Mutilation is a practice that violates these rights. The right to equality obliges States to ensure the observance of these rights. In addition to the system of human rights protection based on the United Nations Charter, which has been subscribed to by the vast majority of States, African countries at the regional level have also entered into legal obligations in the field of human rights and have accepted international supervision. In 1981, all Member States of the African Union, composed of all the continent states, adopted the African Charter on Human and Peoples' Rights. With this, we can be sure that the harmful practice of Female Genital Mutilation violates the human rights mentioned above, as the countries where FGM is mainly practiced have expressly subscribed to these rights.

The effects of Female Genital Mutilation are undeniable due to the conditions in which it is practiced, usually without medical guidance, with non-disinfected instruments, by people who have no medical training that would allow them to perform a procedure such as mutilation while minimizing the evident health risks. The procedure carries short and long-term consequences, such as bleeding and infections, chronic pain, and reproductive health problems, as FGM can cause difficulty urinating, painful menstruation, recurrent infections, infertility, painful intercourse, and complications during childbirth. In addition, it can increase the risk of contracting HIV as the procedure damages genital tissues and facilitates transmission of the virus. On the other hand, the practice of Female Genital Mutilation is a traumatic experience for girls and women and causes post-traumatic stress disorder, anxiety, depression, etc (Ballesteros, 2015).

There is sufficient evidence to support the recognition of FGM as a human rights violation as it affects physical and mental health, personal integrity, sexual and reproductive health, and, on the other hand, equality and a life free of violence. Hirsi Ali (2007) states that this practice is deeply rooted in African culture. It represents an extreme form of control over women and a denial of the right to bodily integrity and self-determination. On the other hand, Walker (1992), in her book "Possessing the Secret of Joy," points out the immense physical and psychological suffering of girls and women subjected to FGM, describing this practice as a manifestation of oppression against women that infringes on fundamental rights.

Throughout history, communities where FGM is practiced have adopted a behavior normalizing the practice due to their traditions because, for these communities, it is not only a daily occurrence, but also part of their worldview since Female Genital Mutilation is one of the traditional practices that undermine the health and well-being of girls and women, this form of gender violence, based on social and cultural norms, results in the consequences as mentioned above that last throughout life.

In many African communities, it has been normalized due to both cultural and social factors; according to Shell-Duncan & Hernlund (2000), Female Genital Mutilation is seen in some African societies as an essential rite of passage that confers social status and acceptance on girls

and women. However, this cultural normalization has serious physical and psychological implications. According to the World Health Organization report (2011), FGM not only causes short- and long-term external medical complications but also constitutes a violation of human rights. Abusharaf (2006) argues that, although communities may view FGM as a tradition, the practice seriously infringes on women's rights.

The existence of a pattern of gross or widespread human rights violations, such as Female Genital Mutilation, has made the system of protection of these rights in Africa complicated, even though the AU has openly expressed that they are against the practice of Female Genital Mutilation. Having established an African Court on Human and Peoples' Rights in 2004, it has found it challenging to control the practice in their communities.

Since the 1950s, international organizations have acted to eradicate Female Genital Mutilation. The recent UNICEF and UNFPA programs have substantially impacted this fight. The Joint Program is a strategic and relevant response to the global problem of FGM. The geographic scale of implementation in 17 countries is significant since the prevalence of FGM beyond the 17 countries has resulted in significant efforts to reach countries not participating in the Joint Program. This program remains an essential and appropriate response to the global problem of FGM. Over the past phases of the JMP, it has adequately positioned FGM as a human rights violation motivated by the violation it represents and the underlying gender inequality.

The program's current phase (phase IV) has adequately recognized the importance of placing FGM on the political agenda of regional entities and supporting accountability systems. Due to the Joint Program, significant engagement and progress have been made with the African Union. As it was previously difficult for the AU to monitor the protection of rights, this has helped to improve and make political engagement more visible. They are working on creating a strategy to strengthen accountability systems to hold national governments accountable to international and regional agreements on FGM.

