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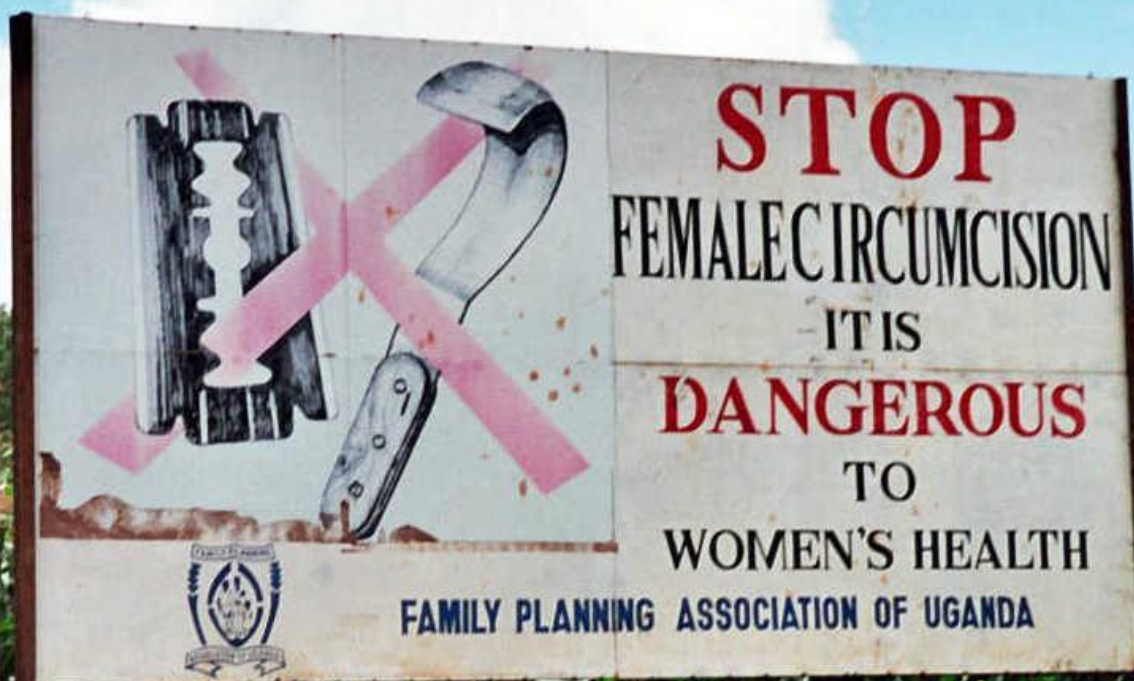
Female Genital Mutilation In Uganda

A Prominent yet Harmful Social Norm in the Name of Tradition

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“The most vicious manifestations of the patriarchy that permeates our world”

UN Secretary-general António Guterres on FGM.

Table of contents

Executive summary	4
Goals and Objectives	5
1.0 Introduction	6
2.0 Method	9
3.0 Female Genital Mutilation in Uganda	11
4.0 Society and FGM	17
5.0 International Legal Framework and Obligations	23
6.0 Prohibition of Female Genital Mutilation Act 2010	31
7.0 Analysis and conclusion	38
Recommendations	41

Abbreviations

CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
FGM	Female Genital Mutilation
NGO	Non-Governmental Organization
UN	United Nations
UNFPA	United Nations Population Fund
V.	Versus
UNICEF	United Nations Children ´s Fund
SDGs	Sustainable Development Goals



Executive summary

Female Genital Mutilation (FGM) is a traditional and harmful practice that has existed for centuries and is now recognized internationally as a violation of both women's and girl's human rights. The procedure can cause immediate complications such as severe pain, shock, infections, death, and long-term issues such as infertility and increased risk of childbirth complications. Despite efforts to eradicate it, FGM continues in many communities, including communities in the eastern regions of Uganda. The country has established reforms and policies to combat harmful practices such as FGM through the Prohibition of Female Genital Mutilation Act in 2010, which was established to protect girls from dangerous practices. The act aims to criminalize and punish those who perform FGM with imprisonment for up to 10 years. However, despite this progress, FGM is still prevalent in Uganda due to deeply-rooted traditional beliefs, social norms, customs, and poverty. And as well, as the six participants in the study emphasized patriarchal structures.

Changing social norms is critical but it is a complex process that needs to involve the entire community and foremost leaders to create a collective decision for change. FGM violates international human rights law, including the right to life, liberty, and security, and not to be subjected to torture. The international legal framework provides a basis for a range of measures and regulations to ensure the prohibition of FGM globally. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is one important legal instrument since it obliges state parties to eliminate all forms of discrimination against women, including FGM.

According to the participants interviewed in this report, it is clear that the practice of FGM is extremely dangerous and harmful, and needs to be eliminated immediately. This could be done by a collective effort from governments, NGOs, the international community, and individuals alike. While the eradication of FGM from Uganda is dependent on the joint effort of men and women to stand together in the fight against this harmful practice, the role of the government of Uganda and NGOs is crucial in spreading awareness and building the capacity needed to end the practice. Moreover, the support and experience of the international community and other states are vital to the elimination of FGM globally and put an end to this era of violations of girls and women. Furthermore, the combination of international legislation, national legislation within Uganda, and changes in society is crucial for FGM to be completely eradicated.

Goals and objectives

The purpose of the report is to create a wider understanding of FGM, and how it can still occur in Uganda despite the national legislation forbidding the practice.

The primary goal of the report is to map out, analyze, and create a wider understanding of how FGM can persist in countries that have made a remarkable effort to eliminate it. The report aims to contribute to developing further evidence-based knowledge on how a country, in this case, Uganda, can move forward and be able to eliminate the practice of FGM completely. This includes key stakeholders' ideas and insights on the mechanisms needed to eliminate FGM practice completely in the country and protect the human rights of women and girls.

The report also aims to shed light on the complex and interconnected social and cultural drivers of FGM and provides legal analyses to support the subject of advocacy and movement against FGM in Africa and specifically in Uganda while also demonstrating the higher levels of FGM rates among women and girls in rural areas compared to more urban areas. The report will present recommendations to policymakers and other key stakeholders to address the challenges facing the efforts to eliminate FGM practices.

THIS REPORT'S MAIN RECOMMENDATIONS ARE AS FOLLOWS AND WILL BE FURTHER DEVELOPED DOWN BELOW:

NO. 1: Implementing the law on FGM in rural areas as well as urban areas in Uganda and strengthening the rural-urban linkages to fight FGM

NO. 2: Focus on the work regarding gender equality and engage local leaders in the work to eliminate harmful social norms in Uganda.

NO. 3: Strengthen the collaboration between all governments around the world and especially in Africa to systematically eliminate FGM globally.

NO. 4: Support survivors of FGM by multiple actors internationally by providing proper healthcare for both physical and psychological needs including counseling.

1.0 Introduction

In 2015 all member states of the United Nations (UN) agreed upon 17 Sustainable Development Goals (SDGs) that are aimed to create a better, fairer, world by the end of 2030. The goals recognize that ending poverty and other deprivations must be done in conjunction with reducing inequality.² Goal 5 of the 17 goals is regarding gender equality, and target 3 of goal 5 states as follows:

“Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”.³

It is estimated that more than 200 million girls and women in 30 different countries worldwide have undergone female genital mutilation (FGM) which is most often a practice driven out of customary practices and traditions. FGM is a brutal practice that has been persecuting women and girls for a long period of time. The practice has been recognized as a manifestation of gender inequality by the World Health Organization (WHO). On the 6th of February this year, the practice was called “*the most vicious manifestations of the patriarchy that permeates our world*”, by UN Secretary-general António Guterres.⁴ Even though the prevalence of FGM has declined globally over the last 25 years the progress to eliminate FGM is need to go 10 times faster for the goal to be reached.⁵

The origins of FGM are still unclear, however, research shows that the practice existed before the advent of Islam and Christianity and can be traced back to Egypt in the 5th century BC and its geographical origin on the Red Sea's west coast. The practice has also been linked to slavery because it was used to make women and young slaves less fertile which increased their value and made them more marketable. Some anthropologists also linked FGM with protecting young female herders from rape, or a practice of human sacrifice, or it may have been an early effort to regulate population growth. FGM is widely practiced in the African region known as the Sudanese belt between the Tropic of Cancer and the equator. The grounds for the practice are influenced by a mix of cultural, religious, and social factors, such as the belief that it is necessary to raise a girl properly and prepare her for marriage, an initiation into adulthood, and is associated with cultural norms such as modesty and femininity. Despite that there is no evidence for religious scripts that call for practicing FGM, the practitioners believe it has religious endorsement. The practice continues of social pressures and expectations, community leaders, and cultural traditions. For some communities, FGM results from imitating the traditions of neighboring groups or a revival of religious customs.⁶ FGM is a practice that is part of social norms which can solely be changed through a collective agreement, in other words through the creation of new social norms rather than individual decisions, because FGM is fundamentally linked to women's and girl's identity, their full acceptance by society and their marriageability. In some cases, families that decide not to cut their daughters can face the risk of condemning them to a life of ostracism and stigma.⁷

There is a broad consensus globally that FGM should be eliminated, and several general assembly resolutions unanimously decide that FGM is a harmful practice that shall stop and be discontinued.⁸ In the report *Country Profile: FGM in Uganda July 2013* conducted by 28TooMany Dr. Ann-Marie Wilson states that if the circle of the inherent practice of FGM would break into three generations, 36 years, a major change would happen over five generations, 60 years, it would be possible to eradicate FGM across Africa.²

The definition of FGM includes the procedures that involve partial or total removal of the external female genitalia, or injuries made on the female genital organs for purposes other than medical. WHO has divided FGM into four different types that are defined as followed:¹⁰

Type 1	Partial or total removal of the clitoral glans, and/or the prepuce/clitoral hood. ¹¹
Type 2	Partial or total removal of the clitoral glans and the labia minora, with or without removal of the labia major ¹²
Type 3	Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans. ¹³
Type 4	Includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping, and cauterizing the genital area. ¹⁴

The procedure of FGM can immediately create complications, such as severe pain, shock, hemorrhage, tetanus or sepsis, urine retention, open sores in the genital region, and injury to nearby genital tissue. Long-term consequences can include recurrent bladder and urinary tract infections; cysts; infertility; an increased risk of childbirth complications and newborn deaths, and the need for later surgeries.¹⁵

