

UNIVERSITÀ DEGLI STUDI DI PADOVA

DEPARTMENT OF POLITICAL SCIENCE, LAW,  
AND INTERNATIONAL STUDIES

**Master's degree in  
Human Rights and Multi-level Governance**



CHALLENGES AND APPROACHES IN  
ERADICATING FGC: INSIGHTS FROM THE SOMALI  
AND EMBERA COMMUNITIES IN COLOMBIA

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Matriculation No. 2039424

A.Y. 2021/2023



“Haween la’aani waa hoy la’aan”



## **Abstract**

The present investigation explores the complicated FGC outlook with a specific spotlight on the Somali and Embera communities in order to gain a better understanding of why this practice persists despite strong international and national legal frameworks. Going beyond legal frames, this thesis navigates the cultural complexities that sustain this practice, employing a qualitative research approach to explore its intersectional dimensions within these communities. Suggesting that the limited success in reducing this procedure is due to a misalignment between the cultural approach employed and Western perspectives. The results of this research highlight the significance of identifying variations in practices and try to bring the spotlight to alternative routes for culturally sensitive approaches, emphasizing the necessity of tailored strategies to protect women's and girls' health and dignity while preserving their cultural identity.

**Key words:** Female Genital Cutting, Indigenous Embera, Somali Women, Intersectionality, Western Perspective, Project Challenges.

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## **Acknowledgments**

I want to take this opportunity to acknowledge and express my sincere gratitude to my supervisor, Olga Breskaya, for her assistance in making this project a reality. I was able to complete all of the writing phases with the help of her direction and counsel. I also want to thank all of my peers, especially Meli and Lucia, who provided support and counsel to me during the entire master's program.

I would also like to give special thanks to my brother, my parents, and my family as a whole for their continuous support and understanding when undertaking my research and writing projects. To everyone who makes Padova home: Vitto, Lene, Sere, and Nas, on whom I build some beautiful moments. And to everyone who allowed me to create new stories and make memories that will last forever:

Forever grateful.



## List of Abbreviations/Acronyms

AA	Anadolu Agency
ACHPR	African Charter on Human and Peoples' Rights African Commission on Human and Peoples' Rights
ACRWC	African Charter on the Rights and Welfare of the Child
ARPs	Alternative Rites of Passage
AU	African Union
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women's Committee on the Elimination of Discrimination Against Women's
CIM	Commission on Women
CRC	Convention on the Rights of the Child
DEVAW	Declaration on the Elimination of Violence Against Women
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FGO	Female Genital Operation
FRS	Federal Republic of Somalia
GBV	Gender-Based Violence
ICBF	Institute of Family Welfare
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICRC	International Committee of the Red Cross
ICT	Information and Communication Technology
IDP	Internally Displaced Persons
ILGA	International Lesbian, Gay, Bisexual, Trans and Intersex Association
IPV	Intimate Partner Violence

M&E	Monitoring & Evaluation
NGOs	Non-governmental Organizations
OAU	Organization of African Unity
OCHA	UN Office for the Coordination of Humanitarian Affairs
PTSD	Post-traumatic Stress Disorder
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SHDS	Sustainable Health Development Survey
UDHR	Universal Declaration of Human Rights
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW	Violence Against Women
WHO	World Health Organization

## **Introduction**

Despite substantial worldwide and national legislative efforts targeted at its decline, female genital cutting (FGC) remains a deeply ingrained cultural practice. By concentrating on the Somali and Embera communities and by trying to answer why FGC continues to exist in spite of strict legal frameworks, This investigation goes beyond the realm of law to address the complex cultural elements influencing the continuation of this practice. Using a qualitative research methodology, this study proposes the hypothesis that Western-oriented cultural methods and the cultural contexts in which FGC is performed fundamentally misalign, leading to limited success in reducing it.

In the first chapter, the literature review explores existing research on FGC, focusing on the theoretical contributions and application of intersectionality that have been raised in the last few years. This framework recognizes the intersecting factors such as gender, religion, and migration that shape the experiences of women. The thesis digs into the customs and traditions of the Somali and Embera communities, including their culture, by highlighting their relationship with FGC from a woman's perspective within society. Understand the possible origins of this procedure and its recognized concepts and interpretations; also examine the health implications of the practice, including physical and mental health issues faced by affected females and the raising of medicalization due to migration.

The second chapter, which attempts to do so from a human rights perspective, is woven throughout the analysis and emphasizes the necessity to respect and safeguard girls' and women's fundamental rights, particularly the need to use constructive language. It explores the local, regional, and transnational normative frameworks referring to the interdiction of the continuation of this procedure that existed in relation to Somalia and the native tribes in Colombia, such as the Embera. Comprehending the legal differences, the existent commissions and organizations among Latin American and African Horn regions in terms of FGC It also includes social factors that contribute to the persistence of FGC, such as the rising cross-national culture of FGC and all the global efforts trying to cease its continuity.

In this order of ideas, the following chapter focuses on discussing the Embera-Wera Project by the UNFPA and the Joint Program conducted by the United Nations UNICEF and UNFPA, which are initiatives targeted at ending FGC in the Somali and Embera communities, respectively. The analysis assesses the effectiveness of these programs and each one of their phases, identifying their achievements, challenges, limitations, and results. This process allows the identification of analogies and distinctiveness, including important aspects that need to be taken into account, such as access to different facilities, in order to provide insights into the strategies employed, community engagement, and the sustainability of interventions. Nevertheless, the focus of attention to this segment is to question, understand, and criticize the way in which these programs have been implemented in the different regions.

Integrating a theoretical framework of intersectionality provides important insights into the methods for preventing FGC in the Somali and Embera communities. An investigation of the cultural and legal contexts and an examination of certain programs help to clarify the complexity and nuances of tackling this practice as well as effective strategies. Ultimately, the research tries to contribute to the global effort to reduce FGC and safeguard the rights and well-being of girls and women. But as a paramount with a forward course that not only respects cultural diversity but also empowers communities to embrace alternative rites of passage that preserve cultural identity while safeguarding the health and dignity of women and girls through an empathetic approach that leaves behind the Western perspective with a more personalized address.

## **Chapter 1.**

### **Literature and Historical Review of Female Genital Cutting**

At the age of six, Shamsa Araweelo, a Somali woman, was forced to undergo Female Genital Operation (FGO). After a couple of years, she moved to the UK where she started having severe menstrual pains, infections, urinary retention, and even her vagina was torn because of her cutting. Besides going multiple times to the emergency room, healthcare professionals never seemed concerned about her circumcision, and they never talked about possible solutions to stop her pain. The lack of specialized care, cultural respect, or even the precociousness of being called racist could be reasons why the health professionals reacted that way.

Shamsa Araweelo is not just a woman; she is also a black, migrant, Muslim, and circumcised woman who is part of multiple systems of oppression that simultaneously experience and influence how she experiences the world. Her identity is subject to numerous forms of oppression, which amplifies the struggles of marginalized individuals. During the 1980s, Kimberlé Crenshaw, a black feminist legal scholar, coined the word "intersectionality" to highlight the paradox of concurrent racial and gender prejudice. Despite her work being focused on labor discrimination against Afro-American women who were working at General Motors in the U.S., The use of this term has made it easier to identify important problems that contribute to inequality and forms of discrimination in diverse fields of social sciences, gender and racial studies, sociology, and ethnography.

