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FEMALE GENITAL MUTILATION IN EGYPT

(COMPARED TO BURKINA FASO)

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Female Genital Mutilation in Egypt: (compared to Burkina Faso)

Defining Female Genital Mutilation

Female Circumcision, also called Female Genital Mutilation (FGM), is a traditionally rooted process involving the partial or complete removal or alteration of healthy female genitalia for non-medical reasons. While there are no proven health benefits of the practice there are several serious health risks associated with it. The practice is usually carried out on girls between infancy to fifteen years of age. About 101 million girls and women suffering the consequences of FGM – out of the estimated 140 million worldwide – are in Africa. (WHO, No. 241) This paper specifically focuses on two countries on the African continent – Egypt (2013 Human Rights Report) and Burkina Faso – both very ancient countries. While in Egypt, 91% of the country's female population (i.e., 27.2 million women) have undergone - and continue to undergo – FGM, in Burkina Faso it is much less – 74% i.e., approximately 11 million women (WHO, 1) After examining the causes of the practice in Egypt, I will highlight the efforts that are being made at a social and legal level to eradicate FGM there, and will compare it to efforts in Burkina Faso where FGM mitigation efforts have been so effective that the country has seen a significant reduction in FGM levels over the last decade.

Prevalence of FGM

According to a WHO report, approximately 140 million women worldwide have had the procedure done to them. The same report states that of the estimated 101 million African women who have been circumcised, the majority are located in sub-Saharan Africa. Within Africa, FGM is especially practiced in the Sub-Saharan and North Eastern parts of the continent. (WHO, No. 241) Types I, II and III have been documented in 28 African countries, a few countries in Asia

and the Middle East. Type I involves the partial or complete removal of the clitoris. Type II involves the additional removal of the labia majora and labia minora. Type III involves the sewing of the vagina to create a covering seal. WHO estimates suggest that Type I, II and IV are more prevalent (90% FGM cases reviewed) than Type III (10% of reviewed cases.) Type III (Infibulation) is considered the most painful of all the practices. (WHO)

Issues surrounding FGM

In today's world, where gender equality and violence against women are important issues, female genital cutting is viewed as compromising the wholeness and dignity of a woman and is a manifestation of the subordination of women by patriarchal cultures. Since female circumcision causes several serious physical and psychological problems, from a HR perspective, it is considered to be a form of torture and violation of a woman's basic rights to a healthy and happy life. Specifically, the practice of FGM violates the following internationally recognized human rights as set forth by The Universal Declaration of Human Rights:

Article 3: The "right to life, liberty and security of person," which is violated in cases where the procedure results in death;

Article 5: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment" which is violated in cases where the procedure is forcibly performed on unwilling victims¹; and,

Article 25 (1): "Everyone has the right to a standard of living adequate for the health and well-being of himself" which is violated when the procedure results in health or other problems that reduce ones standard of health.

¹ It is essential to note that even in cases where women 'willingly' undergo the procedure, this choice is not considered an actual choice by several critiques, since in most cases, the women are not aware of either of the existence of anti-FGM laws, or their human rights.

A Case of Cultural Relativism

Before examining FGM in Egypt, I would like to point out that one of the major problems in dealing with human rights violation problems such as female circumcision is the issue of cultural relativism. As mentioned above, FGM causes serious health problems, including severe pain, hemorrhaging, infertility, childbirth complications and neonatal deaths, sepsis, increased risk of herpes and HIV, and last - but not least, the risk of death. Therefore, it is important to understand *why* 140 million women worldwide have undergone FMG, and millions more will continue to do so.

In fact, the Western world's use of the term 'Mutilation' to describe female circumcision has been widely criticized by Anthropologists such as Richard Shweder as a case of cultural relativism. Cultural relativism states that "human values, far from being universal, vary a great deal according to different cultural perspectives." (Cassman, 124) In other words, an individual's practices should not be judged according to another individual's culture, but according to the standards of the acting individual's own culture.