FGM is internationally recognized as a violation of both girl's and women's human rights. The practice shows a deep-rooted inequality between men and women (boys and girls) and constitutes extreme discrimination.¹⁶ FGM violates an individual's right to health, security, and integrity; the right to be free from torture and cruel inhuman, or degrading treatment; and the right to life, in cases where the procedure caused death.¹⁷ FGM has no health benefits and is not necessary for medical reasons. The practice is solely harmful and causes immediate pain and trauma, interfering with natural functioning, e.g. menstruation.¹⁸ In some parts of the communities where FGM is being practiced the procedure has started to become medicalized, despite the shown fact that it has no medical benefits, and that it is viewed as a human rights violation. Medical professionals that perform such surgeries uphold the practice and may strengthen its legitimacy and social expectation that will and should continue. The report shows that around one in four girls and women who have undergone FGM (26% or 52 million) was subjected to the practice by healthcare providers.¹⁹

Uganda is an example of a country that has managed to decrease FGM, from 1.4% in 2011 to 0.3% in 2016.²⁰ Through establishing legislation criminalizing FGM, the Prohibition of Female Genital Mutilation Act 2010, and the East African Community Prohibition of Female Genital Mutilation Act. However, despite the widespread efforts to eliminate FGM, the practice persists in some parts and within some communities in Uganda.²¹ FGM primarily affects disadvantaged women from poor households, who have low levels of education, and who reside in rural areas.²² FGM does remain within particular communities of the eastern parts of the country, but it is not a universal practice nationally.²³ In the study *Protecting the Right to Health in the Campaign Against Female Genital Mutilation* it showed that the law in Uganda to prohibit female genital mutilation has not been sufficient in eliminating the practice, instead it has sent FGM underground, which has contributed to survivors of FGM not feeling safe to seek medical care. The police authorities have had issues with enforcing the law, it has not been well planned, and the involvement of authorities whose mandate does not involve law enforcement has generated resistance among the population. The lack of a budget allocation to the district community development department specifically for community awareness means that the local government, and by extension the central government, have reneged on their obligation to promote the right to health, and this obligation has been left to Unicef and UNFPA, external agencies and the civil society.²⁴

The reason for it still persisting and the claims that the law to forbid FGM have not worked is the reason for further research to understand the factors that contribute to a continuation of the procedure in Uganda. As well as the impact of existing interventions, the opportunities, and the challenges for ending the practice to protect all women and girls against human rights violations regardless of the community they belong to. FGM deprives girls of their right to contribute maximally to the development of their communities and the country at large. Tackling the FGM issue is therefore one of the crucial strategies for accelerating the development of the country.²⁵

2.0 Method

The method used during this study is a combination of a critical analysis of the Prohibition of Female Genital Mutilation Act (2010) and a qualitative case study regarding female genital mutilation whereas the case used is the country Uganda. The work summarizes results from a qualitative research process combining desk research of already existing sources as secondary data and semi-structured interviews as the primary data of the report. The secondary data includes reports from NGOs, governmental documents, and documents from international legislation that Uganda has signed and ratified, e.g. the CEDAW convention.

The semi-structured interviews were conducted with key stakeholders in the field of gender equality and reproductive health, including representatives from UN bodies in Sweden and Denmark, and a Government agency in Sweden. Interviews were also conducted with non-governmental organizations based in Uganda that work with women's rights, as well as a Gynecologist doctor in Sweden who works with FGM victims in Sweden.

In order to protect participant's privacy and confidentiality the participants were named as follows:

Participant	Organization
Participant A	UN Agency in Sweden
Participant B	Women NGO in Uganda
Participant C	UN Agency in Denmark
Participant D	Government agency in Sweden
Participant E	Gynecologist
Participant F	UN Agency in Sweden

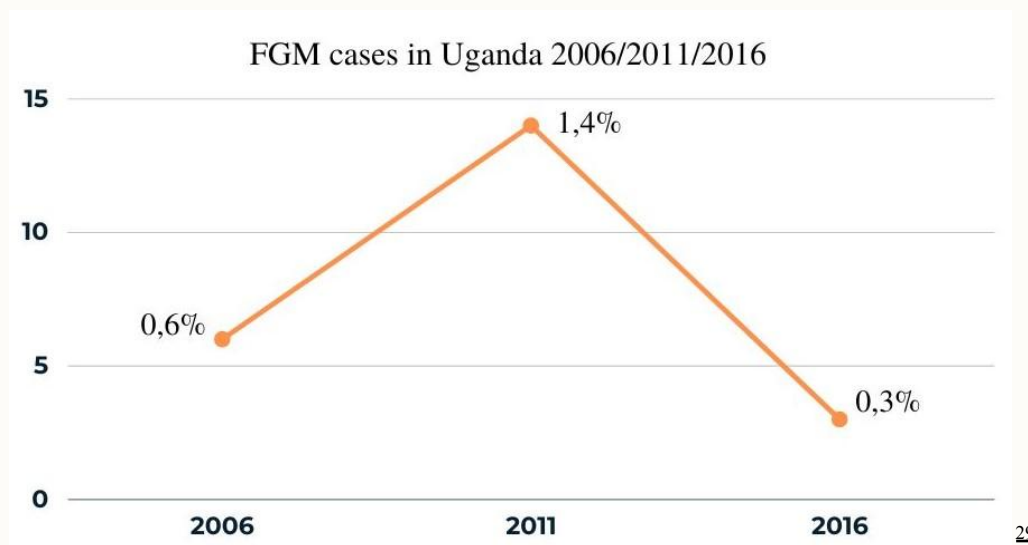
The questions were almost the same for all the UN agencies and the NGO in Uganda, however for the doctor, the questions were more specifically targeting the FGM practice impacts on women's lives. In addition to these interviews, the quantitative data was also collected through government statistics and reports, organizations' statistics, reports from NGOs, legal documents, as well as library searches including academic journals, articles, relevant books, and other resources from the United Nations websites.

Our aim for the data collection through interviews where to get in contact with several NGOs and other organizations in Uganda. However, the data collection through interviews became limited due to the lack of contacts with NGOs working on women's rights in Uganda. We did reach out to several organizations but encountered issues receiving responses to book

interviews. The lack of interviews with organizations in Uganda resulted in the report being overall based on secondary material, laws, and statistics regarding the specific situation in Uganda, however, the sources were carefully chosen. Also, it was hard to get the full judgments as the Ugandan Legal Websites had very limited cases uploaded on the server relating to FGM. And the reader is ought to keep in mind that the information presented in the report is not aimed at drawing any conclusion about the entire Ugandan society.

3.0 Female Genital Mutilation in Uganda

The practice of FGM in Uganda is largely associated with a few ethnic groups living in the east part of the country, and the practice is deeply rooted in traditions and customs which contributes to the practice occurring more frequently in local areas rather than national areas.²⁶ In 2006 the prevalence of FGM cases in Uganda where at 0.6%, which then increased to 1.4% in 2011 and decreased to 0.3% in 2016.²⁷ Even though the numbers show a positive trend, reports have stated that the prevalence in certain communities is alarming.²⁸



In 2020 the report *Female Genital Mutilation (FGM) in Uganda* where published by the Uganda Bureau of Statistics and UNICEF. The report showed that there was widespread support for the advancement of the practice of FGM, but the persistent social norms prevents the discontinuation of the practice. According to the report, 95% of women in eastern Uganda support the abandonment, but as mentioned the persistent social influence and peer pressure limit women’s ability to abandon the practice and speak out against it.³⁰

Within Uganda there has been reported that peer pressure and social acceptability, rather than traditional beliefs linked to fidelity to partners and control over women’s sexual urges, are the main drivers for the continuation of FGM. The national criminalization of FGM in Uganda together with socioeconomic developments has resulted in changes in how and why the practice is performed today. Since FGM became nationally banned the procedure started to be practiced in secret, without any ceremony or celebration. It happens that girls travel away to remote, unsafe, and unsanitary areas to be mutilated for them to be less likely to be seen or reported to the authorities. FGM is as well increasingly practiced in secluded areas on the border with Kenya.³¹ The girls and women that are most likely to experience FGM are those who are very poor, close to marriageable age, about to be married or recently married, reside in rural areas, and/or have mothers who themselves underwent FGM.³²

Furthermore, there have been reports that FGM is connected to other social issues within the societies where it is being practiced, for instance, FGM can be a reason for the following examples:

- Girls not finishing their primary education and growing up with poor literacy.
- Girls being pressured to accept child marriage.
- Girls and women suffer poor physical and mental.³³

Participant D in our conducted interviews similarly stated that many girls miss months of school due to FGM during the healing process or due to complications such as infections. Furthermore, FGM can be connected to lifelong trauma, with complications regarding menstruation, infections during childbirth, in addition to sexual and psychological complications.³⁴

Some of the ethnic groups that perform FGM on women and girls are the Sabinu in Kapchorwa, Bukwo, and Kween districts in Eastern Uganda, and the Pokot, Tepeth, and Kadam in Nakapiripirit, Moroto, and Amundat districts in the Karamoja sub-region.³⁵ In most of the sub-counties in Karamoja and Sebei region 50% of women have undergone FGM.³⁶ The ages of girls when FGM usually is performed in the different districts vary, from 9 to 14 years and above. However, there has been reported that in some areas FGM is practiced on married women, women about to get married, and pregnant women in labour.³⁷ Due to the national Prohibition of Female Genital Mutilation (2010) in Uganda, it has been reported that FGM usually occur in secret.³⁸

Pokot

The Pokot live in the northeastern part of the country and the community is originally from Kenya but during the British Administration, they were relocated to Uganda so that the Administration could occupy part of the Pian territory. The values of the Pokot community are often community-based rather than individual-centered, therefore decisions are usually made by the elderly within the community.³⁹

Within the Pokot community, FGM is nearly universal with 95% of girls and women that have undergone FGM.⁴⁰ Which can be compared to the national prevalence of 0.3%.⁴¹ FGM usually happens when girls are between 14 and 15 years old and is seen as a rite of passage for the girls to pass before marriage.⁴² The most common type used within the community is Type 3, infibulation, and the procedures usually take place from July to September every year.⁴³ Many men within the community do not accept marrying a woman that has not undergone FGM, since FGM is a mark of cleanliness and chastity, and therefore it as well exists a risk for older women to undergo FGM due to the pressure from society. FGM is as well seen as a ritual to ensure a good bride price. Due to the severe pressure from society for girls and women regarding FGM, it where reported in 2013 cases where girls have resorted to cutting themselves.⁴⁴

Sabiny

The Sabiny live around the Kapchorwan, Bukwo, and Kween districts in northeastern Uganda, within the community, the prevalence of FGM is 50%.⁴⁵ Which, as mentioned, can be compared to the national prevalence of 0.3%.⁴⁶ According to the study *Protecting the Right to Health in the Campaign Against Female Genital Mutilation* published in 2015, a big amount of the Sabiny valued FGM as being a part of their culture and identity, and the study showed that both men and women are key promoters of the practice.⁴⁷