The practice of Female Genital Mutilation has proven to be very persistent despite almost a century of attempts to eliminate it. However, the UNICEF and UNFPA Joint Program for the Eradication of FGM has made great strides towards its eradication by focusing on education, political commitment, and the international system. It has had great results, such as those mentioned above.

On the other hand, the African System for the Protection of Human Rights compiles the treaties, principles, and independent bodies of the African Union that protect human rights on the continent. The central bodies of the system are the African Commission on Human and Peoples' Rights, the African Committee, and the African Court on Human and Peoples' Rights. The main regulatory instrument on the African continent is the African Charter on Human and Peoples' Rights, adopted in 1981 in the African Union; in this charter, it can be seen that the community has a significant value in terms of the culture of African peoples and therefore devotes special attention to the rights of peoples, as an Africa of cultures and traditions governs it. The African Charter is generally seen as a set of values and demands of African peoples, aiming to preserve and promote the integration of African traditions. Simultaneously, the Charter establishes methods for implementing and monitoring rights. The African Charter, as mentioned, is characterized by respecting the traditions and cultures of African communities, where it defines its particularity of priming for the collective over the individual, focusing on community, not individuality (Moreno, 2019).

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), which entered into force in 2005, Article 1 provides specific definitions, such as "harmful practices," which are understood as all behaviors, attitudes or

practices that negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity; Further on in the Protocol, Article 5, entitled “elimination of harmful practices” (2005), states the following:

States Parties shall prohibit and condemn all harmful practices that adversely affect women's human rights and are contrary to recognized international standards. States Parties shall take all necessary legislative and other measures to eliminate such practices, including:

(a) Raising public awareness in all sectors of society of harmful practices through information, education, and outreach programs.

(b) Prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification, medicalization, and female genital mutilation and all other practices with the aim of eradicating them.

(c) Provision of necessary support to victims of harmful practices through basic services such as health services, legal support, legal and judicial support, emotional and psychological counseling, as well as vocational training to make them self-sufficient;

(d) Protection of women who are at risk of being subjected to harmful practices or any other form of violence, abuse, and intolerance.

In this article, the prohibition of all forms of female genital mutilation is expressly stated in order to eradicate it. It gives way to the UNICEF and UNFPA Program for the Elimination of FGM, which emphasizes the importance of education and awareness in combating the practice by adopting a more holistic approach and implementing specific strategies in communities.

Finally, in the results section of this article, different figures were presented with the purpose of supporting why Female Genital Mutilation has been considered a harmful practice that directly affects human rights; in Figure 3, we can observe the countries with the highest prevalence of the practice, these data are important to consider as they reflect that the practice of Female Genital Mutilation has been and is very present, so it is essential to consolidate efforts to eradicate it.

In Figure 4, we can analyze the regions most affected by Female Genital Mutilation; this figure supports what has been pointed out that FGM is more present in Africa, Asia and with less presence in the Middle East; this confirms that the highest prevalence continues to be in Africa so it is essential to begin efforts for its eradication by educating and sensitizing people, as the Joint Program is doing.

In Figure 5, we can observe percentage data on how many males and females have heard of FGM and think that it is a practice that should be eliminated. This figure represents the concept that most of the young population in communities where FGM is practiced know and are aware that female genital mutilation is a harmful practice. However, it is a custom and tradition that continues to be rooted in society.

## **5. Conclusions**

In conclusion and according to the objectives set out in the article, systematic bibliographic research was conducted PRISMA style, about Female Genital Mutilation, understanding that this involves the partial or total removal of the external female genitalia, this being a procedure at the margin of both physical and mental health of girls and women victims; with this, we could conclude that this practice violates the human rights of girls and women; Knowing what Female Genital Mutilation implies and all affections we can argue that it is a

pernicious practice for girls and women belonging to African communities mainly; since although FGM is practiced in different regions of the world, Africa is the most affected region due to its beliefs and cultural traditions, despite this, we can observe that in the communities where FGM has practiced a representative percentage of people know the harmful effects of the practice and are in favor of its eradication. UNICEF and UNFPA have provided important data on Female Genital Mutilation, which have been analyzed, and it is clear from these investigations that FGM is mainly practiced on girls and young women from 0 to 15 years of age. On the other hand, an important concept to emphasize is the one presented by the WHO; this organization classified FGM by types, analyzing four types of mutilation, giving the practice a medically attentive meaning.