In several cultures, the practice is associated with notions of personal hygiene and inherent purity, which is reflected in the etymology. For example, the Arabic term for circumcision is *khitan*, or *tahara* or *tahur*, all of which derive from the verb meaning, "to purify." (Obermeyer, 84) In Mali, it is called *bolokoli*, meaning to wash one's hands, while it is called *Isa aru* in Nigeria - meaning to take a bath. All these terms arise from notions of cleanliness and hygiene associated with the practice in Asian and African cultures. By labeling the practice as a 'mutilation', Schweder, Cassman and Hamilton believe that the Western world effectively shows ignorance and disregard for other cultures, which arises from a lack of connection between human rights activists and cultural relativity. (Hamilton, 3). Since this study

has been conducted in the Western world, where female cutting is perceived to be an unnecessary marring of the female genitalia, for the purposes of this paper, female cutting is referred to as female genital mutilation.

Examining FGM in Egypt

While there are no conclusive theories as to the origins of FGM, it is widely thought to have its roots in the Nubian region, which now spans over Egypt, Sudan and Ethiopia; in particular, ancient Egypt, from where the Pharonic form of FGM gets its name. (DHS, 197) Moreover, there are references to female circumcision in in Greek geographer Strabo's notes of his visit to Egypt in 25 BC, and in accounts by German traveler, Niebuhr, who visited Egypt in the 1700s [6]. (Samatata Foundation) All of these examples illustrate that FGM has been a continuous process in Egypt since ancient times.

EDHS showed that despite anti-FGM legislations, as of 2013, 91% women in Egypt between the ages of 15 and 49 have undergone FGM. The practice is common not only among Muslim women, but also in the Coptic Christian community, which constitutes approximately 10 percent of the Egyptian population. Although, there has been a shift to FGM done illegally by medically trained professionals; while in 1995, only 45% of the FGMs were done by doctors, in 2008, the percentage had risen to 72.

Development of Egyptian FGM struggle

Female Genital Mutilation began to surface as an issue in Egypt in the 1950's, when most arguments against it were purely from a medical perspective, which stressed the physical health hazards of the practice. Thus, between the 1950s and 1970s, there were stories about the

bleeding, sepsis and serious infections, difficult labor and “frigid” sexual lives that many circumcised girls faced. However, decision-making women who attended these conferences failed to understand the traumas since they had been unaffected by their circumcision. This lack of connection between the healthy decision-making women and the victimized women referred to, accounted for the lack of progress in anti-FGM movements during this phase. (Dawla,130) Moreover, the political situation in Egypt during this period prevented NGOs from meeting together, which hindered the progress of anti-FGM work. (Dawla, 131)

This changed in 1994, when the Egyptian government agreed to host the International Conference on Population and Development (ICPD) in Cairo in an effort to project an anti-terrorist image and promote Egypt as a tourist destination. (Dawla, 131)

At the 1994 ICPD, on the topic of Female Genital Mutilation, NGOs approached the problem from a health perspective and through a reproductive rights lens or feminist perspective. FGM – and other issues on reproduction discussed at the conference – faced widespread opposition from religious and conservative groups, who labeled the organizers and speakers as immoral since they were discussing sexuality – a topic y not publicly discussed in many Middle Eastern and north African societies. (Popcouncil, 2011) These groups claimed that the conference was an opportunity for the West to push its agenda to negate Egyptian traditions and culture. (Dawla, 131)

During this period, the President and Ministry of Health released a statement that claimed that circumcision was a rare practice in Egypt and was fading out. Ironically, the very next day CNN released a video depicting the circumcision of a young Egyptian girl, which had been filmed during the week of the conference. This unavoidable proof of the prevalence of FGM

contradicted the official statement, and embarrassed the government into making a statement both denouncing the practice and promising to legislate against it. (Dawla, 131)

The proposed legislation created more disharmony in the country. Due to low levels of identification between Egyptian citizens and the government, laws affecting personal aspects of the citizen's lives were treated with general hostility. With regards to FGM, this created a post-conference backlash of opposition to anti-FGM legislation. As a result, the space and freedom that had been granted to NGOs during the conference was revoked and reduced to its negligible pre-conference amount. (Dawla, 132)

Despite this demotion a number of changes in legislation in which FGM was made illegal and then permissible again through a Ministry of Health decree with the idea that medicalization would put an end to the practice. This process occurred several times, and eventually Egypt's final FGM ban in 2005 has remained in place up till now.