Similar to the Pokot the reasons for the practice to be used are linked to preserving chastity and fidelity, as a rite for a girl to enter womanhood, marriageability, reassure a good dowry price, and for the girl to be socially accepted.⁴⁸ Within the Sabiny community Type 2, excisions, is the most common type of practice of FGM.⁴⁹ Highly respected members of the community play an important role as a mentor during the procedure. They check the excision, collect blood, and ensure that the part of the genitalia that has been cut is properly disposed of. For their work, they often get paid by their parents.⁵⁰

Women who do not undergo FGM are often stigmatized within the Sabiny community.⁵¹ Especially married women who haven't undergone FGM are subject to institutionalized discrimination. For example, they are not allowed to hold positions of responsibility within the community or serve food to elders.⁵² In 2020 it was reported that among the Sabiny FGM is increasingly performed among older uncut women, often performed by traditional birth attendants during antenatal visits or during childbirth.⁵³

Another aspect of discrimination is that women who have not undergone FGM are not allowed to accompany their husbands to male circumcision ceremonies to which close friends and relatives are invited, they are not either allowed to attend their own son's circumcision ceremony. The inability to participate can bring shame and disgrace upon the women. This kind of discrimination that results in humiliation and social pressure has been reported to be so severe that some women choose to undergo FGM.⁵⁴

There are several NGOs and government programs that work to eliminate FGM within Uganda. One example is the collaboration between UN Women and the NGO *Communication for Development Foundation Uganda (CDFU)*, which is funded by the Spotlight Initiative.⁵⁵ The NGO is involved in making significant participation of especially the younger generations, the social leaders, as well as the parents in order to make them aware of FGM so that they can understand the harmful effects of it. In addition, the NGOs have taken proper initiatives in order to spread education to them as education is the most powerful weapon for fighting any injustice or discrimination.⁵⁶

Several NGOs in Uganda have started campaigns to educate the people as well as the girls to convince them to tell them about any such incidents that happened to them. In addition, UNFPA with the collaboration of UNICEF has undergone several global programs in order to take initiative to mitigate the issues related to the removal of female genital organs. It is

identified that the joint initiative has a positive impact on the global countries along with Uganda. This cooperation has made great progress throughout the years. More than 6 million girls and women got FGM prevention, protection, and care services with the help of the joint effort. A total of 45 million people publicly declared their intention to stop FGM. Moreover, nearly 532,158 females had rescued from their FGM procedures.⁵⁷ In this regard, various protocols are followed in order to protect the human rights of females in Uganda.

Several international human rights treaties, including those that define FGM as violence against girls and women, have been ratified by the government. Additionally, in light of all the issues in the world, this practice is seen as a violation of girls' and women's human rights, which supports national and worldwide activism for its elimination.⁵⁸ It can be said that the Government has taken proper initiatives in order to educate the people, especially women. Women empowerment is significantly important for women to conserve their birthright. In this regard, providing vocational training, and self-employment training have been given by the NGOs for protecting the victims along with other women. In addition, they provide necessary treatment to the victims' girls as well. The Government of Uganda also launched various programs and initiatives that focus on women's empowerment.

3.3 District-level data

In December 2016 the Uganda Bureau of Statistics and UNICEF conducted the first survey regarding FGM to collect detailed district and sub-district level data regarding the state of FGM within Uganda.⁵⁹

The survey showed that a total of 83.9% of women in the targeting districts had heard about the anti-FGM laws, 98.6% had heard that perpetrators(s) must be reported, 96.8% that FGM is illegal, and 97.2% that the law protects girls and women who have not undergone FGM.⁶⁰ Furthermore, in the targeted districts 27%, of the female respondents reported that they have undergone FGM.⁶¹ Another finding in the study was that awareness regarding FGM was almost universal, 96%.⁶²

The survey further showed that women that have undergone FGM increases with age, 68% of women ages 45 and above reported that they had undergone FGM while in the age group of 15 to 24 years, 8% reported that they had undergone FGM.⁶³

The survey concluded, among other findings, that more women in the districts of Mudat, Moroto, and Nakapiripirit believe that if a girl is cut, she:

- is considered to be a woman.
- is an economic benefit for the family.
- is acceptable for marriage.
- is accepted by her peers.
- is considered clean
- will be faithful to her husband
- is not able to produce children

- she is not able to sexually satisfy her husband.

Support for the mentioned beliefs was generally more agreed upon among older women and women that have been widowed or divorced/separated. Regarding if FGM would be abandoned, a considerable proportion of women across the districts believed that girls would:

- not get married before 18 years old.
- not get pregnant at an early age.
- not drop out of school.
- maternal and newborn deaths would be reduced.
- the prevalence of fistula and HIV infections among women would reduce.
- expenditure on health care for women and girls would be reduced.⁶⁴

FGM is as mentioned part of deeply rooted traditions which shows that parents to girls play a significant role in the decision over if the girls shall undergo FGM or not. The survey reported that the majority of the respondent were encouraged by their fathers and mothers to undergo FGM.⁶⁵ However, in the target areas there was an agreement of 95% among females that the practice of FGM should be discontinued, meanwhile only 3% felt that it should continue.⁶⁶ Among men the awareness regarding FGM is mostly universal. 8 in every 10 males in Amudat and Kween districts agreed that abandoning the practice of FGM would benefit the family and community at large.⁶⁷

Furthermore, the results revealed that overall 22% of all the respondents indicated that female circumcision would increase women's acceptance by their peers, while 5% perceive that the practice would negatively affect one's ability to give birth to children. 13% thought that FGM makes a woman "complete", and 17% believed that the practice makes women more acceptable for marriage.⁶⁸ With the criminalization of FGM, girls, and women could be deterred from seeking healthcare services for fear of prosecution.⁶⁹ According to the report *Female Genital Mutilation (FGM) in Uganda*, there is a widespread belief, in both Sebei and Karamoja regions, that teenage girls feel that they are ready to undergo FGM and that they then autonomously choose to undergo the procedure. But social norms and strong peer pressure create a limitation for girls to make a free and independent choice regarding FGM. The report further stated the influence of a girl's friends and other women in the community played a significant role in the decision to undergo FGM.⁷⁰

3.4 Cross-border FGM

A more common trend that has been reported threatening the progress of the goal to eliminate FGM is the so-called cross-border FGM, where girls and women travel from one country to a bordering country to undergo the procedure. It is estimated that one-quarter of the 200 million girls and women affected by FGM live in border areas. More specifically in Ethiopia, Kenya, Somalia, the United Republic of Tanzania, and Uganda.⁷¹ In Uganda the practice of cross-border FGM is particularly common within the communities of Pokot and Sabaout that practice FGM.⁷² In March 2020 there were reported that several Ugandan girls and women crossed borders into Kenya to procure FGM services.⁷³

The reason cross-border FGM increases is often a result due to legislation that forbids FGM, such as the legislation in Uganda. Conservative people and communities that practice FGM cross borders to have their girls and women undergo FGM to avoid prosecution.⁷⁴ Girls that travel across the border to undergo FGM are less likely to be seen and the practice is less likely to be reported to the authorities.⁷⁵ Usually the girls from Uganda travel to the neighboring country Kenya since it is perceived that Kenya has weaker anti-FGM law enforcement.⁷⁶

In October 2018 the International Conference on Ending Female Genital Mutilation where held in Ouagadougou, Burkina Faso. Representatives of Gender Ministries from Kenya, Uganda, and Tanzania together with UNFPA and UNICEF JOint Program on the Elimination of Female Genital Mutilation officially agreed to set up a tripartite initiative to End Cross border FGM. Called the Declaration and Action Plan to End Cross-border FGM. The declaration was adopted at the inaugural regional inter-ministerial meeting held on 17th of April 2019.⁷⁷ All five countries participated, and the meeting, which was the first of its kind in the history of global efforts to eradicate FGM, reaffirmed the need for strong partnerships at all levels to end this harmful practice.⁷⁸ The Declaration and Action Plan from the Inter-ministerial Meeting Marks the dawn of renewed joint efforts toward achieving the global goal of ending FGM by 2030. The Plan of action has four prioritized areas:

1. Improvement of legislative and policy frameworks and environment to end cross border FGM.
2. Effective efficient coordination and collaboration among national governments to end female genital mutilation within their borders.
3. Communication and advocacy on cross-border FGM prevention and response, and
4. National governments, academia, and statistical offices have a better capacity to generate and use evidence and data for addressing cross-border FGM.⁷⁹

In the East African region there are similar cross-border challenges in response to policy interventions by governments etc. For example, “cross-border movement for the purposes of FGM has remained a challenge in Kenya, particularly among the Pokot, Borana, Abakuria, Rendille, Somali and Maasai ethnic groups. This problem is especially seen along the border with Uganda, where people from the same ethnic groups cross the border in both directions to perform FGM. As a result of an increase in cross-border FGM, the Member States of the African Union are formulating and coordinating regional actions that have strong political will, programs, and stakeholders to strengthen Member States' obligations to treaties and conventions. An important example of such an initiative is the Declaration and Action Plan to End Cross-border FGM by Kenya, Tanzania, Uganda, Ethiopia, and Somalia which will need to be enacted and implemented to enable a supportive environment for interventions to end cross-border FGM.⁸⁰

4.0 Society and FGM

According to Participant B the situation for women in Uganda looks overall positive. There exist a large number of non-profit organizations and movements that are pushing for women's rights. As well as governmental bodies that are working to increase the rights of women within the country. The progress is slow, but there are things that are currently changing, such as most women in urban places have been able to obtain an education, learned about their rights, and started to be the rein over their life and therefore starting changing their lives. However, there is an exception for women in rural areas, who haven't gotten the same chance to attend school due to economic factors. In many cases families have the option to send either their girls or boys to school, then the boys will be prioritized since the society has patriarchal structures. Furthermore, Participant B states that they believe some families within Uganda still solely believe that girls and women's main purpose is to get married, which hinders progress, which is complicated in combination with poverty and gender inequalities. Participant B claimed that there is a lot of work to be done regarding social norms and the power imbalance between men and women, to reach equality.⁸¹

Despite the positive progress of women's rights in Uganda the society is overall, as mentioned by Participant B, patriarchal. Ugandan society has cultural norms that determine gender expressions as roles, which creates a hierarchical order and produces inequalities that intersect with other social and economic inequalities.⁸² A society that is built upon patriarchal structures in combination with poverty can contribute to hindering women's self-sustainability and empowerment.⁸³ The more formal definition of a patriarchal society is the consistency of a male-dominated power structure throughout organized society and in individual relationships. Professor Lillian Tibatemwa - Ekirikubinza states that Ugandan society is a patriarchal society with a social structure that is based on a hierarchical system of oppression, where men are defined as a class that has power over women.⁸⁴ In a study conducted by Mwendwa *et al.*, it was shown that men are motivated to oppose FGM because of how it affects spousal relationships, and as a result, they would not want their daughters to get the procedure or their sons to marry FGM survivors. Furthermore, some of the participants in the study showed a high level of expertise on FGM and its possible risks. And the study found that the majority of young men's decisions to marry circumcised girls were affected by FGM education campaigns against FGM carried out by the church.⁸⁵

This chapter will summarize two of the main findings from the primary data, the semi-structured interviews, which are regarding the social norms and patriarchal structures in relation to FGM.