#### **1. Intersectionality**

##### **1.1. Theoretical Contributions**

Although FGC is illegal and criminalized in many countries, it is a complex practice that needs to be understood from different perspectives. Women who have been through this procedure also need to be comprehended at the intersection of how their different power

structures work (Crenshaw, 1991, 1245–1246). Intersectionality frames and gives awareness to the multiple levels of social injustice that cut women can go through. It can be a strong basis for her study when women are considered not just by their multiple forms of inequality, such as race, religion, culture, and traditions, but by their junction as a whole.

Nevertheless, these multiple levels of social injustice can change not only by place, region, country, or continent but also by the current environment that the person is involved in. As it was mentioned before, the theory of intersectionality should be perceived at various levels of analysis to realize the social impacts of the members of a target group. Between the 1960s and 1970s, different social movements were important on the United States agenda. Crenshaw developed this metaphor to understand the gender and race dimensions that black women were discriminated against, oppressed, and subservient to in the United States, a theory that was followed by other scholars (Hill Collins, 2019; Nash, 2019; Hollis, 2022; and Viveros-Vigoya, 2022). In the course of this, there was also a political battle between the Chicanas and their political participation in the U.S. In this order of ideas, it can be considered one of the first times when the term was not just taking into account gender and race, as in black feminist movements, but also multiple dynamics such as ethnicity, nationality, linguistic, and social identities (Zapata-Galindo et al., 2014, 21).

An intersectional approach, according to Cynthia Anderson (1996), could frame several traits, including gender, race, and class, all at once. Because of this, human identities should be understood as a whole, considering that they are inextricably linked to one another. In this regard, the prior examination of social stratification, which was focused on a single category, is deficient. In simple terms, it's fundamental to understand several categories to address gender inequality.

Other feminists who have been applying intersectional analysis structurally have typically been considerably more cautious in keeping the various levels of analysis separate (Anthias & Yuval-Davis, 1983). Social categories should be about "macro axes of social power" but also about individuals. The organizational, intersubjective, experiential, and representational forms in which social differences take place have an impact on how we explain them, as do the linkages between the various levels (Yuval-Davis, 2006, 198).

She highlights the importance of evaluating public policies and how they are associated with social institutions and organizations.

Leslie McCall defines intersectionality as "the relationships among multiple dimensions and modalities of social relations and subject formation" (2005, 1771). She set up a theoretical framework in which individuals are studied in their complexity rather than being simplified or reduced. To understand their correlation, it is important to handle their difficulties and their methodological approaches. McCall diverges them into anti-categorical complexity as a deconstruction of the analytical and social categories relating to linguistic and historical classifications. Inter-categorical complexity contemplates inequality in the midst of social groups, in which it is necessary to understand the circumstances. This approach is based on the existing analytical category. For instance, using gender as an analytical classification of men and women, they can be compared in three systematic manners. Then, if we include socioeconomic class, which can be divided into high, middle, and low categories, they will end up with six groups, and so on. Finally, intra-categorical complexity is the midpoint between the other two. On one side, it admits the significance of using pre-existing categories, while on the other side, it embraces their value for comprehending the human social experience and does not fully deny their usage. (2005, 1773-76).

In simple terms, intersectionality is the unique circumstances of power that a woman has because of her privilege status and her identity. This is also affected by the external environment, such as colonization, politics, historical forces, immigration, the education system, and the legal system, just to mention a few, and those elements are interrelated with the woman's identity. As a result, it allowed for a better understanding of the types of discrimination that can impact her identity, such as racism, sexism, ethnocentrism, etc.

## **1.2. Application of Intersectionality**

Consequently, the notion of intersectionality became established in different academic fields in order to have a more complex, contextualized, and dynamic understanding of the social justice advocacy structures that existed. Throughout the history of the feminist movement, intersectional movements emerged, including not just black women (Brah &

Phoenix, 2004), but also indigenous women (Clark, 2012; Magliano, 2015; Maina-Okori et al., 2017; Viveros-Vigoya, 2022), migrants (Bürkner, 2011; Anthias, 2012; Herrera, 2012; Viveros, 2013), and religious-based feminist movements, such as Islamic feminism (Bassel, 2010; Salem, 2014).

Even though the concept of intersectionality wants to raise awareness about the interweaving of all the different axes of stratification, including racism, antifeminism, sexism, homophobia, xenophobia, transphobia, etc., it is also a way of recognizing how inequalities are articulated. Despite the fact that intersectionality is a dominant term in gender studies (Zapata-Galindo et al., 2014, 13), it could limit the studies if the multiple forms of discrimination are not taken into account by focusing on equality (Anderson, 1996, 732–733). But it is also necessary to use the theory as a critical and political tool and not as the only form to understand the complexity of gender relations (Viveros, 2013, 194).

Nevertheless, other scholars criticize that white and Anglo-American feminism has theorized intersectionality, and it is necessary to have a decolonial approach with a view to studying specific inequalities and their context (Brah & Phoenix, 2004; Viveros, 2013; Roth, 2022). For example, Latin America should be part of intersectionality (Zapata-Galindo et al., 2014, 14) through the concept of methodological Occidentalism or epistemic Occidentalism (Coronil, 1996, 55). Referring to an epistemological critique of Western knowledge as a "political understanding of the constitution of the "West" that encompasses an examination of its categorical system" (Coronil, 1996, 56), in other words, the classificatory system could construct relations among each other in unidirectional ways, creating different and new forms of mutuality. To do that, it is important to articulate the history, geography, and future because even their identities are related. (Coronil, 1996, 81).

Nonetheless, this correction method wants to sensitize researchers about the interlocking joints and simultaneously comprehend different regimes of power with the stratification axes of vulnerable people. Is a counterproductive method that is mostly used by European and North American theorists, while in America, mostly in Latin America, it is used very recently. Instead, Latin American activists have been speaking in terms of inequality, multiculturalism, and its differences (Anderson, 1996, 731), which is



commonly used within gender studies, including other social sciences. Latin American feminists affirm that historically, women from developing countries have always been oppressed by simultaneous and interconnected forms, so the concept of intersectionality is not relevant for them (Roth, 2022, 15).

On the contrary, some activists from different social movements and other social spheres consider the inclusion of more intersectional thinking at the institutional level in linkage with other marginalized groups relevant. While others reject the concept because they consider that it limits knowledge and reinforces the north-south relationship. It should be read with the different meanings of relation and joint that a category can have in each scene. For example, gender relations, class privilege, or race are understood not just differently but also differently in Colombia, Somalia, Italy, the United States, and the United Kingdom (Anderson, 1996; Wade, 2009; Viveros-Vigoya, 2022). The same happens at a micro level when they can mean something different between white women and black women, women and men, homosexuals, high-class, poor, or indigenous women. Same as when there is a black, lesbian, and educated woman with a poor lesbian woman, or what implicates being a learned black woman rather than educated white men.

Notwithstanding, in Europe, intersectionality should be evaluated from the institutionalization discourse because of the lack of a gender perspective and the large numbers of actors that are involved, along with the authorities among actors and different levels in the decision-making process. It should be seen as the process by which various inequality-creating categories are interpreted to produce certain norms of oppression or empowerment (Agustín, 2013, 41). Minority women may be included as policy interlocutors to integrate their interests and concerns into the policy process, but there are some institutionalized inequalities. As an example, the privileged position of gender.

The European Union, due to its emphasis on distinct issues rather than how they interact, does not recognize the empirical reality of diversity, and its institutional structures are different from the discourses and practices of transnational women's movements (45). Under those circumstances, supranational institutions, including networks, organizations, and interest groups at an international and local level, should side with the national civil society examination.