In spite of these contradictory developments since the ICPD, FGM has become a highly politicized event in Egypt and it reflects a wide range of political agendas on the status of women and feminist views in the country. One of the country's main activist groups is the FGM Task Force created in late 1994 to work with research, advocacy, campaigning, networking and training on how to address FGM. In more recent years, the anti-FGM movement has become a platform of self-determination for women who seek ownership of their own bodies and culture in a bid for the secularization and democratization of Egyptian society. (Dawla, 134)

Domestic Laws in Egypt

As of 2013, twenty-six countries within Africa and the Middle East have prohibited FGM/C by law or constitutional decrees. These include Burkina Faso, Egypt, Eritrea, Ethiopia

and Senegal. Other countries, such as Mali and North Sudan, apply general existing criminal laws to FGM/C, while countries such as Gambia have no laws on the matter at all.

In 2008, the Egyptian Parliament criminalized FGM/C through Article 242 of the Egyptian Constitution.² Through further amendments, the new article 242 added to the Penal Law, by virtue of the Child Law no. 12 of 1996 amended by Law 126 of 2008, declared FGM as a crime and imposed tough punishment on practitioners and parents/guardians. The new Article 242 unequivocally states that “Without prejudice to any greater penalty prescribed by another law, shall be punished by imprisonment for not less than three months and not exceeding two years, or a fine of not less than one thousand pounds, and not exceeding five thousand pounds, anyone who caused the injury which is punishable by Articles 241, 242 of the Penal Code, through performing female genital mutilation.”

In other words,

- If any female –regardless of her age – is made to undergo FGM – even the lightest form – or any form of vaginal wound by her parents or guardians, the physician and parents/guardian will be then imprisoned for a period of three (3) months to two (2) years, or have to pay a fine of one thousand (1,000) to five thousand (5,000) Egyptian Pounds - even if the act has not caused a handicap or disease
- If parts of the genital organs of any girl or woman are defaced, the act is then considered a criminal offence against the girl or woman. The perpetrator will be imprisoned for three to five years, and from three to ten years if the wound is done with premeditation

² . Proclamation No. 414/2004, Criminal Code of the Federal

²Republic of Ethiopia (Revised), Part 2 Book 5 Title 1 Chapter

²3: Crimes Committed Against the Life, Person, and Health

²Through Harmful Traditional Practices (2004) available

²at <http://mail.mu.edu.et/~ethiopia/laws/criminalcode/>

²criminalcodepage.htm had 49.8% and Sharkia had 73.9% while

- If FGM causes the victim's death (article 236 of the Penal Code), the perpetrator will then face hard labor or imprisonment from three to seven years

International Treaties and Conventions affecting Egypt

Egypt has ratified a number of international conventions and treaties protecting the rights of women, which cover topics such as FGM. These include:

1. The Convention on the Elimination of All forms of Discrimination against Women, signed on July 16, 1980.
2. The International Covenant on Civil and Political Rights, signed on 14th January, 1982.
3. The Convention on the Rights of the Child, ratified on July 6th, 1990.
4. The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, signed June 25th, 1986.
5. The Convention on the Elimination of all Forms of Discrimination against Women, ratified September 18th, 1981. (all from UN Treaty Collection)

Regional Treaties and Conventions affecting Egypt

Regional African conventions condemning the practice also affect Egypt. These include:

1. The African Women's Protocol by the African Charter on Human and People's Rights is the first international convention to name and prohibit Female Genital Mutilation. (Article 5, TAWP)
2. The African Charter on the Rights and Welfare of the Child, ratified September 5th, 2001.

Effectiveness of Laws

Despite the presence of anti-FGM laws both regionally and nationally in Egypt, a June 2013 study by the British International Federation of Gynecology and Obstetrics showed that no

African country had, till then, ever criminally prosecuted anyone for FGM in MENA. Given the public prevalence of FGM is, this rules out the possibility of ignorance to the presence of FGM as a possible cause for the lack of prosecution. It does, however, point to ineffectiveness of the laws and a lack of their application.