The article analyzed the Joint Program of UNICEF and UNFPA to eradicate Female Genital Mutilation, detailing how this program has used international instruments to influence the practice of FGM; the program highlights its instruments of education, awareness, and partnerships with countries, organizations, and regions for the proposed fight. Taking the results analyzed in the article from the year of its implementation to the present, the program has had significant progress against FGM reaching its stated objectives; with the data analyzed from UNICEF and UNFPA, we can conclude that this program has been and is present in the fight reaching remarkable achievements and it is expected that it will continue with the efforts to achieve the elimination of FGM.

Finally, the position of the integrative process of the African Union in relation to this practice and the actions taken in the continental context towards its eradication was analyzed, concluding that, for the AU, Female Genital Mutilation is a practice that violates the rights of girls and women. The AU has achieved the prohibition of the practice. However, there is still a long way to go to accomplish this prohibition. The AU has been and is open to international, regional, and organizational support to combat Female Genital Mutilation in its 54 member states. With this in mind, the UNICEF/UNFPA Joint Program has worked openly with the African Union to reinforce education, sensitization, and funding.

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## Appendix 1

### Literature Review Matrix

Tipo de fuente	Autor		Año de publicación	País de origen	Contenido teórico General	Contenido teórico específico	Base de datos
Manual	Naciones Unidas		2016		Derechos humanos manual para parlamentarios N 26	Derechos humanos	ONU
Artículo	Valdivieso, A & Moreno, I		2019		Análisis sobre la ablación en Somalia: El papel del sistema regional de DDHH como mediador de los derechos de laa mujeres y las niñas	Ablación en Somalia y DDHH	Redaly.c
Artículo	Naciones Unidas		2023	España	La Mutilación Genital Femenina en 2023	4.3 millones de niñas corren el riesgo de ser sometidas a la MGF	ONU
Artículo	UNICEF		S/F		Programa conjunto del UNFPA y UNICEF sobre la eliminación de la Mutilación Genital Femenina	Programa Conjunto del UNFPA y UNICEF	UNICEF
Noticia	Naciones Unidas		2022		Las mujeres que practican la Mutilación Genital Femenina	Las mujeres que practican la Mutilación Genital Femenina pueden ser parte de la solución	ONU
Noticia	Naciones Unidas		2021		Acabar con la mutilación genital femenina requiere	Acabar con la mutilación genital femenina requiere	ONU

					fondos y determinacion	fondos y determinacion	
Artículo	Humanium		2012		Mutilación Genital	Practicas culturales y la mutilación genital	Humanium
Artículo	Fondo de población de las naciones unidas		2024		Preguntas frecuentes sobre la MGF	Preguntas sobre la MGF	UNFPA
Artículo	Organización Mundial de la Salud		2020		Mutilación Genital Femenina	Mutilación Genital Femenina	OMS
Artículo	Fondo de las naciones unidas para la infancia		S/F		¿Que es la Mutilación Genital Femenina?	¿Que es la Mutilación Genital Femenina?	UNICEF
Artículo	World Health Organization		s/f		Female Genital Mutilation	Female Genital Mutilation	OMS
Artículo	Garrido, A.		2019		La Mutilación Genital Femenina y los derechos humanos. Tratamiento Juridico internacional	La MGF y los DDHH	scielo
Noticia	Fondo de población de las naciones unidas		2019		5 cosas que no sabias sobre la mutilación genital femenina	5 cosas que no sabías de la mutilación genitañ femenina	UNFPA
Artículo	World Health Organization		2007		Male circumcision: Global overview and implications for health policy	Male circumcision	WHO
Artículo	Boyle, G., et al.		2017		Circumcision and human rights: A critical analysis of the arguments	Circumcision and human rights: A critical analysis of the arguments	Journal of Medical Ethics
Artículo	Gray, R. et. al		2007		Male circumcision for HIV prevention in men in Rakai,	Male circumcision for HIV prevention in men in Rakai,	The Lancet