In Italy, for instance, there are numerous actors against discrimination who, through a cross-sectoral approach, are trying to promote policies and practices that are anti-discriminatory inside the country. The idea of intersectionality has not yet been widely accepted in the Italian legal system. The protection provided by anti-discrimination laws is based on lone identification criteria with inadequate interrelationships (Ferrari et al., 2022, 8). Whichever way, Italy and the other member states are contingent on European Union legislation. Which involves a wide range of actors from an international to a local level. One of the main challenges is building bridges between stakeholders, international organizations, and institutions, including state members, national organizations, and vulnerable groups, mostly minorities.

### **1.3. Indigenous Women**

Latin American indigenous people were enclosed under a Western cultural perspective. Considering how white people have encompassed them in their worldview, desegregating their historical relationships has transformed their discrepancy, unnaturalized their representations, and interfered with their previously asymmetrical relations of power with the emergence of hierarchy (Coronil, 1996, 54–55). Intersectionality can include all parts of their identity as indivisible and integrated, not just sex, ethnicity, and class, but also in terms of heritage, cultural alignment, spirituality, lineage, and connectivity with the land, in conjunction with LGBTQ indigenous people (Wilson, 1996, 305).

Indigenous people are intricately linked to places as well as with the local population and the inhabitants of those territories. Scholars have observed how languages, names, and costumes can be land-based cultures (Lowan, 2009, 52). Including their way of learning and practicing spirituality, based on the region (Scully, 2012; Henry, 2015). In several tribes of pre-colonial Indigenous civilizations, women served as both givers and keepers of Indigenous knowledge. Matriarchal civilizations, like those in Kenya, were destroyed by colonial structures that changed gender roles, forcing males to seek employment in the cities while women stayed inside their homes (Maina-Okori et al., 2018, 290). Examining colonialism through Indigenous perspectives aids in identifying the underlying reasons for settler colonialism's seizure of land in emerging nations.

#### 1.4. Religious Women

Religious women are participating in feminist intersectional movements in greater numbers. Along with the many perspectives, it can relate to the role of religion in contemporary feminism. Religious-based feminist movements have become more popular since the 1980s across a wide range of religions and nations (Woodhead, 2001; Giorgi, 2020). Feminist theories and agendas that take religion into account are quite limited in Europe and North America. The contentious discussions over the *hijab*, or the Muslim veil, showed this complexity. In Europe, especially in Italy, feminism demonstrates tremendous difficulties in engaging religious women and, even more so, in explaining the role of religion and religious disparities within feminist equality discourse. Which implies difficulties in seeing the whole perspective (Giorgi, 2020, 245).

According to Elina Vuola, there is a feminist resistance to acknowledging the significance of religion for women, and some others view religion as an oppressive practice against women. Hence, feminism cannot simply be a secular movement, and it is crucial to engage and listen to religious women who also discuss their identities as women and their roles in their respective religious groups (2001, 4). Islamic feminism also questions Western feminism because it does not feel correlated with their ideologies. As a result, there is now a breach between them, and Islamic feminism is either seen as greater evidence of false consciousness or as someone who does not interact with them at all. In order to do research that does not innately dismiss the experiences of religious women as patriarchal, it may be helpful to conceptualize religion as a positionality (Salem, 2013, 12).

Gender is conceptualized more intricately by intersectionality since it is seen as one dimension among many in the complex structure of social and political relations. These and other studies demonstrated that race, ethnicity, and gender are socially created categories that influence not only people's personal identities but also the rules governing how society is structured. The geopolitical and political body communicates or enunciates the coordinates of world power, which has been the focal point of these theoretical frameworks. Gender, ethnicity, color, sexual orientation, and social class are important factors in this location's epistemology and knowledge composition. Consequently, it is

important to have some changes in political involvement, governance structures, and individuals' identities, moral principles, and allegiances.

The equality clause of the South African Constitution was informed by Crenshaw's groundbreaking intersectionality study. Notwithstanding the fact that intersectionality has been a primary concept to understand society, The empirical reality that it is transnational has made it difficult in practice due to the interconnectedness of multiple languages, cultures, religions, communities, and ethnic groups that are constantly changing.

However, the hegemonic model of the universal woman needs to be malleable to new realities. Women need to be truly represented in decision-making processes, get more involved in their identities, and raise awareness of their multiple identities as a way to be able to change their actuality and improve their future. Therefore, and for the purpose of this study, it is necessary to look at women's circumstances, specifically the Emberá indigenous community located in Colombia, in the Somali culture and how customs, religions, and family structures can influence women's behavior.

### **1.5. Migrants' Women**

Studies of cross-countries migration must be situated within a contextual, dynamic, and processual framework that acknowledges the interconnectivity of various identities and hierarchical structures relating to gender, ethnicity, race, and social class at various levels in society. In terms of migration, intersectionality can be very useful to comprehending how different social classes can justify or naturalize the inclusion of migrants, for example, in specific jobs that used to be unstable, informal, and with unfair wages (Kerner, 2009, 193).

Migrants should be seen with a translocation lens and their multifaceted forms of population movement, taking into consideration the places they are from and the one to which they migrate, the culture and religion they have been raised in, the language they speak, and even the customs and practices of their country of origin. This is also influenced by the number of migrants, their origin places, and the communities created in those countries that allow them to reproduce their culture, practices, and costumes while

living abroad. These global dimensions of power grasp all forms of discrimination in terms of race and cultural differences (Anthias, 2012, 103).

Also, nation-based analysis exposes how social policies should embrace them into educational or health regimes. Including a generational perspective that differentiates their adaptation and incorporation from the past that the first generation had in their native countries to the interactions and relations that the second generation will underexplored (Anthias, 2012, 104).

Up until three decades ago, there was nothing written about migratory women (aside from "as dependents of men"), but since then, some research has been done on the topic. In terms of gender, there are particular types of differentiation, social division, and social stratification, including decision-making, reproduction, work opportunities, and education level. Some scholars have interconnected gender and nation (Yuval-Davis & Anthias, 1989; Anthias, 2002), and the role women have as ethnic actors in the hosting countries as a representation of their nation, including men as a representative voice of their communities (Yuval-Davis & Anthias, 1989; Anthias, 2012), and the inclusion or exclusion of migrants as a study of inequality (Bürkner, 2011).

It is easier to recognize the similarities between immigrants of various ethnic origins if people are seen to live in transnational locations, such as multicultural cities where international goods and cultures collide. In addition to maintaining ties to their homes and other localities. Ethnically, groups are not always based on frontiers, but they do have trans-ethnic connections where their networks and solidarity could be modified. The indigenous community of Emberá is located in Colombia, Panama, and Ecuador. They have a common language, but because their experiences, goals, and trajectories have been different, their traditions, practices, and costumes are also distinct.

## **2. Customs and Traditions**

Customs play a significant role in culture. Understanding customs as a pattern of behaviors that is particular to a given society, place, or time (Rangel, 2022, 1). We can understand how social relations work within a community.

## **2.1. Emberá Tribes**

For centuries, the indigenous Emberá have lived in the Darien region, which is a natural border between Panama, and Colombia. The Embera population is around 250,000, but due to many reasons, including armed conflict, they have been separated into indigenous reservations, called comarcas. As a consequence, each of the reservations has developed new costumes and left some others aside.

Notwithstanding, their meaning and importance to Mother Nature, spirituality, and shamanism remain. The universe as a whole also serves as a reflection of their interaction with the environment. For example, whenever they need wood, they cut down only particular species of trees, which can only be done when there is a full moon. These trees are chosen based on their own necessities, such as cooking or keeping them warm during the night, but through time, they have prohibited community members from cutting certain types in order to protect their deforestation and, as a result, the environment. In other words, their otherworldliness is so deep in their roots and culture that they want to preserve that knowledge and customs for future generations.