4.1 Patriarchy

All of the 6 participants in the study agreed that the structure of a patriarchal society is one of the main reasons for the continuation of FGM.

Participant C stated that in several communities where FGM is practiced men and boys are not aware of its happening, especially in the communities where it is performed on newborn children. The chance that men and boys are aware of the practice in communities where FGM is performed on older girls and women is much higher. The conclusion that Participant C emphasizes is that there are different levels of knowledge on how much men and boys are aware of the practice, but at the end of the day, involving them in the discussions about eliminating FGM is of great importance. To have them as allies are extremely critical to succeed in the work to eradicate FGM.⁸⁶

However, Participant D emphasized the importance of the fact that men and boys do not always benefit from a patriarchal society with traditions and customs such as FGM. However, Participant D continued to state that there exist great possibilities for men to stand up against FGM by collaborating with women's organizations and locally run feminist organizations, to find ways to support the local movements and use the movements to raise their voices against FGM. Furthermore, many men are often the people stating the laws in patriarchal societies, so the men that are the parliamentary need to be brave, and politicians need to be willing to push for accountability mechanisms, not solely stating laws.⁸⁷

Participant D further stated that men need to be aware of when they stand up against FGM and intervene to stop the practice, they do in fact intervene in a women's sphere where the women possess the right to make decisions. It is a kind of place in the community where men do not exist, and for patriarchal societies, it may not be many other spaces where women are the ones in power because they often do not have much public power or partake in public discussion. The intervention by men can then become complicated when men enter into the small space where women acquire influence and independence. The intervention could even be seen as patriarchal in itself since men intervening and saying stop this practice since it results in men telling women what to do and what not to do, which is in itself a patriarchal action.⁸⁸

Participant F stated that it is evident that FGM is a practice driven out of a patriarchal society since it is partly about controlling and hindering girls and women from enjoying their sexuality. As well as creating control over their virginity. This is a serious violation because if body parts are removed it strongly sends the signal to all in a community that the body is not something that girls and women should be concerned with, it is owned by the men and not themselves.⁸⁹ Furthermore, Participant F stated that many religious leaders and local leaders within the patriarchal society most often are men, and they can be a good resource in the fight against FGM. But it is, of course, essential to include the women who are in fact performing

the procedure of FGM since they are as well a part of sustaining social norms. However, Participant F stated, that if the patriarchy shall end and patriarchal societies shall become more equal it is important to include both men and boys as allies because of their role regarding the power dynamics. The important thing to do is to educate them about what is really happening, both during the procedure of FGM as well as the consequences after the procedure. Participant F believes that many men and boys would be terrified if they actually understood how FGM works and what the consequences are and how it affects girls and women's life.²⁰

Participant E stated an example of the knowledge of FGM among men. When Participant E held a lecture for men on the subject, many of the men were not aware of how FGM is done. Many of the men thought it was similar to male circumcision, which is impossible to compare to FGM. Participant E emphasized that the lecture showed how important information is, the importance of men being aware of the consequences, both psychological and physical and that FGM does not have a place within the medical field either. The information should as well include that there are no positive aspects of FGM, it solely causes severe danger for the girls and women that undergo it.²¹

Participant E further stated that this information is the key to working for gender equality and for women's as well as girls' individual rights around the globe, especially since there is a global patriarchal view of girl's and women's bodies. Women and girls should be able to decide by themselves what will be done with and to their bodies.²² However, Participant C stated that the issue of FGM is not only a women's issue there are also men that do not want girls to undergo FGM, and men that see the negative consequences.²³ Similarly Participant A stated men are in fact against FGM to a larger extent than women, which shows how important it is for men to be allies and join the effort to eradicate FGM.²⁴

Another aspect that Participant A pointed out where that it can be important to find other occupations for the women who do perform FGM since usually, it is a major income for the women and a way for them to be able to provide for themselves and their families.²⁵ Participant D stated that one reason for the continuation of FGM is in fact the mentioned economic incentive and that there are many people that claim that the women who are making money by performing the practice do not want it to end.²⁶

Participant C pointed out that it is very important to highlight that neither women nor men are mean people by default. They often do not intentionally wish to harm their daughters, but FGM can be something that many parents simply think is the best choice for their girls to be able to create a good future for them. Participant C stated that this is extremely important to stress, that FGM is not an expression of not wanting to do the best for their children, it is actually the opposite. Therefore the information about the harm FGM can cause the girl, both in the long as well as in the short run, needs to be provided.²⁷ Similarly Participant D stated that most often people do not want implicit violence or injury on their children, but it is seen as something you must be doing if you want your child to, for example, be married and

provided for in the future.⁹⁸ This is one reason that FGM is linked to poverty, according to Participant C FGM is often perceived as the best way to prepare a girl for marriage and then give her a future. Since then it is her husband's responsibility to provide for her, and not her parents.⁹⁹

4.2 Social norms

Another aspect of a society that is of great importance to discuss when discussing a practice taking place within a society is the social norms. During the interviews, all the participants emphasized the fact that FGM is deeply part of the social norms which creates comprehensive difficulties in the discussions and elimination of FGM.

Participant C stated that social norms are often deeply rooted in traditions and beliefs that have, most often, existed for generations within societies. The deep-rooted social norms are a reason for FGM to continue in the communities where it is practiced. Therefore, Participant C affirmed, one of the most important aspects to work with to be able to reach the global goal of eliminating FGM is to change different social norms and behaviors. Certainly, social norms differ from context to context, but one thing that FGM has in common despite the different contexts and social norms is the lack of respect for girls and women's human rights. The social norms FGM is rooted in are often about societal gender inequality.¹⁰⁰ Participant C further stated that the important work that needs to be done to eradicate FGM is to spread information regarding the need for change in the harmful social norms, and information regarding girls' and women's individual rights. For example, they should be able to choose whom to marry.¹⁰¹

However, Participant C, highlighted that there is a comprehensive complexity to changing social norms and the process can take up to several years. To be able to create this kind of change, leaders of the communities where FGM is practice need to be involved, both religious leaders and spiritual leaders, to create trust within the community. Furthermore, teachers, midwives, NGOs, and other organizations need to be included to create a movement for change. The burden of changing social norms to eliminate FGM cannot be given to singular individuals because the change needs to be a collective decision, in conjunction with discussions regarding gender equality. These collective decisions and discussions can, according to Participant C, create a transformation within societies that will benefit social change.¹⁰² Participant F stated similarly that dialogue with local leaders on local customs and traditions, to engage that kind of social dialogue, can contribute to change. But the dialogue needs to be done on all levels, locally, nationally, and internationally.¹⁰³ Participant C stated that social norms may not always respect that there is a law, in this case, a law to forbid FGM, but to have a law is part of the work to change social norms. Some will continue a practice despite the laws, but if something should be reported there is the expectation that at least the authorities know that the law exists in the country, why it is important to spread more information to the local authorities enforcing the law.¹⁰⁴

Participant F stated similarly to Participant C that the involvement of leaders in communities where FGM is practiced is important. The involvement of leaders, especially religious leaders has shown positive results in creating change when the leaders take a stand against the practice. It has shown that change can happen quickly. The combination of working with community leaders and laws that forbid FGM will send a signal to the society where FGM happens that the practice is not okay- It needs to be done on different levels. Education about the law, raising awareness, and having a dialogue with community leaders regarding social norms and behaviors. according to Participant F.¹⁰⁵ Participant D stated similarly, that the work to eliminate FGM needs to be locally initiated, it will not work if it includes fingerpointing from the north to the south, east to west, west to east, or any way. In all the communities where FGM is practiced, there are always groups that have been fighting this their entire life, often they are standing alone against a huge tide of public opinion.¹⁰⁶

Furthermore, Participant D stated that it is evident that people follow social norms for different reasons, and there is always the possibility that people follow the norm of society even if they believe the norm to be wrong. Since there is the assumption that something has to be done because everybody else is doing it, and therefore people can experience the pressure to obey any norm. Especially since most people do not want to be different from others in their society, it is not necessarily that all people believe that specific norms are a good thing, it is more about the need to fit in, as in every society, there are very few people who want to deviate from the social norms. And that is one reason that FGM continues within certain communities.¹⁰⁷ Furthermore, Participant E stated that FGM is a complex phenomenon that is important to be aware of, it is always hard for people to stand up against the norm in society. Especially if a practice such as FGM, is viewed as something that decides a girl's worth and future, and if she can get married or not, maybe FGM can be then viewed as the best thing for the girl in that particular, and specific context.¹⁰⁸

Participant E stated that the survivors of FGM usually speak about the practice as it is a women's issue. Several patients have told that their parents did not want them to undergo FGM but their grandmother, paternal or maternal, decided that this is a good thing for the girl so the girl had it done without their parent's knowledge.¹⁰⁹ Some of Participant E's patients looked forward to the procedure if they did know what was going to happen is not clear, but the girls wanted to be like everyone else. Perhaps they have been ridiculed at school and told they were not clean. The procedure of FGM was seen as an excitement, that it would be a feast with food and gifts. But the experience differs in every single case, some patients tried to escape before the procedure, and some girls and women went and had it done on their own the initiative because they wanted to fit in, in some cases their parents said no to the argument that it is a really bad tradition. It is logical that some girls and women would want to have FGM done since it is a tradition within their community, a tradition that has been going on for thousands of years, and something the majority have done, which normalizes it and creates the norm that has to do with becoming a woman and be accepted by the society.¹¹⁰ Furthermore, Participant E stated that there can exist a culture of silence regarding the complications and other problems due to FGM. Patients have told the story that they think their sisters and

mothers have undergone FGM and probably suffer from the consequences but they do not talk about it. This is why it is important to actually create a dialogue among all individuals within the society about the consequences and how harmful the procedure can be.¹¹¹

Participant A stated that to be able to eliminate FGM the work needs to be done with entire societies or communities, to reach out to a few individuals or families solely is not enough. The entire community needs to be reached as a whole unit to make it take a stand against FGM because that will make it easier for families to go against the social norm and actually say no to FGM. The change will take time since the mindset and tradition have been carried on for thousands of years. Which do create a dilemma for individuals, to either go against something that is seen as the best way to create a future, get married, or follow the norm and then be able to marry and be accepted within the society. Since it is such a deep-rooted tradition, it is also important to include people of power because they can act like role models, and people within the community might listen to them and be encouraged to go against the norm.¹¹²