Extent of FGM practice in Egypt

As of 2007, a WHO study shows that the prevalence of FGM within Egypt varies in different governorates. In the southern Upper Egypt cities – FGM was practiced by 85.5% (Luxor City), 75.5% (Assuit) and 73.1% (Bani Suif) of the female population, respectively. In northern Lower Egypt cities, the percentages dropped 49.8% (Dakhliya region) and 73.9% (Sharkia). The lowest levels of FGM were found in Port Said, Demiatta and North Sinai with rates of 17.9%, 21.5% and 25.3%, respectively. From this information, it is evident that FGM is widely practiced in Southern Egypt. The study also revealed that FGM was higher in the rural areas of Luxor (99.3%) than in the urban area (85.5%). (Eldin, WHO)

Causes of FGM in Egypt

The causes of FGM in Egypt are the same as in other African countries, and they revolve around five main ideas

- (1) Virginity and Chastity: Chastity and virginity are highly valued concepts that are tied to perceptions of honor in Egypt as in other Asian and African cultures. As a result, FGM is seen as a means of ensuring that a girl's virginity remains intact, thus preventing pre-marital sex, and making girls eligible for the marriage market which looks upon uncircumcised girls as sexually promiscuous. (Popcouncil, 2011)
- (2) Fidelity: FGM forces women to maintain marital fidelity. This idea is similar to the Western concept of chastity belts. (DHS, 2005)

- (3) Initiation: The process is seen as an important rite of passing into womanhood, which is sometimes accompanied by feasting, music and other community activities.
- (4) Hygiene: Some communities believe that FGM prevents the entrance of germs and dirt into the body after ablutions.
- (5) Femininity: This arises from the belief that the clitoris, which is a form of erectile tissue similar to the male penis, is an unacceptable form of masculinity present in women.
- (6) Religion: Widely cited by millions of people as a cause for FGM, in Egypt too, Muslims and Coptic Christians believe that religion calls for FGM.

Responses to FGM

1) NCCM & The FGM Free Village Model

Probably the biggest anti-FGM undertaking in Egypt is The FGM-Free Village Model, a national initiative launched by a government organization called The National Council for Childhood and Motherhood (NCCM) in 2003. This program attempts to change familial attitudes towards FGM by making them knowledgeable of the detriment of the practice, thus enabling them to abandon the practice altogether. This project was implemented from 2003 to 2005 in 60 villages in 6 governorates in its first phase. During its second phase since 2005, the program has been implemented in over 120 villages in a total of 10 governorates. An evaluative study conducted on the effectiveness of the program in 2011 found that 81% of women in the intervention group stated that the information they had received in the program made them re-evaluate their views regarding the circumcision of girls, compared to only 17% in the control group who responded the same way. Moreover, 76% of the women in the group whose daughter

were still uncircumcised said they were convinced to not circumcise their daughters compared to 19% in the control group. (Barsoum,2011)

2) Toll Free Helpline

NCCM has also created a toll-free child helpline, 16000, which attends to the needs and inquiries of families with girls at risk of being subjected to FGM. In fact, NCCM was one of the main groups whose forceful campaigning led to the criminalization of FGM in 2008. The group has collaborated with organizations such as the United Nations Development Programme (UNDP), Donor Assistance Group, European Commission, United Nations Population Fund, United Nations of Volunteers and Plan International for its anti-FGM efforts.

3) NGO work

In addition to this, campaigning by several NGOs resulted in some religious leaders publicly denouncing FGM through Pope Shenouda III, the Patriarch of the Coptic Christian Church in Egypt publicly announced his opposition to FGM. (Abdullah, 2014) Fatwas, or religious edicts. NGOs in Egypt include UNFPA, UNICEF, Orchid Project, which have teamed up with volunteers and other civil rights groups in the country to launch the *Kamla* Campaign. This campaign features slogans such as “Our daughters were born complete Why do we want them to be incomplete?” on hoardings across different governorates of the country. Besides this, UNICEF has also assisted in a project involving 40 villages in Egypt, based on the “Positive Defiance Approach”, which provides a culturally sensitive approach to establishing solutions to FGM in society. (Abdullah, 2014)

4) Addressing Religion

To address the problem of belief in religious requirement of FGM, the Al-Alzhar Supreme Council of Islamic Research, which is the highest religious authority in Egypt, issued a

fatwa against FGC, saying that it has no basis in Islamic law. Moreover, a recent UNICEF report commented that programs by the Coptic Evangelical Organization of Social Services resulted in 50 villages abandoning the practice in 2009. (Orchid Project)

Effects of Responses

The recent 2008 Demographic Health Survey in Egypt (EDHS) reported that the FGM/C prevalence rate among women from ages 15-49 is 91.1%, and mainly among girls aged 15-17 (74%). This report indicated that a decline is expected over the next fifteen years among girls age 15-17, reaching a level of 45%. (UNFPA). In addition, in 2003, the Egyptian Interim Demographic and Health Survey conducted a survey for from women who said that their daughters would not be circumcised. Most of these women (61%) simply said that they did not believe in the practice of genital cutting, while a substantial proportion of the survey group (42%) expressed concerns about potential health complications, and only 20% saw genital cutting as against their religion. Another study in Egypt among medical students reported that 72–78% of medical students were against FGM. (WHO Intl.)