In addition to their labor in agriculture, many communities rely heavily on tourism as their main source of income. However, it has caused cultural variations in their group. Breast exposure has been a common practice among indigenous women. In recent times, there has been a shift towards covering the breasts due to their exposure to sightseers. Regrettably, preserving some customs in the midst of today's world is not easy. When it comes to language, Spanish is their first language as a means of being able to attend school. To preserve their language, each family member attempts to teach their children their native tongue (Emberá<sup>1</sup>) with their correspondent dialects.

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<sup>1</sup> It is a linguistic family that the Emberá people speak. Additionally, it has a number of dialects, including Emberá Darien and Cato (OMNIGLOT, n.d.).

Indigenous people used to use lightweight fabrics because of the weather. In daily life, women wear a blouse that covers their torsos, while on the lower part of their bodies they use a paramus, a skirt with drawn patterns on the fabric. The male clothing is known as amburá and consists primarily of a cloth that covers the lower half of his body. They both used beads with different patterns and symbols that represented their relationship with nature. Along with body paints extracted from a fruit known as kipara (Ulloa, 1992, 33).

On special occasions, women wear flowers on their heads and a blouse made with inherent coins. The sounds that they make are important for the dancing performance. For the Emberá tribes, dancing represents the imitation of the animals movements and the flora and fauna. Is a form of synchronization, organization, and socialization. Within their traditions, they have festivities that gather different tribes during a couple of days to increase their social relations and establish alliances and cooperation among them. (Uribe-Sanchez, 2016, 16) Recently, their celebrations have also included the occidental holidays such as Mother's Day, New Year's Eve, Christmas, and so on. Their choreographies, lyrics, and melodies are the representation of their culture, language, and history, considering that their source of knowledge is orality (Uribe-Sanchez, 2016, 22).

The *Jaibaná* (man of knowledge) is a significant figure in their social structure who officiates ceremonies and works as a healer. Helped by young single women, who organized the ritual ceremonies, prepared chicha, and produced the body paint (Ulloa, 1992, 16). The jaibaná is also the local traditional healer. His treatments consist of herbs and medicinal plants in order to give first aid help as a general physician, treating muscle pain, menstrual cramps, headaches, and digestive problems, among others. Nonetheless, when necessary, they also use Western medicine (Uribe-Sanchez, 2016, 30).

Their social structure is gender-based. While women have housekeeping, family, and reproductive responsibilities, men are in charge of being the economic provider. In this sense, women's and men's duties are fragmented and divided by gender roles. In another way, each one is exclusively involved in the tasks assigned to them based on their gender. In terms of reproduction, the labor process is private when the woman in labor is just accompanied by the midwife, her mother, and sometimes her grandmother (González-Henao, 2011, 172).

Surprisingly, it is known that these tribes have practiced female gender cutting since the 18th century. This procedure, also called *curación*, is performed between the first two and fifteen days of life by the midwife, sometimes even without the mother's consent or knowledge. According to this generational tradition, women's clitoris can develop into male genitalia without being removed (González-Henao, 2011, 171). Additionally, there are social, aesthetic, and health justifications for this. In social terms, it is claimed that the idea of keeping virginity until marriage and fidelity afterwards increases male sexual pleasure. Women can also develop an attraction for other women. The cosmetic argument around it is that big genitalia are not aesthetically attractive and can decrease men's erections. Some regions believe that cut women are more fertile and that it facilitates labor (Marrugo-Nuñez, 2014, 37). The continuity of this cultural practice has deep roots in their ancestor traditions as something really spiritual and fundamental. Albeit, the secretiveness of the practice suggests that it is an unknown practice among men.

## 2.2. Somalia

At the beginning, the land carried different names, such as Punt, which means land of gods to the ancient Egyptians; Land of the Barbaroi; *Terra aromatica*, meaning land of aromatic plants for the Greeks; Regio Cinnamafore, land of the Cinamon; land of milk and myrrh; or just Land of the Somalis. During the period of colonialism, all of the Somali population and territory were divided among five countries: British Somaliland, Italian Somaliland, French Somaliland, Ethiopia, and Kenya. When British and Italian Somaliland were combined as an independent state in 1960, the modern Republic of Somalia was created (Ware, 1965, 174). In spite of that, the majority of the population is located in the Horn of Africa and along the coastline of the Indian Ocean; they still remain in Djibouti (formerly French Somaliland), the Ogaden area of Ethiopia, and northeastern Kenya.

Despite having a population of almost 17 million, the Somali people are traditionally semi-nomadic, having lived subsistence lifestyles as agro-pastoralists or nomadic livestock herders. The usual homes of Somali nomads are dome-shaped (*aqal*) huts built of branches, mats, and/or animal skins that are easily movable from one place to another. However, throughout the past several decades, many people's ways of life have changed.



The turmoil of the last 30 years has had an enormous impact on the cultural life of many Somalis. Almost 2,6 million of its residents are internally displaced owing to a lack of access to water, shelter, and healthcare (IOM, 2019).

In Somali culture, genealogy is a defining characteristic. A huge extended family clan and subclan system characterizes society as an organizational mechanism and the foundation for inter-community partnerships. Clan membership is based on paternal ancestry. By learning someone's name and clan, most people can determine how closely related they are to them, how to address them, and how to treat them with respect. The four main clans are Darod, Dir, Hawiye, and Isaq, which are further split into sub-clans scattered around the region. Galmudug, Hirshabelle, Jubaland, Puntland, Somalia of the Southwest, and Somaliland are additional members of the Federated States of Somalia, each of which has its own governing bodies, administrations, and legislative assemblies (Alamillo, 2014).

The family is a significant institution and an integral part of social life in Somali culture. The term "family" refers to groups of people who are not connected by blood but who have shared a common upbringing as siblings or young children. Family connections are revered and must always be honored by both men and women. The necessity of preserving strong family relationships over generations is emphasized in Somalia's marriage customs, known as *xeer*, which roughly translates to "custom" or "law." (UNESCO, n.d.) As such, Somali marriage traditions reflect this view of life.

Somali people dress traditionally, using silk or cotton in vibrant colors. To be warm in cold conditions, they frequently cover their heads with turbans, called *koofiyad*. The majority of people in Somalia are Sunni Muslims. But there is a Sufi interpretation of Islamic law. Somalia is the only African country with a homogeneous ethnicity, represented by 85 percent.

In Somalia, there are a lot of holidays and festivals that the people respect as a form to preserve their history, culture, and traditions. Independence Day, observed on July 1 commemorates Somalia's independence from Italy in 1960, Eid al-Fitr, marks the end of Ramadan, and Eid al-Adha<sup>2</sup>, during which people wear new clothes, visit mosques,

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<sup>2</sup> Eid al-Adha is a significant Islamic holiday that commemorates the completion of the pilgrimage rituals in Mecca and also the Prophet Ibrahim's readiness to sacrifice his son Ismail as Allah had commanded.

socialize, and share meals with friends and family are a few of Somalia's most significant festivals.

Somalia has a long history of creative and musical expression. Somali culture includes poetry, dancing, and the oud, a stringed instrument. Poetry has been written by Somalis since the ninth century CE. Some well-known poets were born in Somalia, including Mohamed Ibrahim Warsame "Garowe" (born 1950), who wrote about social issues affecting Somalis all over the world, and Sufi Imam Shihab al-Din Ahmed bin Yahya (1235–1235), who wrote about his travels to Mecca.