Participant A stated that legislation to forbid FGM does not work as an isolated measure to eradicate FGM. The law to forbid FGM does exist in many countries, one of them Uganda, but it still persists, since some people will not follow the laws, and if the law enforcement system is weak, it complicates the ability to act upon the law. However, to have a law that forbids it is, of course, crucial because it sends a signal that it is not something that shall be happening. But the law needs to exist in a combination of advocacy, education, the spread of information, and work on the ground to change deeply rooted social norms.”¹¹³

Participant B stated that even though the work to end FGM in Uganda is happening, both in rural and urban areas, there are still women pushing for it to continue. There are often women that have grown up in communities that are performing FGM. They are of the opinion that FGM is part of their culture and that's why they support it, and why they are pushing against a lot of the progress that has been made by different organizations. But, the positive happening is that the government has taken a clear stand against FGM and clearly stated that it is illegal. Participant B further stated that several organizations in Uganda make effort to engage cultural leaders because they are key since FGM is rooted in cultural norms, and people need to understand that FGM is a harmful social norm that solely has been normalized. Working with communities, different religious leaders, and local leaders is the best way to create headway, but it is the social norms that are in fact the major challenge. Participant B further stated that showing the communities something different from the deep-rooted social norms helps, and the areas where FGM occurs are areas with a high rate of gender-based violence, which means that tackling social norms, cultural norms, and the power imbalance that usually works against women and girls is important to end FGM.¹¹⁴

5.0 International Legal Framework and Obligations

FGM violates international human rights law, especially the international human rights in the right to life, liberty, and security, the right to not be subjected to torture, the right to equal treatment and protection, as well as the right to health and well being. The international law legal framework provides the basis for a broad range of measures and regulations to ensure the prohibition of FGM in the world, and it is materialized in the context of treaties, conventions, declarations, and protocols. This chapter will provide valuable insights into the legal instruments pertaining to the issue of female genital mutilation (FGM).

The most important legal instrument is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which provides a clear legal framework to protect women and girls from FGM and any other discriminatory practices that are based on gender. The convention also obliges States Parties that have ratified and acceded to the convention to eliminate all forms of discrimination against women and girls and provide the necessary mechanisms to ensure the protection of women's rights. Moreover, other international legal instruments also promote gender equality and the prevention of FGM, such as the Convention on the Rights of the Child (CRC), general and joint recommendations of CEDAW and CRC, the Declaration on the Elimination of Violence Against Women, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol), and Sustainable Development Goals (SDGs).

5.1 The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): The Fight Against Female Genital Mutilation

The Convention on the Elimination of All Forms of Discrimination against women was adopted on 18th December 1979 by the United Nations General Assembly and entered into force on 3rd September 1981 in accordance with article 27(1) of the Convention after the twentieth country had ratified it. Nearly a hundred nations had committed to abide by its provisions by its 10th anniversary in 1989. CEDAW is the primary most comprehensive text that consists of 30 articles in which it provides an agenda for protecting women's rights from discrimination by advancing national action. It resulted from the United Nations Commission on the Status of Women's efforts to expose all aspects where women are deprived of equal rights with men. This included discrimination on the basis of sex in economic, political, cultural, social, civil or any other forms of discrimination. The convention is an international bill of women's rights and sets the plans for nations to ensure women's practice of these rights. It bound the States Parties to set suitable legislations to ensure women's civil rights and legal status. The difference in this convention is that it also covers women's reproduction

rights and focuses on the cultural and traditional effects on gender relations and women's enjoyment of their essential rights.¹¹⁵ Currently, 189 out of 193 UN member states have voluntarily agreed on ensuring the fully implementing of these provisions of the Convention under all conditions.¹¹⁶ Governments that have ratified the Convention are required to submit national reports at least once every four years on the measures they took to commit to their obligations under the Convention.¹¹⁷ On 22 July 1985 Uganda ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) without any reservations.¹¹⁸¹¹⁹

Article 1 in the Convention defines discrimination against women as “any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.” This provision has been used to frame FGM as a discriminatory practice against women, and as a gender-based violence practice. Article 2 in the Convention requires governments to condemn any discrimination against women, and hold them accountable for their obligations under the Convention by requiring appropriate legislation and measures to prohibit any act of discrimination.¹²⁰

Moreover, Article 5 (a) of the Convention requires states to eradicate all cultural, social, traditional, and customary practices of harmful acts and stereotypes against women, such as FGM based on the idea of the superiority of either of the sexes. This provision has been crucial in calling for a change in the cultural norms that underpin this practice¹²¹ Article 12 of the Convention is concerned with women's health, and acquires the state's parties to provide appropriate healthcare services for women, since FGM causes a range of serious health complications physically and psychologically, short and long-term health issues, and serious risk during childbirth and pregnancy.¹²² Additionally, Article 14(b) addresses specifically the rights of women in rural areas and requires the States Parties to take the necessary steps to ensure the participation of women in rural development and particularly the access to healthcare facilities and adequate counseling in their reproductive health. Rural women are at a higher risk of undergoing FGM, and guaranteeing their access to healthcare services is crucial to support women who have undergone the practice, and to disseminating information about the dangers associated with FGM. CEDAW provides provisions on gender equality and has been instrumental in preventing FGM by advocating for legislation and measures and urging the government to take action against this practice.¹²³

5.1.1 The impact of ratifying CEDAW

Since the ratification of CEDAW, Uganda has been able to establish a great step towards developing the rights of women in Uganda. The government has initiated various reforms and policies to eliminate harmful and discriminatory practices against women and girls including banning FGM in 2010 after passing the Female Genital Mutilation Act, which criminalizes FGM and categorizes the practice as a harmful form of violence against women and girls. CEDAW has been a leading advocate for Uganda in changing its policies towards women in terms of gender equality.¹²⁴ The periodic reports submitted by Uganda provided an important insightful platform to discuss difficulties and progress in the elimination of FGM and other gender-based discriminatory practices.¹²⁵

Despite this progress, FGM is still prevalent in Uganda due to the holding on to the old traditions and beliefs of the necessity of this practice to control girls and women. These challenges posed difficulties in the efforts of eliminating this practice once and for all. Moreover, the COVID-19 pandemic had a significant impact on the prevalence of FGM. The pandemic has caused many girls to be confined to their homes and distanced from their schools and the education system. Additionally, the pandemic exacerbated the problem of poverty among people, which is highly associated with the increasing number of FGM cases; this created a tendency for families to get back to what they used to do and marry off their girls to mitigate their financial burdens.¹²⁶

5.1.2 Uganda Periodic Report Highlights

The latest periodic report submitted by the state of Uganda on CEDAW was the combined eighth and ninth periodic reports which were submitted with a delay of more than 6 years in submitting it. However, there is noticeable progress since the 2010 seventh periodic report in adopting several legislative reforms. The Committee also noted the institutional and policy framework to eliminate discrimination against women such as:

- B) “National strategy to end child marriage and teenage pregnancy, 2014/15-2019/20;”
- E) “Male involvement strategy, 2014, encouraging men and boys to take responsibility for their sexual and reproductive behavior and to abstain from all forms of discrimination against women and girls, and supporting them in so doing;”

Both in which are relevant to addressing the issue of FGM practice. Furthermore, the report shows an alignment of relevant factors in the third national plan, 2020-2025 with the Security Council’s women and peace and security and the Goma Declaration on Eradicating Sexual

Violence and Ending Impunity in the Great Lakes Region that prevents sexual gender-based violence and punishes the perpetrators of sexual violence in the region.^{127/128}

The Committee recognizes the efforts by the Ugandan government to translate and publish the Convention to local communities, however, women in rural areas, and women who belong to ethnic and marginalized groups are still not aware of their rights, therefore, the Committee recommended more efforts in disseminating information, providing a comprehensive mechanism for implementation of the observations, and establishing systematic capacity-building and training for government officials.¹²⁹ In terms of women's access to justice, the Committee commended the efforts by the Ugandan government in providing other ways for women to get justice including holding special court sessions at the Higher Court divisions to ensure the fast consideration of cases of gender-based violence against women. However, there are still concerns about the complexities of the plural legal system and gender stereotypes in the legal system, and the stigmatization of the complainants; and with reference to general recommendation No. 33 (2015) on women's access to justice, the Committee recommends allocating resources to the formal justice sector especially in rural and remote areas, adopting the law in article 129(1) on aligning the procedures and ensure all qadhi and customary court's decisions are able to be appealed if they go against the Convention, and strengthen the capacity-building for members of the judiciary, police, qadhi court imams and officials.¹³⁰ There is a low rate of women reporting or engaging policemen and the law due to the pre-knowledge that these cases won't be investigated and handled properly by the policemen, and this causes the spread of the word about this issue in the victim's community. Moreover, women who are victims of FGM or any other form of violence know that there is no safety around reporting, and it is usually associated with shame for the victims. As a result, there is a need to enlighten the police and religious leaders and sensitize them to understand how these cases are handled and educate them on the sensitivity of these cases to the victims in order to have more empathy for the victims. Furthermore, rights bearers should be engaged in these discussions and issues to allow them to serve the survivors in the best possible manner.¹³¹

In terms of discriminatory stereotypes, the Committee recognizes the efforts of the government in eliminate discriminatory practices, however, with reference to the joint general recommendation No. 31 of the Committee/general recommendation No.18 of the Committee on the Rights of the Child (2019) on harmful practices, the Committee recommends the criminalization of all forms of harmful practices on women and girls, supporting victims by providing services and rehabilitation programs, the immediate adoption of comprehensive strategies to eliminate the discriminatory stereotypes on the roles and responsibilities of women and men in the society and eliminate the use of gender-discriminatory expressions in the media, and extending the scope of public education programs to target traditional and religious leaders and rural and remote communities.¹³² In terms of Female genital mutilation, the Committee acknowledges the achievements of establishing of three shelters for victims of FGM, and the initiatives by the community and the state to fight against FGM. That being said, the Committee is still concerned with the continued prevalence of FGM in Uganda, and

the women and girls lack knowledge of the Female Genital Mutilation Act of 2010. Therefore with reference to its general recommendation No. 14 (1990) on Female Circumcision, the joint general recommendation No. 31 of the Committee/general comment No. 18 of the Committee on the Right of the Child (2019) and its general recommendation No. 35 (2017) on gender-based violence against women, and updating general recommendation No. 19, the Committee call upon the state to ensure widespread of information strict enforcement of Female Genital Mutilation Act by collaborating with civil society, and spreading awareness campaigns about the dangers of FGM on women and girls, especially among traditional, religious and local community leaders, erasing the underlying cultural justifications, and promoting other alternative rites of passage to adulthood that are non-discriminatory. Additionally, guarantee the systematic prosecution and punishment of perpetrators and especially for medical practitioners of FGM.¹³³