Effect of Recent Political Upheaval on FGM

1) Revolutions & Arab Spring:

Since Egypt's 2011 revolutions, international support for the mitigation of FGM has waned significantly. According to Marta Agosti, head of the anti-FGM program for the UN Changeover, political instability has resulted in a 75% cut in Egypt's FGM-related donor funds to the UN since January 2011. (Orchid project) This reduction in funding has also slowed down official work among government ministers. Moreover, the National Council for Childhood and Motherhood, one of the main government bodies working towards change, was “shuttered” after the revolution, sparking concern among activists that its capacity will shrink in its new home

under the Ministry of Health. In addition to this, Agosti reports that instability and a shortage of funding have curtailed the functioning of NGOs, resulting in less fieldwork and fewer workshops to mitigate FGM. (Sharma, New Republic)

2) Muslim Brotherhood:

Following President Hosni Mubarak's departure from the Egyptian political scene, the rise of the Muslim Brotherhood has posed serious problems for anti-FGM campaigns. While they do not have an official position on FGM, they have, in the past, opposed a ban on FGM. While some members of the group have pointed out that opposition to a complete ban does not indicate support of the practice, the group generally does not speak up against FGM. (Sharma, New Republic) In fact, Saad El Katani, the leader of the Brotherhood in parliament in 2008 stated "nothing in Islam forbids circumcision." (Sharma, New Republic) In May of 2012, a Salafi MP began renewed calls for the practice of FGM to be decriminalized; however as of April 2014, FGM continues to be illegal in Egypt.

3) Tainted Mubarak Legacy

Former President Hosni Mubarak's wife Suzanne Mubarak was one of the country's strongest anti-FGM supporters. She gave several speeches and organized conferences opposing FGM, which held more importance and gravity than some other NGO events, because of her position of power as the then dictator's wife. She also played an important role in getting both Christian and Muslim religious leaders in the country to publicly forbid the practice; since religion was widely cited as a major cause of FGM this ultimately had a greater impact on the number of people practicing FGM than the legal ban did.

Despite the political momentum that Suzanne Mubarak's presence gave the anti-FGM movement, after the revolutions, anything attached to the Mubarak's legacy was considered

tainted. As a result, Mrs. Mubarak's efforts for the mitigation of FGM were criticized as being exaggerated, which has cast a negative light on the movement as a whole. Along with other NGOs, the UN has been maintaining a low profile. Agnosti explains that they "don't want the issue to be captured by the ultra-orthodox." (Sharma, New Republic)

Recent Developments

Despite the negative implications of the afore-mentioned points, the case of FGM in Egypt is not altogether lost. In 2013, Soheir al Batea, a 13 year old girl, died after a doctor performed female genital mutilation at her father's behest. Due to significant pressure from anti-FGM activist group Equality Now, Egypt's Ministry of Health and Population decided to close Dr. Fadl's clinic pending further investigation by the Attorney General. Moreover, this case created a precedent in the Middle East & North Africa (MENA) region by becoming the first case where both Dr. Fadl and Soheir's father will face criminal charges for subjecting Soheir to FGM since it was banned in 2008. They have been standing trial since March 2014. This case is also significant since UNICEF reports that medicalization of FGM is on the rise in Egypt with approximately 72% of the procedures being performed illegally by doctors in private clinics. (Equality Now, 2013)

Comparison

Choosing Burkina Faso for comparison

Out of all the African countries that practice FGM, Burkina Faso provides the best comparison because of how well it has handled its FGM situation.