By the age of 14, almost all women have been part of female genital cutting. It is estimated that 1 out of 5 girls, or almost eighty percent of women, have type III circumcision, also known as infibulation, consistent with the suturing of the vulva (UNICEF, 2019, 3). Some women affirm that it is secretly known by women and rarely discussed. On the day of the procedure, they are clueless about what is going to happen. It consisted of tying them up to a chair, sometimes with a cloth on their mouth, and without any previous analgesic, the midwife used a razor to remove the clitoris hood, the clitoris, and the labia. After the painful process, the accoucheuse will sew up their genitalia, leaving space just to urinate (Oyedokun, 2023). This procedure is mandatory for women because it is related to the relations of power between genders, and some women even defend this practice by bringing their children to this procedure in order to be able to marry them and be accepted by men.

### **3. Female Genital Cutting**

According to the World Health Organization (WHO) female genital cutting "compromises all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons." (2016). Generally

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This is a public holiday in Somalia on the tenth day of the month of Dhul Hijjah, which varies depending on when the new moon is visible.

done without the individual's consent. In 1995, the United Nations established four types of FGC:

**Type I.** Circumcision or Clitoridectomy Partial or total removal of the clitoris and/or the prepuce.

**Ia.** Circumcision. Removal of the clitoral or prepuce hood.

**Ib.** Clitoridectomy. Removal of the clitoris with the prepuce.

**Type II.** Excision. Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

**IIa.** Removal of the labia minora only

**IIb.** Partial or total removal of the clitoris and the labia minora

**IIc.** Partial or total removal of the clitoris, the labia minora and the labia majora

**Type III.** Infibulation/Pharaonic Circumcision. Partial or total removal of the clitoris, labia minora and/or majora and sewn closed.

**IIIa.** Removal and suturing of the labia minora, with or without excision of the clitoris.

**IIIb.** Removal and suturing of the labia majora, with or without excision of the clitoris.

**Type IV.** All other harmful procedures for non-medical purposes, such as scraping, cauterization, pricking, piercing, and pulling.

FGO is part of some regions and ethnic groups' histories and cultural traditions. Throughout the sociocultural variables that justify female circumcision, it has served as a rite of passage to maturity in many cultures. It represents the transition from a girl to a woman, which causes social acceptance and integrity, preserving their social cohesion. But also, it is considered that, to reduce sex drive, preserve their virginity and chastity before marriage and maintain marital fidelity, including for aesthetic reasons, for its beauty and cleanliness (Uribe-Sanchez, 2016, 34).

Worldwide, over 200 million girls, adolescents, and women have been cut, and it is estimated that at least 3 million are at risk of FGC every year (Stein & Chou, 2016, 1). Unfortunately, most of those girls and women are living with the consequences of the procedure. On numerous occasions, girls or women don't have previous knowledge about this procedure. It could be performed during the newborn period or before the child reaches the age of 15. In several instances, it is carried out in non-sterile circumstances. When the traditional practitioner uses a cutter razor, girls or women not only experience physical pain but also emotional pain.

### **3.1. Health Issues**

Girls and women who have been circumcised face a significant chance of developing difficulties throughout their lifetimes. The type of FGO performed, the practitioner's level of medical training, and whether or not they utilized sterilized or disposable surgical equipment significantly have short-term and long-term consequences. In the short term, they can have hemorrhage, hemorrhagic shock, severe local pain, inflammation, septicemia, local infection, or reproductive tract or urinary tract infections, but also death (Abdulcadir et al., 2022, 7). In the case of type III, include the size of the space left for the release of menstrual blood and urine and the number of times the procedure was performed. Mid-term consequences include endometritis, necrotizing fasciitis, gangrene, deadly bleeding, anemia, urinary infection, septicemia, and tetanus (Lavazzo et al., 2013, 1146).

Late problems can vary depending not only on the type of FGC but also on the woman's stage of life. For instance, a type III adolescent can get her first period without noticing because of the concatenation; as a consequence, she can develop hydrometra, "blocking the cervical canal and resulting in the accumulation of fluid or blood in the uterine cavity." or cryptomenorrhea (Obstetrics & Gynecology, 2015). Common complications include chronic vulvar and clitoral pain, painful intercourse, menstrual difficulties, painful urination, keloids in the genital area, and more. When a woman gets pregnant, she has a higher rate of having birthing problems, an increased risk of neonatal mortality, recurrent genital abscesses, vaginal infections, and illnesses transmitted by blood, including Hepatitis B and HIV (Reisel & Creighton, 2014; Novakovic, 2017).

There is no evidence that FGC had any positive gynecological effects. On the contrary, urinary tract infections, bacterial vaginosis, and unpleasantness during sexual activities appear to be more prevalent in women with FGO than in those without it (Berg & Underland, 2014, 5). Nowadays, the challenge is also for medicalization, in which the procedure is made by a healthcare provider. FGC medicalization can reduce the health risk that girls and women go through because it ensures sterile cutting. However, this is also related to cross-cultural borders because it created a bridge between cultural practices and modern medicines across the world. On one hand, it helps ensure appropriate medical care and support for women who have undergone this, but it can also perpetuate its continuity in countries where it hasn't been reported.

### **3.2. Mental Health Issues**

A person's psychological state that has been through this can be impacted by the severity of the practice, the age when it was performed, and the cultural context. This procedure has a deep psychological effect. Women and girls who have had FGC may develop low self-esteem, depression, anxiety, post-traumatic stress disorder (PTSD), and sex disorders (Behrendt & Moritz, 2005, 1001) which can be severe and persistent. Women and girls who were involved in this may feel humiliated, guilty, and ashamed. Moreover, they could have trouble trusting others, in particular those in positions of power like healthcare providers or even men. FGC can also negatively affect the sexual behavior and standard of living of women and girls who have had the procedure, as well as their capacity to establish intimate and healthy relationships.

Given the fact that female cutting affects millions of women annually, accurate information remains insufficient because of cultural and social factors that perpetuate it. Additionally, the practice is often shrouded in secrecy, which makes it difficult to obtain accurate data (UNICEF, 2013, 184). For instance, there is not clear information that cutting can increase the risk of sexually transmitted infections and HIV among women or that it produces infertility, cysts, or tissue damage (Berg & Underland, 2014, 5).

Ablation remains almost universal in Djibouti, Egypt, Guinea, and Somalia, where it is not generally accepted. Some others are concentrated in particular regions and ethnic groups of the country, as they are in indigenous communities and ethnic groups such as those in Colombia, Cameroon, and Kenya. In the nations where it is prevalent, FGC is frequently ingrained in the culture and is occasionally viewed as a rite of passage or a prerequisite for marriage. Communities that engage in FGO may lack access to proper information about the dangers and probable problems, as well as a perception that it is harmful. Consequently, the issue of this practice requires a multidimensional strategy that includes education, community involvement, and legislative measures (UNICEF, 2019, 6).

#### **4. Culture and female genital cutting**

Uncertainty surrounds FGO's inception. Some historians suspect that this practice originated in Egypt when female corpses were cut while they were embalmed. Because they held the belief that their bodies were necessary for the afterlife, this behavior was significant in their culture. This is why the procedure entailed removing the body's internal organs, moistening it, and bandaging it with linen. However, they had to sew it in order to keep the body as it was in order to show respect and devotion for the deceased (Cascone & Goldstein, 2020; Nolin, 2023). Progressively cutting female slaves to preserve their virginity and selling them for higher prices, spread gradually throughout the rest of the nation, and eventually became international due to slave trafficking (Corno et al., 2020), including African countries such as Somalia.