5.2 The Convention on the Rights of the Child (CRC): Examining the Relevance and Impact

FGM is a harmful practice that is usually performed on girls under the age of 18 who don't have the ability to consent to such practice and causes them long-term physical and psychological problems, therefore, the practice of FGM is also prohibited in the Convention on the Rights of the Child (CRC) which was adopted in 20th November 1989 by the General Assembly resolution 44/25 to protect children's rights. Although the CRC does not mention FGM by name it does address this issue in its articles in a comprehensive manner including Article 19, Article 24(3), Article 37(a), and Article 39.¹³⁴ The convention was ratified by Uganda in 1990.¹³⁵

Article 3 in the Convention states that the best interests of the child must be the primary consideration in all actions concerning children, and Article 19 mandates States Parties to take all necessary measures and policies in protecting children from any form of physical or mental harm, and to take effective procedures to set up social programs to protect and support the children. Article 24(3) prohibits any traditional practice that is deemed harmful to the health and well-being of children. FGM can cause serious health problems like complications, bleeding, infections, and even death, therefore, Article 24 is considered a preventative provision for FGM. Moreover, Article 37(a) requires States Parties to ensure that no child is exposed to torture, cruel, or inhumane treatment. FGM is a form of cruel and inhumane treatment of children and therefore this Article can be used to prohibit FGM. Article 39 requires States Parties to make all the necessary efforts to support children's recovery from any physical and psychological harm including exploitation or abuse, torture or any other form of degradation treatment, and socially reintegrate the children victims in a safe environment.¹³⁶ According to a report by the UNFPA evaluation office in 2018, the Ugandan government has failed to provide sufficient financial resources to establish a one-step shelter for survivors, which is considered a safe space and these shelters lack sustainable solutions.¹³⁷

Following the ratification of CRC, Uganda enacted the Children's Statute in 1996, including the children's basic rights to food, housing, education, and health; however, it did not cover other civil and political rights. Civil Society pressured the government to enforce an amendment that ended with the Children Act Amendment Bill passing through the Ugandan Parliament in 2015. One of the key amendments was Clause 7; which introduced the protection of Children from harmful customary practices including FGM.¹³⁸

5.3 General and Joint Recommendations of CEDAW and CRC

In 1990, CEDAW issued General Recommendation No. 14 on Female genital mutilation (FGM) adopted at the Ninth Session of the Committee on the Elimination of Discrimination against Women. The act expressed concerns about the persistent practice of female circumcision based on the recognition by women and specialized organizations such as the World Health Organization, the United Nations Children's Fund, and the Commission on Human Rights on the harmful impacts of such practices on women's and children's health and wellbeing.¹³⁹ Although the convention does not specifically refer to FGM, it is considered as a discriminatory practice against women and girls solely, and it falls under the comprehensive framework set by CEDAW to address discrimination on the basis of gender-based violence.¹⁴⁰ Furthermore, in 2014, the first joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices was developed by and set clear guidelines and obligations for States to the eliminate harmful practices of FGM, honor, and forced child marriage, and polygamy.¹⁴¹ Despite the fact that General Recommendations are not treaties and do not require any ratification by state parties, they are recognized as authoritative statements on the content of legal duties incurred by state parties and provide measures and policies to ensure total compliance with the conventions. Precisely speaking, they are not legally binding. However, they are authoritative guardians of policy, and authoritative measures for States to fully commit to the provisions of these commissions.

5.4 Declaration on the Elimination of Violence Against Women

The Declaration on the Elimination of Violence Against Women was adopted by the United Nations General Assembly in 1993 to ensure the rights of women with respect to the equality, security, and liberty of all humans. The declaration was the first explicit document that provides a framework for national and international action. It is concerned with the violence against women as a challenge to achieving equality and peace and recognizes the historically

unequal relations between women and men as reasons for the current discrimination against women. Article 1 in the declaration defines violence against women as any act of gender-based violence that causes any physical or physiological harm to women. Article 2 clearly names FGM as physical violence against women.¹⁴² Ratification of this convention has a political commitment to the implementation of this convention. This convention can be used as a tool to put pressure on governments in taking action and addressing the issues of these practices, however, it is not a legally binding document. Treaty-based bodies such as CEDAW, the Convention on the Rights of the Child, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol) have the power to impose legal obligations on states to eliminate violence against women and girls, and held them accountable when they fail to meet their obligations.

5.5 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol)

The protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol) was adopted on 11th July 2003 and entered into force on 25th November 2005.¹⁴³ The protocol is a treaty-based human rights body that provides a comprehensive framework of human rights for African women. This protocol is considered the African Bill of Rights of Women's Human Rights as it is an important instrument that offers an exhaustive explanation of human rights for women tackling the complete range of rights including civil and political, economic, social and cultural, and environmental rights. The Maputo protocol has contributed to changing the way women's human rights are treated and challenged old stereotypes and imposed a moral obligation on African Union Member States. It has also helped Africa to adopt national equally innovative laws to advance women's human rights and even has encouraged African Union Members States to have special national machinery dedicated to the rights of women as found in Uganda.¹⁴⁴ Furthermore, on 11 February 2010, the Government of Burkina Faso and the African Union Commission launched the Initiative on Elimination of Female Genital Mutilation in a way to bring about political change to accelerate efforts to eradicate this dangerous practice and designated African Union Champion on Eliminating Female Genital Mutilation by the 32nd Session of the Assembly of Heads of State and Government of the African Union. Supporting girls and women is a key part of Africa's Transformational Agenda of 2063 as stated under Aspiration 6 to end all forms of gender-based violence, including genital mutilation feminine.¹⁴⁵

Uganda ratified the Maputo Protocol on 22nd July 2010 with a reservation on Article 14(1) (a) and (2) ©.¹⁴⁶ This Article of the Maputo Protocol concerns the right to protect the reproductive rights of women by allowing safe medical abortion in cases of sexual assault, rape, incest and in cases where pregnancy endangers the mental and physical health of the mother.¹⁴⁷ While this reservation is not directly linked to FGM, however, it demonstrates an

unwillingness to commit to the provisions of this protocol and the promotion of women's most important right which is the right to reproductive health. This can also have an indirect effect on FGM as it also fosters the harmful cultural norms that limit women's ability to control their own bodies.

5.6 Sustainable Development Goals (SDGs), and the need for continued efforts

As mentioned in the introduction, the United Nations Member States adopted 2030 Agenda for Sustainable Development in 2015, which provides a shared plan for peace and prosperity for the future of humanity. Furthermore, goal number 5.3 is aimed to eliminate all harmful practices of FGM and forced child marriage.¹⁴⁸ As Uganda has adopted the 2030 Agenda, it has become committed to fully eliminating FGM. Failing to do so not only violates its obligations to CEDAW and other treaties but also its commitment to the SDGs. Hence, it is important for Uganda to prioritize effective steps to fight the practice of FGM, and ensure there is sufficient allocations of resources to safeguard the safety and promote equal rights of women and girls.

To fully implement human rights laws such as CEDAW, CRC, and the Maputo Protocol and ensure that women and girls rights are respected and protected, there is a need for continuous efforts to be combined and to involve all parties that are capable of making a difference such as civil society, governments, international organizations, and other institutions and individuals to address the challenges facing the implementation of laws and policies that promote women rights and eliminate discrimination against women and girls and especially harmful practices like FGM. There is a need to mobilize efforts in providing adequate resources and support in all sectors, support capacity-building, and enforce solid mechanisms to monitor and evaluate these efforts. Sustainable actions should be focused on to create a better future for all women and girls in Uganda and around the world to enjoy their freedom from discrimination and oppression, especially from a severely damaging practice like FGM.

6.0 Prohibition of Female Genital Mutilation Act 2010

6.1 Analysis of the Female Genital Mutilation Act

The Female Genital Mutilation Act 2010 was primarily carried out to protect girls and their well-being in Uganda. Genital mutilation is carried out for marital and religious reasons. In most of Uganda, prior to the act, it was believed that FGM was necessary for raising a girl and preparing her for marriage; this practice was believed to control the girls' sexuality and prevent them from having intercourse prior to their marriage and stopped any kind of fidelity. As FGM has been a major part of Ugandan society, girls or families that refused to carry out the operation were often publicly shamed. Not only is this a violation of one's rights but FGM is primarily conducted in unsanitary conditions by people that are not medical professionals, therefore there are immense health risks for the girls that are going through this process.¹⁴⁹

Due to all of these various reasons, the supreme court of Uganda established the Prohibition of Female Genital Mutilation Act. The aim was to illegalize genital mutilation and count the act as an offense, in order to protect and support the girls and women that were under threat of going through this process. According to Participant A, the legislation and Law is so weak in some countries. The basic structure is such that people don't care about the law. In some situations, even after the presence of the Law, the police don't interfere with the performing of FGM. Therefore, the advocacy work and the information spread on the ground for people, and trying to change their norms, values, etc., is what really might work. The government has to work hand in hand with the people and with the implementation of the Act to stop FGM from happening.¹⁵⁰

There are 17 different sections in the act, arranged in five different sections to clarify the punishments and the need for the act. The act has been observed to clearly provide a detailed account of the punishments that a person can get if caught carrying out gender mutilation on a female victim. Conviction and imprisonment for up to 10 years have been estimated by the court. The court has provided a detailed guideline on the basis of which a person can be convicted alongside the downside of gender mutilation and how it affects women.

The FGM Act 2010 is a comprehensive piece of legislation that sets out the offenses and punishments for FGM in Uganda. The various provisions of the Prohibition of FGM Act 2010 are:

In part I (Interpretations) It defines FGM as 'all procedures involving partial or total removal of the external female genitalia for non-therapeutic purposes¹⁵¹.'

- Section 1 – provides clear definitions of various terms related to FGM which prevents any confusion or misinterpretation of the Act. The biggest weakness of this section is that it doesn't capture all the forms of FGM clearly which may limit the scope of the Act and its ability to prevent all the instances from happening.

Part II (The Offence of Female Genital Mutilation) of the FGM Act 2010 outlines the criminal offenses and the penalties related to the following aspects of FGM:

- Section 2 – carrying out FGM;

Penalty- a person who performs FGM is liable on conviction to imprisonment of up to ten years.¹⁵²

It criminalizes the offense which makes it a punishable offense and can deter the individuals from engaging in such an act. The penalties are substantial that can discourage performing this procedure. But on the other hand, it may become a challenge for implementing in communities, and areas where this procedure is ingrained as a custom.

The punishments are so severe that individuals may resist the law and get agitated.