					Uganda: A randomized controlled trial	Uganda: A randomized controlled trial	
Artículo	Amnistía Internacional		1997		La mutilación genital femenina y los derechos humanos. Infibulación, excisión y otras prácticas cruentas de iniciación	La mutilación genital femenina y los derechos humanos. Infibulación, excisión y otras prácticas cruentas de iniciación	Amnesty
Artículo	Fuentes, S.		2012		La MGF, una realidad por conocer	La MGF, una realidad por conocer	scielo
Libro	Dirie. W & D'haene, J.		2003	Maeba, Madrid	Amanecer en el desierto	Amanecer en el desierto	9na edición
Resolución	Asamblea mundial de la salud		2012		resolución WHA61-16	Resolución WHA61-16	Asamblea mundial de la salud
Artículo	Tapia, L.		2011		Mutilacion genital femenina: una grave violacion de los derechos humanos de las niñas y las mujeres	Mutilación genital femenina: una grave violacion de los derechos humanos de las niñas y las mujeres	Revista de Salud Pública
Artículo	Modrek, & Sierverding		2016		Mother, daughter, doctor: Medical professionals and mothers' decision making about female genital cutting in Egypt. International Perspectives on Sexual and Reproductive Health	Mother, daughter, doctor: Medical professionals and mothers' decision making about female genital cutting in Egypt. International Perspectives on Sexual and Reproductive Health	JSTOR

Artículo	Romero, E., et al.		2023		Mutilación genital femenina: Una mirada integral a la problemática.	Mutilación genital femenina vista desde la problemática	Revista de Salud Pública
Diccionario	Real Academia Española (RAE)		2024		Ablación	Significado de ablación	RAE
Artículo	Pérez, T., et al.		2013		Circuncisión masculina para la disminución del riesgo de infección por virus de inmunodeficiencia humana e infecciones de transmisión sexual.	Circuncisión masculina	MEDISAN
Artículo	OMS		1997		Mutilación genital femenina: Informe de un grupo de estudio de la OMS	Mutilación Genital Femenina	OMS
Entrevista	Soumayya		2023		Testimonio sobre la mutilación genital femenina.	Testimonio de la mutilación genital femenina	UN women
Artículo	Kaplan, A., et al.		2013	España	Mapa de la Mutilación Genital Femenina en España 2012	Mapa de la mutilación genital femenina	Servei de Publicacions
Artículo	OPS		S/F		Circuncisión Masculina Voluntaria.	Circuncisión masculina	PAHO
Artículo	UNICEF		2022		Programa Conjunto del UNFPA y UNICEF sobre la Eliminación de la Mutilación Genital Femenina.	Programa Conjunto del UNFPA y UNICEF sobre la Eliminación de la Mutilación Genital Femenina.	UNICEF

Artículo	UNFPA		2024		Programa Conjunto del UNFPA y UNICEF para eliminar la mutilación genital femenina.	Programa Conjunto del UNFPA y UNICEF para eliminar la mutilación genital femenina.	UNFPA
Artículo	UNICEF-UNFPA		2021		Joint evaluation of the UNFPA-UNICEF joint program on the elimination of female genital mutilation: Accelerating change phase III (2018-2021)	Evaluación de la fase III del programa conjunto período (2018-2021)	UNFPA
Artículo	UNICEF-UNFPA		2017		Joint evaluation of the UNFPA-UNICEF joint program on the abandonment of female genital mutilation: Accelerating change, phase I and II (2008-2017)	Evaluación de la fase I y II del programa conjunto período (2008-2017)	UNFPA