Other scholars have suggested that during the European *colonization* of the Americas, it may have been adopted as a strategy to protect young girls from sexual violence because, by altering their genitalia appearance, they might have been made less attractive to the Spanish conquerors (Castañeda V, 2015, 12). Others consider that it was a cultural diffusion because it was not originally part of the Embera culture; instead, it was acquired

from the African culture through the arrival of African slaves (Estarita Jiménez, 2010; Hernández Palacio, 2015). The belief in this practice was reinforced by the belief that a penis can grow from the female genitalia or that it can ensure the loyalty of women to their husbands and deter adultery.

Besides the origins of FGC remain a subject of debate among scholars, undergoing genital cutting is a pervasive cultural practice in Somalia and the Embera tribes. Smaller communities are frequently more traditional and resistant to change, emphasizing the importance of culture and customs in these civilizations. It can be difficult and time-consuming to change such established patterns. Nonetheless, it is crucial to understand that culture is dynamic and must change in order to safeguard and improve people's lives. Cultures have changed along with civilization as a result of things like technological and medical breakthroughs. Social and cultural norms have changed as a consequence of these developments. A thorough diagnosis of the cultural components and an evaluation of cause-and-effect interactions are required to bring about real transformation.

FGC's beginnings in the Embera community and in Somalia may be traced back to cultural and customary elements. Communities frequently see this practice as a custom passed down from their ancestors and feel obligated to uphold it. A person's views and actions are influenced by their culture, which is made up of universal standards, values, traditions, and conventions (Livingstone & Olaniran, 2017, 112). The justifications for the cuts vary over time and space and include sociocultural elements among families and communities. As stated by Shell-Duncan and Hernlund (2000, 225), these motivations include assuring marriageability, maintaining familial honor, improving bride riches and marriage chances, managing female libido, and enhancing the husband's enjoyment.

Religion, as a fundamental component of culture, can strengthen the duties that promote a feeling of community and reverence for ancestors' customs (Livingstone & Olaniran, 2017, 117). Clifford Geertz emphasizes the idea that religions represent cultural systems that are affected by social change processes and capable of influencing them. A distinctive Islamic culture arose in the seventh century, when Islam was established as a religion, leaving enduring traces across Asia, Africa, and portions of Europe. As a result, taking

into account the global society that has developed as a consequence of this process of civilization is essential when studying Islam or any other non-Western culture. Understanding religion as a model for reality and the intricate interactions between the two is necessary for Islamic cultures to adapt to societal change since Islam operates as a cultural structure (Berger, 2011, 43). It is essential to comprehend the cultural and religious aspects of female circumcision in order to create effective change-promoting and protection measures for the rights and well-being of those who are impacted by this destructive practice.

The significance of physical intervention is highlighted in both the Somali and Embera populations. Islam's complex cultural adjustment to social change entails comprehending religion as a model for reality and the nuanced relationship between the two, where Islam serves as a cultural practice. Muslims commonly perform circumcision, which is regarded as *sunna* and is a prominent practice in Islamic civilizations. It is considered that circumcision is a religious requirement and a religiously mandated procedure for both males and females (UNFPA, 2022, 71). Nevertheless, a girl who has not had circumcision is viewed as promiscuous, and the appearance of a hole in the marital bed denotes her alleged loss of virginity.

Among the Embera, female genital cutting is not only a traditional practice but also a framework for gender interactions. This procedure is difficult to remove because of its cultural importance and its entrenchment in the Embera cultural system. Some community members, especially midwives, oppose efforts to discontinue the practice because they see it as a danger to their culture and the established gender roles. Women view cutting as a crucial component of their femininity and sense of pride since it has long been socially acceptable and praised. Women transmit to younger generations the impression that it is required for marriage chances.

#### **4.1. Somali Women**

In the Horn of Africa, Somalis have historically lived by pastoralism—herding camels, sheep, and goats. Notwithstanding, women and children are disproportionately impacted



by the environmental deterioration and poor management associated with pastoral livelihoods. Urbanization becomes a means of survival, but in the absence of healthy alternatives, cities become overcrowded, insecure, and deficient in amenities for health and cleanliness. Rape and murder incidents frequently occur in these types of environments.

Women's leadership has been hampered, and their participation in Parliament continues to be below the constitutional quota, despite the Somali constitution's requirement that they hold 30% of all political and non-political roles at different levels of administration. Despite being substantial consumers of these services, women are underrepresented in professional areas such as contracts, transportation, communication, and money transfers. They also have limited influence and recognition within clan, political, and religious circles. They also face impediments to professional involvement in numerous sectors. These conditions are sustained by elements including restricted educational opportunities, social roles, a dearth of group organizing institutions, and the lack of interest among highly educated women in politics (Chou & Stein, 2016 different levels of administration. Despite being substantial consumers of these services, women are underrepresented in professional areas such as contracts, transportation, communication, and money transfers. They also have limited influence and recognition within clan, political, and religious circles. They also face impediments to professional involvement in numerous sectors. These conditions are sustained by elements including restricted educational opportunities, social roles, a dearth of group organizing institutions, and the lack of interest among highly educated women in politics (Chou & Stein, 2016).

Female genitalia cutting is still rehearsed today due to a number of sociocultural factors, including concerns about marital readiness, family respect and honor, community acceptability and ethnic identity, the ceremonial indication of the transition to womanhood, hygienic enhancement, and religious and cultural needs. This practice is prevalent among 98 % of girls and women aged 15-49 (Orchid Project, 2020). Within FGO-practicing communities, circumcised girls and their families are more likely to be regarded and welcomed, whereas uncut girls frequently experience prejudice, harassment, mockery, and social shame (UNFPA, 2022, 23). Female genital modification is well

ingrained in the social and cultural backgrounds of communities that practice it. It is viewed as a way to provide young women with more social capital, authority, and status while also fostering a sense of community. Girls and women who voluntarily submit to female circumcision in order to comply with cultural expectations are drawn to the procedure by the prevalent ideas and conventions around it.

Major religious writings like the Quran and the Bible do not mention FGC, despite the fact that certain societies perceive it as a religious need. Even though genital cutting predates Islam and is not common in many Muslim nations, it is nevertheless present in some Christian communities. In Islamic culture, the idea of *sunna*, which means tradition, also refers to male circumcision. In Somalia, although there are many misconceptions about what *sunna* cutting entails, there has been a progressive transition from the method of female genitalia cutting in Somalia to this circumcision<sup>3</sup>, which is frequently viewed as less harsh by mothers, who consent to have their daughters undergo it in order to increase social acceptance.

Somalia's healthcare system is beset by serious problems. There is just one physician accessible for every 25,000 individuals in the nation. As a result, there are 70,000 infant fatalities annually, and the reproductive system is in terrible shape—more than 30% of women who are of reproductive age pass away from reasons connected to pregnancy. In other words, every two hours, a pregnant woman passes away in Somalia (ITPCM International Commentary, 2013, 70). According to United Nations Children's Fund (UNICEF) research from 2021, 76% of women and girls between the ages of 15 and 49 who have experienced genital cutting agree that it should be banned. (UNICEF, 2021; Chou & Stein, 2016; Uribe-Sanchez, 2016; and The ITPCM, 2013).

#### **4.2. Embera Women**

FGO is not only a traditional practice but also a system of gender inequality that is ingrained in the Embera family's political and social structures. Resistance within the

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<sup>3</sup> Type I of FGC

community has been shown despite efforts to prevent female cutting, especially among midwives who see it as a threat to their culture and traditional gender roles. It has been difficult to modify female circumcision because of its relevance as a cultural symbol since women, especially older people, see it as a normal and essential component of their femininity and pride. Also common among the Embera is the idea that intertwining is required before women may be viewed as suitable marriage partners.