- Section 3 – aggravated FGM, whereby (a) the offense results in the death of the victim, (b) the offender is a parent, guardian or has authority over the victim, (c) the victim suffers a disability, (d) the victim is infected with HIV as a result of the FGM, or FGM is carried out by a health worker; ‘Health worker’ is defined as a person qualified in the promotion of health, the prevention of disease and the care of the sick and who is registered and enrolled under the Medical and Dental Practitioners Act, the Nurses and Midwives Act or the Allied Health Professionals Act.

Penalty- a person aggravating FGM will be liable on conviction of life imprisonment.¹⁵³

The section increases the penalty for committing FGM which can be seen as a deterrent for others who were planning for performing such an Act. However, FGM is so deeply rooted in the culture that it may become difficult in implementing the Act in such areas which may lead to a lack of accountability and victims of this procedure.

- Section 4 – carrying out FGM on oneself;

Penalty- carrying out FGM on oneself carries a punishment of up to ten years in prison.¹⁵⁴

The biggest drawback of this section is that more than 70% of the females who undergo this procedure are minor girls of 12 to 13 years, who may not be convicted and put in jail.

- Section 5 – attempts to carry out FGM;
- Section 6 – procuring, aiding or abetting FGM; and
- Section 7 – participating in any event that leads to FGM.

Penalty for attempt, aid or abet, participating- anyone who attempts to carry out, procure, aid or abet FGM, or participates in any event leading to FGM is liable on conviction to imprisonment of up to five years.¹⁵⁵

Part II also states that neither consent (under Section 9) nor any culture, custom, ritual, tradition, or religion (under Section 10) is a defense to the crime of FGM in Uganda. Sections 11 and 12 provide protection to women and girls who have not undergone FGM, together with their husbands, parents, or relatives, from discrimination when engaging and participating in any economic, social, political, or other activities in the community.

Part III (Court Orders and Jurisdiction) grants a magistrate's court the authority, under Section 14, to issue protective orders if they are satisfied that a girl or woman is likely to undergo FGM. If the application is in respect of a child, the Family, and Children Court has the authority to issue appropriate orders for the child as it deems necessary¹⁵⁶.

This section allows for the use of special powers to protect victims and witnesses. These measures may include giving evidence via a video link, the use of screens to shield the victim or witness from the accused, and the provision of emotional and psychological support. But, there is a lack of awareness among the public, especially in rural areas, about the provisions of Section 14. Many victims and witnesses may not know that they are entitled to protection, which may discourage them from coming forward and reporting incidents of FGM. The protection provided under Section 14 is limited to court proceedings related to FGM only. It does not cover the protection of victims and witnesses outside of court, such as during police investigations or in their everyday lives.

Part IV (Duty to Report) sets out the duty to report FGM to the police or another authority for appropriate action. Section 16 requires any person to report any awareness of FGM, whether the procedure is in progress, has occurred in the past, or is planned. It is illegal not to report such knowledge to the police or another authority within 24 hours. It is also a criminal offense to threaten, harm, or inhibit anyone who is reporting or planning to report FGM.¹⁵⁷

According to Participant B, change is coming with the enforcement of the Act in 2010. But the thing with Uganda mostly is, the systems here don't work quite well. A lot of the laws and policies that are put out are not formulated and you find that NGOs have a lot of work to do on the ground because, the government keeps sharing out these rules, but they don't follow through to see they are implemented, they don't go the extra mile too, to train and sensitize the right bearers like the police on the ground like I was talking to you about the village local leaders. Just to show the local people especially women that these laws actually exist and they are here to support and aid you with your work, and they are on the side of the woman, so the community members who want to know the laws, the right bearers themselves, who are supposed to implement the laws, don't know these laws. So that's where the gap is.¹⁵⁸

The court has also taken a great attempt at educating people and helping them understand how harmful FGM is and the consequences of it on the female population of the country. It is often hard to remove a social belief that has been in practice for centuries and therefore educating people in this regard can be highly influential. The consequences can lead to death, disability, or the girl encountering HIV from the poor unsanitary conditions under which this is taking place. FGM can also have long-lasting consequences, psychological stress caused by the trauma can lead to behavioral problems and a loss of trust in family members.¹⁵⁹ The main instigator most times are the victim's own family members who are blinded by social prejudice and have control over the girl's body. While the court mandates that anyone who is caught in such an act is liable to 10 years in prison, depending on the circumstances the tenure can even be increased to a lifetime.

The offenses in these kinds of circumstances are varied because there can be different instigators and therefore a person that procures, induces, or threatens a girl to go through genital mutilation is liable to up to 5 years of prison. Simultaneously a person that participates in such an act also commits an offense under the court of law and is subjugated to imprisonment for up to 5 years.¹⁶⁰ The act further states that family members that are involved in these kinds of acts can face imprisonment for up to 8 years. Culture and religion are undeniably responsible for people to be prejudiced and therefore the court forbids using these factors to define the crime committed. As per the opinion of Knipscheer *et al.*, gender mutilation is widespread across many countries in Africa and this has been carried out for centuries under misconceptions and misinformation, a deeper understanding of the situation reveals that stereotyping and stigma prevents female who has not undergone FGM to live freely.¹⁶¹

Society constantly makes them feel insecure and ashamed for not following the social norms and therefore the court mandates that person that discriminated against a female member of society who has decided to not go through FGM is to be penalized with up to 5 years of prison. Additionally, depending on the situation the court might also make the person that is proven to be guilty provide a certain amount of compensation for the physical and mental trauma that they have put the victim through. The compensation amount is determined based on the injuries and medical costs that the victim had to face. Similarly, if the court feels that a girl is in danger of being forced into FGM can issue a protection order to prevent the event from taking place. The Act further specifies that the law will apply even outside Uganda if FGM is performed on a girl resident of Uganda.

The act also encourages the other members of society to report these kinds of inhumane crimes to the law, accordingly if a person willingly does not share information about the crime, they are liable to face up to 6 months in prison and a fine of 12 currency points. The act has been directly approved by the Ministry of Uganda and therefore it has been implemented throughout the country. The details of the regulation and its effectiveness have also been laid out in front of the Ugandan Parliament for scrutiny before being approved. In a recent article, published by UN Women, it can be seen that despite the positive measures implemented by the Ugandan Government, FGM continues to still be practiced illegally in many parts of the country. This is due to the local communities holding on to their customs and beliefs that this procedure is necessary to preserve the virginity of the young girls in their families. Close to 95% of the women living in the Pokot tribal communities of the Karamoja region in the northeast undergo FGM¹⁶². The other Ugandan tribe that believes and continues this practice even today includes the Sabiny community living in the Eastern region. As per Participant D also, the legislation is not enough as in many countries there are laws to forbid the practice but after implementation of an Act prohibiting FGM, it only goes underground. You cannot throw a minor girl in jail who is a victim, so who do you say is at fault as the whole thing goes into a secretive environment so who will the government capture.

6.2 Comparison of the Ugandan Mutilation Act to other African countries

Uganda has a legal system that is mixed with English common law and customary law. However, the main law that prohibited FGM is the ***“Prohibition of Female Genital Mutilation Act 2010”***. This law is made for offenses and also punishment for FGM in Uganda.¹⁶³ This law defines FGM as the process of the devilmint of total and partial removal of female genitalia for non-medical purposes. As per section 9 which is included in part II, consent and not any culture, tradition, custom, ritual, or religion is a defense to the crime of FGM in Uganda. Section 11 and 12 in this part refers to the protection of girls and also women who are not undergone Female genital mutilation together with their parents, husbands, and also relatives. Section 16 in Part IV of this law provides protection to the people who reported any awareness about FGM.

East African country Kenya also faces this FGM issue highly. The Prohibition of Female Genital Mutilation Act (2011) criminalizes the person who is involved in FGM practices and also takes another person inside or outside Kenya to perform FGM on her. Implementation of the “FGM Act 2011” in Kajiado County has been inhibited by a number of factors such as “deeply ingrained culture and traditional practices”, the unfamiliarity with the legislation and the consequences of FGM, and traditional religious beliefs and superstition. The government of Kenya put several policies for eliminating FGM. After implementing the “prohibition of FGM act of 2011”, the practices of FGM practices get reduced.¹⁶⁴ According to this law, the person who related to the FGM is punished with three to seven years in prison and also fined nearly about 6000 US dollars. The policy calls on stakeholders to take concrete steps to promote the standing of Female genital mutilation through implementing public education, legislation, advocacy; help from social media coverage, women empowerment, access to reproductive health, and other supportive services related to it.

Both policies created an impact on reducing FGM practices and improving the lives of girls and women. It is estimated that the prevalence of FGM in girls and women who are between 15 to 49 years of age is 1.4% in 2011¹⁶⁵. On the other hand, in Kenya, where 21% of women and girls are undergone FGM. Uganda is one of the great examples of a country that effectively mitigates FGM practices and secure the life of women and girls¹⁶⁶. According to the discussion, the Prohibition of Female Genital Mutilation Act 2010 is more effective for mitigating Female genital mutilation. Tackling the FGM needs crucial strategies that Uganda implicate effectively. The prohibition act of Kenya is designed and coordinated in a manner that it can raise public awareness levels and stop the practice throughout the country¹⁶⁷. The law of Kenya forbids people of the country to participate in such gruesome acts, if the act of gender mutilation leads to the death of someone, the person is liable to be imprisoned for life.

6.3 Legal cases related to the act

“The 1995 Constitution of Uganda” established a strong legal framework to preserve the right to education as a fundamental human right. “The United Nations Universal Declaration of Human Rights”, “The Convention on the Rights of the Child”, and “The Convention on the Elimination of All Forms of Discrimination Against Women” are just a few of the significant regional and international conventions Uganda has ratified and signed as well for the women welfare. The FGM Act 2010 is a comprehensive legalization that consists of the punishments and offenses for genital mutilation in females in Uganda.¹⁶⁸ In this act, the criminal offenses that are related to FGM and the court orders and jurisdiction have been discussed. It is identified that there are various legal cases that are related to the act.

One of the landmark judgments is *Law & Advocacy for women in Uganda V. Attorney General*, the organization Law and Advocacy for Women in Uganda filed a petition in the Constitutional Court seeking declarations that the custom and practice of FGM is inconsistent with the Constitution of Uganda (1995) and violates various articles therein and, as such, should be declared unconstitutional. The petition in detail explained the reasons why this procedure which is called a custom is still prevailing in Uganda and also the consequences of FGM. The petition was successful and uncontested. The responsibility of the judiciary in upholding the law and eliminating FGM formed part of the judgment and concluded, ‘The judiciary being part of the State machinery is enjoined to address this issue aggressively whenever it comes before the court by involving innovative and progressive interpretation of the laws. Failure to do so would be tantamount to a breach by the State of its international obligations¹⁶⁹.’