Anti-FGM Laws in Burkina Faso

The practice has been illegal in the country since February 1997. (Burkina Faso, US State Dept., 2014) Unlike Egypt, the constitution of Burkina Faso has several clauses that address the practice. This include:

1. Article 380: which provides a minimum prison sentence of 6mnths to a maximum of 3 years in addition to a fine of 150,000 to 900,000 francs (US\$240-1,440) “to whomever attempts or succeeds at damaging the physical integrity of a woman's genitalia by total ablation, excision, infibulation, desensitization or all other methods. If death follows, the prison sentence is five to ten years. Similar sentences are applicable to those who request, incite to excision or promote it either by providing money, goods, moral support or all other means.” (Burkina Faso, US State Dept., 2014)
2. Article 381: Penalties will be applied to the fullest extent of the law if the guilty party belongs to the medical or para-medical corps. The judge can additionally forbid the guilty party to practice his or her profession for a maximum of five years. (Burkina Faso, US State Dept., 2014)
3. Article 382: Imposition of a fine of 50,000 to 100,000 francs (US\$80-160) on all persons who knew the criminal behavior described in Article 380 was to take place and did not warn the proper authorities. (Burkina Faso, US State Dept., 2014)

Burkina Faso’s strong laws, unlike Egypt’s laws, are effective due to tireless campaigning by missionaries since the beginning of the 20th century that is still today carried on by government officials and NGOs (State gov.) Since the adoption of the anti-FGM laws in 1997, Burkina Faso has convicted 94 FGM cases. In fact, from 2005 to 2009, over 686 people were sentenced for FGM (40 excisors and 646 parents). In 2009, authorities responded to 230 individual cases and

stopped three planned excisions. In 2009, an additional 8 excisors and 54 ‘accomplices’ were arrested. (UNFPA)

The drawback of this system is that it only works in cases where the flouting of anti-FGM law are known of. As in all countries, legislating against traditional practices such as FGM, often results in the risk of the practice running underground. In such cases, more harm is caused to the child involved, since her parents might be too scared of prosecution to give her necessary medical attention in case of procedural complications. In particular, to escape prosecution, some families cross borders to neighbors of the landlocked Burkina Faso, to perform FGM.

Mitigation of FGM in Burkina Faso

Burkina Faso’s success in dealing with FGM is not limited to its laws. Its NGOs and government have engaged in successful campaigning and programs such as those mentioned below:

1. The Pleasure Hospital

This ‘in-progress’ hospital, is a project funded by a California and Canada based charity organization called ‘Clitoraid.’ When opened, it will be the first hospital of its kind to provide corrective clitoral repair surgeries.

2. National Campaign by CNLPE & First Lady

This campaign was set up by Presidential decree in 1990. It provides specific training sessions targeting traditional leaders, Islamic associations, churches and pastors, women’s associations, and health professionals in addition to other groups. (Burkina Faso, US State Dept., 2014)

3. ‘Green Phone’

24-hour SOS telephone hot-line which addresses concerns of any family with daughters at risk of undergoing FGM. (Burkina Faso, US State Dept., 2014)

4. Educative materials by National Literacy Institute

The Literacy Institute has provided several educative materials that provide ample information on FGM that is accessible to people all over the country. (Burkina Faso, US State Dept., 2014)

Conclusion

Research cited in this paper has shown a paradox of sorts.

As the survey of Upper Egypt regions has shown, religion, tradition and society exert more pressure than legislations and education in the rural areas, where superstitions still predominate. However, the positive aspect in this seemingly dark cloud is the first proper enforcement of the anti-FGM law by the Egyptian government – the prosecution of the father and doctor who performed FGM on Soheir al-Batea.

As in all African nations guided by a common basic culture, FGM was quite prevalent in Burkina Faso. However, through radio and educational campaigns by French missionaries in the early 1900s and, later, by officials and NGOs, people began to be aware of the harmful results of FGM before it had become an issue in the rest of Africa. As a result, preventive methods could be implemented in Burkina Faso, leading to a considerable decline in levels of FGM (2008). As of 2008, there has been a reduction in the number of younger girls being circumcised. While amongst the 72.5% of females circumcised, 80% were between the ages 20 and 49, 65% were between 15 and 19 years of age, and only about 20% less than 10 years of age.

Both, these figures from Burkina Faso and the recent prosecution of Soheir al Batea's father and doctor, show definite improvements, within the last decade, in the efforts of UN and human rights groups towards eradication of FGM.

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