The *jemenede* rite, which in Embera culture requires extensive preparations and is observed collectively as an important event, marks the passage from girlhood to womanhood. Dance and singing make up the traditional Embera music, which reflects their cultural identity and deep connection to nature. The beat of dances is accompanied by musical instruments like drums and flutes, which are typically played by males while women play smaller drums. The banana dance, bean dance, batea dance, corn worship, and unique festive dances where women sit near bonfires while males assemble in other locations are just a few of the dances that the Embera Chami group retains.

Married and unmarried Embera women can be distinguished by certain visual indicators like necklaces and body art. While unmarried ladies wear tiny necklaces or chokers without wearing heavy makeup themselves, married women wear big necklaces called "ocama". The male must take the initiative, ask the girl's parents for their consent, and come to an agreement with them based on commitments throughout the wooing phase. If there are disagreements or adultery after marriage, society punishes the offender to maintain social harmony. The Embera women provide a substantial contribution to the community via handicrafts, especially the manufacture of handles and necklaces. These handicrafts sustain cultural traditions while also earning money to pay for family expenditures.

Female circumcision is still a problem for the Embera tribe. Around 8,000 women of the Embera Cham ethnicity were said to have had clitoral cutting in 2007, and illnesses brought on by FGC procedures carried out by midwives in unclean circumstances were noted. Recent incidents, like the one in 2023 involving a newborn girl, have brought attention to the pervasive intertwined practice in Embera tribes.

Female genitalia cutting is significant to the Embera because they think it helps stop the collapse of the world since sexual movement is viewed as a possible danger. It is said that cutting the clitoris with a blade or a heated awl ensures that women stay motionless during sexual activity, protecting the world from potential injury. Overall, female genital modification among the Embera involves deeply rooted gender relations and attitudes in addition to cultural behaviors. Resistance still exists despite continued efforts to end the practice, highlighting how difficult it is to confront FGO within certain cultural contexts. In one incident, an indigenous newborn baby girl had been subjected to genital cutting<sup>4</sup>. Such incidents highlight the need to stop the practice immediately. As women are required to remain still during sexual activity, the Embera have the concept that circumcision serves as a means of preventing the end of the world. This limitation is thought to be guaranteed by the excision of the clitoris.

Successful analysis, preservation, and transformation of cultures depend on having comprehensive knowledge of them. By defining corporate culture, it is possible to diagnose cultural problems more accurately and create conditions that are more conducive to culture (Cameron & Quinn, 2005, 7). Culture includes behavioral patterns or "habits" that influence how things are done inside an organization in addition to feelings, attitudes, and beliefs. Culture is significantly influenced by norms, which encourage desired thought and behavior while punishing deviations.

The construction of a common identity and understanding among people with various viewpoints and interests is made possible by culture, which also serves the aim of making sense. It includes common worldviews and reality interpretations, serving as a foundation for coordinated activity and a sense of purpose. Additionally, culture aids in the formation of a common identity within a company.

Broader social cultures have an impact on and overlap with organizational cultures, both of which have an impact on and are impacted by them. However, it may be very difficult

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<sup>4</sup> Due to digestive issues, including vomiting and diarrhea, the infant's 15-year-old mother brought the baby to a hospital in Pereira. She experienced edema in her vaginal region, which the physicians noticed during their initial examination and determined to be a different source of her health issue. In her hometown, she had undergone circumcision.

and time-consuming to change deeply ingrained cultural customs, such as those seen in Somali and Embera cultures. To reinforce desired new behaviors and beliefs, it takes dedicated leadership, persistent efforts, and extensive communication. As a result, substantial changes in these cultures might take years or even decades.

In sum, maintaining and altering corporate cultures successfully requires a thorough awareness of the complexity of culture and all of its different elements. Even though certain things have changed, the deeply embedded traditions of Somali and Embera cultures make quick adjustments extremely difficult. In these settings, cultural transformation calls for sustained commitment, strong leadership, and steadfast initiatives to promote desired attitudes and values.

Genital circumcision is often viewed as a harmful practice that violates the fundamental rights, dignity, and health of girls and women around the world. International organizations, national governments, and non-governmental organizations (NGOs) have opposed the practice and pledged to stop it through legal and regulatory awareness campaigns about citizens and community projects. including the implementation of legislative and regulatory frameworks, public awareness-building initiatives, and community-based initiatives.

International organizations such as the United Nations and the World Health Organization recognized FGC as a form of violence against women and an important health *problem*. They talked about the physical and psychological *obstacles* this has on girls and women and its long-term effects, such as the risk of newborn babies and death during maternity, the risk of gender inequality, and the abuse of power.

From a human rights perspective, female genital cutting is a violation of a woman's or girl's right to life, health, and physical integrity. Undergo circumcision frequently represents gender inequality and strengthens male-dominated power structures that support violence and discrimination against women and girls. Human rights must be protected as a priority in efforts to prevent FGC, and progress is essential in empowering women and girls to make decisions about their own bodies and futures. This involves encouraging access to healthcare, education, and social and legal frameworks that safeguard women and girls from harm and make sure their rights are respected.

Meanwhile, the human rights framework can aid in generating political will and financial backing for comprehensive and successful initiatives to diminish this practice and advance gender equality.

## Chapter 2.

### Legal Background from a Human Rights Perspective at a Local and International Level in Somalia and Colombia

When one group or civilization adopts cultural practices from another, their own customs may be partially replaced. This process is known as transculturation. Due to the Emberá Chami community's closeness to Western civilization, cultural change has accelerated, weakening both their physical and cultural identities (Cantera, 2006, 274). A new culture that removes itself from its original elements has emerged as a result of several changes to their lifestyles, including those in dress, housing, commerce, and education. For example, while originally performed exclusively with locally created instruments, traditional dances now feature Western musical styles like reggaeton. With children and young people expressing less interest in their ancestral rituals and adopting multicultural customs instead, dressing habits have also substantially changed. This shift is especially apparent when boys choose fashion styles that may not even conform to Western cultural norms and girls give up colorful gowns with lace.

Deculturation, or the progressive loss of culture, has influenced societies in both good and harmful ways. On the one hand, the Emberá Chami community has abandoned its traditional dietary practices in favor of manufactured meals from Western culture, which has resulted in a loss of independence (Cantera, 2006, 274). Contrarily, acculturation describes how a group of people accepts and assimilates cultural characteristics from another group. It entails changing one's conventional ideology or incorporating certain elements of a newly discovered culture, frequently at the expense of one's own cultural roots. The primary external source of acculturation has typically been colonization.

Colonization caused considerable territory loss and the disappearance of several traditional components of the Emberá Chami group. The Emberá people suffered a great deal as a result of their exploitation, including the loss of their language, way of life, and attire, which has gotten worse with time (Restrepo, 2002, 123). Particularly, religion was

significantly impacted. The Emberá were compelled to convert to Catholicism in place of their own Jaibaná beliefs with the advent of the Spaniards. Their culture was merged with Catholic practices like marriage and baptism. Despite these obstacles, Emberá women work hard to uphold their customs. They continue to produce body paints, necklaces, and baskets, proudly displaying these traditional traditions and relying on them for a living. Women have discovered substitute materials to uphold the practice, even though traditional necklaces were formerly made from seeds.