According to all the judges of this case, “ There is no doubt in my mind that Female Genital Mutilation violates the rights of women enshrined in articles 21, 24, 32(2), 33 and 44 of the Constitution. To the extent that girls and women are known to die as a direct consequence of Female Genital Mutilation, it contravenes article 22 which provides protection to the right to life.”

- Also ruled that “This Constitution is the Supreme law of Uganda and shall have binding force on all authorities and persons throughout Uganda.
- If any law or any custom is inconsistent with any of the provisions of this Constitution, the Constitution shall prevail, and that other law or custom shall, to the extent of the inconsistency, be void¹⁷⁰.”

It is reported that in this petition, that under 137(1)(3)(a) and (d) of the Constitution of Uganda and Rule 3 of the Constitutional Court (Petitions and References) Rules” which clearly states about the criminal offenses that have been taking places in the rural community of Uganda. According to the petition, it was clearly mentioned that after having FGM, women are found to bear excessive pain throughout their lives, especially when urinating or menstruating.¹⁷¹ In addition, giving birth was not an easy task for them as many of them had

died due to excessive bleeding during giving birth. It is also identified that the risk of HIV/AIDS has increased for the victims as well.

Some of the cases that are associated with the law are ***“The State v. Ngororero Florence: Criminal Session Case No. 060 of 2019 (High Court of Uganda)”***. In this case, a woman was found to be involved and was accused to perform FGM on a 10 years old girl. The woman was sentenced to 11 years in prison for her activities.

A similar incident was reported in the UK. It has been identified that a female from Uganda has been arrested and given punishment to stay in prison for 11 years as she was involved in FGM of her 3 years old daughter in 2017.¹²² However, the judge did not find any legal reasons on her behalf of the mother for doing such a cruel offense. Another case is ***“The State v. Kapkwom Ewochu: Criminal Session Case No. 070 of 2018 (High Court of Uganda)”*** in which a man was involved in cutting out the genital organs of four girls in the Kapchorwa District. He was accused of manipulating the girls though the case was dismissed due to the lack of proper evidence. In addition, there are several incidents that were involved in this case. At that time there were many persons who were involved in manipulating girls, especially 12-14 years older girls in order to perform FGM.

7.0 Analysis and conclusion

The findings of the research clearly indicate that eradicating the practice of FGM and effecting change will require a transformation of social norms and behaviors. Despite the national law in Uganda prohibiting the practice, the continued prevalence within certain communities in Uganda can be attributed to deeply ingrained social norms and customs, which are compounded by patriarchal societal structures. However, changing deeply rooted social norms that have existed for thousands of years is a formidable challenge that must be approached with cultural sensitivity and respect for the affected communities.

It is important to acknowledge that FGM is not done with the intention of harming, but rather to create a better future for them by hindering them from experiencing discrimination and being left outside society. To effect change, education about the devastating consequences of FGM and information about girls' and women's individual rights, combined with the support of male allies, is crucial. Another aspect might be to address any institutionalized discrimination against women, such as women who have not undergone FGM being excluded from male circumcision ceremonies or serving food to elders within their community. This could prevent them from feeling pressured or forced to undergo FGM.

As mentioned, FGM is a deeply entrenched practice in specific social norms and societal contexts, however, it should not be addressed in isolation from related subjects such as gender equality and poverty. The relationship between poverty and FGM is evident from the data indicating that poverty may be one of the reasons why girls undergo FGM, as it is believed to enhance their chances of getting married and provided for. Therefore, eliminating poverty can as well be an essential component of any strategy aimed at eliminating FGM. Furthermore, it may be important to help women who perform the procedure find another practice to make a living. Since performing FGM can be the way for her to provide for herself and her family. However, altering social norms is a complex and challenging task, as shown in the research. It is important to acknowledge that deviating from social norms and challenging them as an individual within a society can be exceptionally difficult. Especially because most individuals in any society are probably hesitant to deviate from the norm, emphasizing the need for collective change efforts. To challenge deeply ingrained traditions an inward shift is required. One approach could be to break the silence around the negative consequences of such norms and empower women to speak openly about their experiences of suffering, to spread awareness regarding FGM.

Nevertheless, patriarchal social structures, which are pervasive in societies like Uganda where FGM is prevalent, play a significant role in perpetuating the practice. Therefore as mentioned, engaging men as allies in the prevention and elimination of FGM is crucial, without men adopting a patriarchal approach when they might intervene in a sphere where women have the influence and power. Furthermore, within a patriarchal society, there is the possibility that the men within the household are the ones taking the decisions, and therefore their perception regarding FGM may be significantly important to create a change in the social norms.

Furthermore, in addition to the change that is regarded regarding social norms and behaviors, international and national legislation plays a significant role in the discussion regarding FGM in Uganda. For example, the examined international legal framework and the recommendations emphasize the importance of a comprehensive approach and international efforts in eliminating FGM effectively. The combined international efforts are necessary to fight the complex nature of this harmful practice, and especially its prevalence in different regions around the world. The abolishment of FGM in one region is also reversible, as it can get worst or even resurface in places where it did not previously exist, especially if there are no sustainable monitoring, support, and efforts to prevent it. For example, the cross-border FGM phenomenon, immigration, and asylum depict the pressure facing families to subject their daughters to this harmful practice in order to obtain social acceptance. Accordingly, it is important to understand the crucial role of sustainable and continued legal monitoring, reporting, international legal frameworks, and cooperation between governments, organizations, civil societies, and individuals in the eradication of FGM.

The relevance of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC) is enormously important. CEDAW provides a comprehensive framework for governments about the negative impacts of gender-based violence and other forms of discrimination against women, while CRC provides a guiding framework for States to implement in order to protect children from any form of violence and abuse and to ensure their rights are respected and protected. Furthermore, Uganda Periodic Report highlights the efforts done by the government to ensure and maintain the provisions of CEDAW in its national policies and shows great improvements in the implementation of CEDAW in the context of new regulations and legal frameworks, community awareness campaigns, and other initiatives that have helped improve the health and well being of women in Uganda. However, the prevalence of FGM is still high in some rural and remote areas, and there is a need for much more continued action and sustainable solutions. The general and joint recommendations of CEDAW and CRC have also made clear guidelines for States to implement the provisions of the conventions and eliminate FGM and any other harmful practices against women and girls. Additionally, the Declaration on the Elimination of Violence Against Women and the Maputo Protocol both are important legal instruments in recognizing women's civil, political, economic, social, and cultural rights in equality, security, justice, and dignity.

In conjunction with changing social norms and international legislation, the national legislation brought up in this report is crucial to the elimination of FGM within Uganda. The conclusion that might be drawn is that FGM is a practice that poses a significant criminal issue. Therefore there is a need of spreading awareness about the Prohibition of Female Genital Mutilation Act 2010 in order to prevent the cruel practice and save girls and women to be forced to undergo FGM. In this regard, various legal cases that are involved in the act are critically analyzed.

As mentioned FGM creates immediate long- and short-term complications, including shock, severe pain, risk of death, infections, infertility, surgery later on, and risk for childbirth complications as well as newborn deaths. In combination with the fact that FGM can be done to prevent girls from developing any kind of physical relationship before marriage, because of the horrible consequences it is necessary to take immediate action to apply the Prohibition of Female Genital Mutilation Act in order to stop the practices of FGM. Furthermore, NGOs and the Government of Uganda need to take initiative in order to restrict the actions. Several educational programs and training need to be initiated for making aware to the women about FGM and for initiating self-protection as well. As per the judgment of the judges, the Parliament has already forbidden FGM practices and the laws should be implemented properly in order to mitigate any kind of violence against women. In addition, the judiciary will support the women so that they do not become victims of FGM anymore in the future.

A comprehensive approach is needed to tackle the issue of female genital mutilation (FGM). The complex nature of FGM requires a multifaceted process in the collaboration between countries, the ongoing efforts, and the sensitive cultural aspects that need to be addressed in order to eliminate FGM. Moreover, legal frameworks criminalize FGM, convict the practitioners of FGM, and hold them accountable for their crimes; this provides a clear understanding that this practice is illegal and goes against women's and girls' rights. Besides, the legal frameworks take into consideration the cultural context of FGM in the form of obligating the States to provide community awareness campaigns on the impacts of FGM on women and girl's lives, changing the cultural attitudes and beliefs about FGM, and help women and girls in making decisions over their bodies. Thus, the elimination of FGM requires mobilizing efforts internationally to ensure capacity-building and sharing expertise to guarantee a better future for women and girls across Africa and the world.

In conclusion, the reasons for the continuation of FGM in Uganda are the deeply rooted social norms, lack of implementation of national legislation, and enforcement by the police. Eliminating FGM requires a multifaceted approach that involves addressing related issues such as poverty and institutionalized discrimination against women, while also emphasizing education and behavior change with cultural sensitivity and respect for affected communities. In combination with international legislation, a working national legal system where acts such as the Prohibition of Female Genital Mutilation Act 2010 get implemented, followed, and respected.

Recommendations

We are calling on the Ugandan Government to:

- Train the policemen and educate them about the sensitivity of handling cases of violence against women, and give them the necessary tools to examine the cases and seek assistance when needed in order to effectively implement the FGM Act and other legal instruments regarding violence against women. Regular Police patrolling can be done.
- Engage community, religious and traditional leaders in the campaigns of spreading awareness about the impact of FGM on women's health and rights in combination with work to eliminate harmful social norms.
- Provide support for local anti-FGM movements and leaders operating in areas with the highest prevalence of this harmful practice within the country.
- Focus on establishing more healthcare facilities and shelters that are specialized as one-stop for survivors of FGM that are sustainably developed as shelters to prevent FGM and help survivors.
- Strengthen the investments in community programs to raise awareness, education, and collective action, especially in regions where FGM is prevalent in Uganda such as Karamoja and Sebei.
- Continue the work regarding gender equality, and implement it in all aspects of society, for example, community sensitization campaigns.
- Hold campaigns for the proper implementation of the FGM Act.
- Autonomous bodies can be established in the courts which work for educating the general public about their rights and benefits.
- Make the Act/Law available in different local languages.
- Strengthen rural-urban linkages when it comes to enforcing the law on FGM, and sharing capacities.

We are calling on governments around the world to:

- Put more effort into resources to eliminate FGM once and for all.
- Collaborate together to systematically change the situation on FGM around the world.
- Support survivors of FGM by providing adequate healthcare for their physical and psychological health needs.
- Work more with gender equality to end patriarchal structures.

We are calling on international human rights organizations to:

- Support the Ugandan government in eliminating FGM in rural and remote areas.
- Provide financial and logistical assistance in the form of aid, education, and training.

We are calling on the general public and individuals in Uganda to:

- Encourage the women (wives, daughters) to obtain an education.
- Report the occurrences of any FGM around the locality

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