On the other hand, following the start of the civil war in 1991, Somalia spent more than 20 years without an efficient administration due to the country's long period of European colonization. A president who was democratically elected assumed office in 2017 after the first official federal government was established in 2012. Despite these modifications, Somali culture nevertheless upholds the deeply ingrained idea of honor, known as *sharaf*. In their culture, honor is highly valued and strongly connected to family reputation. A person's actions have an impact on the honor and reputation of the whole clan or community, regardless of money or status. While some rural tribes still hold to this, metropolitan communities now place more emphasis on family reputation than ever before (Lewis, 1998, 18). Personal honor is related to a person's conduct, how they treat other people, their honesty, and their *xishood*<sup>5</sup>, especially with reference to the sexual modesty of their female family members. The family name suffers if a woman is thought to be promiscuous. Even unfounded rumors of a woman's adultery might ruin her family's reputation in conservative areas.

## 1. Human Rights Perspective

This process is prevalent in at least 30 countries in Africa and in a few countries in Asia and the Middle East (Stein & Chou, 2016, viii). The level of prevalence can vary dramatically from nation to nation. To give an example, in Somalia, the most severe form of FGO is type III, where nearly ninety percent of women have undergone the process

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<sup>5</sup> Means modesty.



itself. Over seventy percent of women in Egypt have had type I, which entails the partial or complete amputation of the clitoris. According to estimates, the most severe form of FGM has been performed on fifteen percent of all circumcised women. Thus, it involves stitching and closure of the vaginal entrance (infibulation).

In some Latin American nations, including Peru, Mexico, and Brazil, there is historical proof that female genital cutting has occurred among the local population within the last generation. Nevertheless, there is current information that indicates that the indigenous Emberá community is still practicing in the three countries they inhabit: Colombia, Ecuador, and Panama (López-Davila, 2023, 80). Due to forced and voluntary migration in today's world, FGC has spread internationally. Including Canada (Koukoui, 2020), the United States (Besera et al., 2023), France, Italy, Spain, the UK, and Sweden (Ortensi & Menonna, 2017).

Diverse international organizations such as the United Nations try to guarantee world multilateralism in order to face society's difficulties through their wide-ranging international treaties. Female genital cutting is recognized as a global problem that violates human rights, including the integrity and health of girls and women. Under the Universal Declaration of Human Rights, FGC outrages human rights principles such as:

The right and freedom of non-discrimination on the basis of sex (Art. 2,7) is a form of discrimination against women because it upholds the basic prejudice that women must play a subservient position. Right to "freedom from torture or cruel, inhuman, or degrading treatment" because the procedure causes several physical pains immediately and/or for a long time (Art. 5). Based on the previous right, it can also include the right to health (Art. 25). During and after the invasive procedure, it causes harm without any specific medical need. It can cause medical and psychological complications that affect their social, sexual, and reproductive lives, along with other consequences.

On average, before girls turn 9 years old, they are cut, but depending on the community, they can still have the procedure after their first pregnancy as a social pressure (Berg et al., 2010, 35). FGC not only violates human rights and has an impact on the health and rights of women but also transgresses the rights of the child as an act of abuse and prejudice against women and girls.

This procedure reinforces gender inequality and patriarchal power structures as a consequence of being frequently performed as a form of restricting women's sexuality and ensuring their subservience to civilizations that are ruled by men. It is regarded as a way of preserving women's "cleanliness" and the legal structure of marriage. Older women in the community who have influence over younger women frequently practice FGO. This strengthens the notion that using coercion and violence to uphold control is legitimate for those in positions of authority. It also reinforces the idea that individuals in positions of authority are justified in employing coercion and violence to maintain control.

Another explanation that shows the fostering of gender inequality is by maintaining unfavorable gender norms and limiting women's access to education, work, and social and political involvement (Evans, 202, 11). FGC survivors frequently have to drop out of school and are more likely than other people to be treated unfairly throughout their lives. The social, cultural, and economic aspects that support cutting must be addressed in order to reduce the practice. Additionally, efforts to encourage women and girls to take charge of their own bodies and lives must be made.

The use of meaningful terminology is essential because it can approach the audience in a better way, avoiding confusion, inconsistency, and rejection; the results could be more positive; it can reinforce the perception of the organization that is trying to send a message; it can also build trustful bridges, facilitating communication among the organizations and the population; and it can help to understand specific topics in a clear way (León, 2020; Barrera, 2017; Barmashenko, 2022). In this sense, the use of positive terminology can affect the perception of the message by influencing the underlying experience of feeling, emotion, attachment, or mood, also known as *affect* by Hogg & Abrams (2004, 646). This term helps to measure the stable or temporary characteristic of a person's understanding of whether the effect was positive or negative; in other words, the positive use of language can increase the constructive effect, improving the well-being of the receiver. For example, doctors used to refer to an indigenous or black women's vulva in a pejorative way, degrading by its shape, color and length of the inner and outer lips (Castiello, 2023).

## **2. Legal Framework**

International Institutions are crucial to tackling numerous global issues and fostering international collaboration. They perform particular duties and tasks that help them be more productive in accomplishing their goals. The promotion of collaboration and communication between member nations is one of the main duties of international organizations. They act as forums for nations to debate shared problems, bargain deals, and come up with group solutions. International organizations encourage discussion and fill gaps between countries with differing viewpoints and interests through diplomatic channels and multilateral gatherings. By offering a venue for amicable dispute settlement, this obligation promotes peaceful interactions and aids in the reduction of problems.

Additionally, international organizations are essential to advancing and defending human rights. They create and uphold human rights norms, keep tabs on observance, and deal with infractions. Civil, political, economic, social, and cultural rights are among the core human rights that organizations like the UN and its specialized agencies aim to realize. To help member nations improve the situation of human rights, they carry out investigations, publish findings, and make suggestions. Additionally, in order to advance human rights advocacy and awareness, international organizations frequently work with civil society organizations.

Coordinating and delivering humanitarian aid during crises and natural catastrophes is another duty of international organizations. Organizations like the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the International Committee of the Red Cross (ICRC) collect resources, plan relief operations, and offer essential assistance to impacted communities, including indigenous groups. To guarantee the effective and efficient delivery of humanitarian relief, they collaborate closely with member governments, non-governmental organizations, and other stakeholders.

The creation and application of international legal framework standards is another way to contribute to global governance. They make it easier to negotiate and pass treaties, conventions, and accords on many different topics, including commerce, the

environment, health, and disarmament, and set certain topics on the international agenda. These laws lay the foundation for cooperation, set norms, and direct member states' actions. Organizations from throughout the world keep an eye on how these accords are being followed, offer technical support, and encourage national adoption.

They are also centers of expertise and knowledge on a variety of international concerns. They carry out research, gather information, and examine trends. Member nations get scientifically sound advice from agencies like the WHO and the United Nations Educational, Scientific, and Cultural Organization (UNESCO). In fields including health, education, sustainable development, and combating climate change, they spread knowledge, create best practices, and increase capacity.

Last but not least, international organizations represent the needs of the nations that make up their membership. In international forums like the UN General Assembly and specialized conferences, they speak on behalf of all nations. In order to defend member nations' interests, advance their goals, and advance their ideals in the global arena, international organizations negotiate on their behalf. They strive to reach an understanding, form partnerships, and rally support for common objectives. They foster collaboration, advance human rights, deliver humanitarian aid, create legal frameworks, produce research, and represent the interests of member nations. These responsibilities aid international organizations in their efforts to address global issues, promote international collaboration, and advance a more just and peaceful world.

## **2.1. International Human Rights and FGC Practices**

Through a number of treaties, agreements, and declarations, international organizations have made major efforts to confront and decrease female genital cutting. The United Nations, which recognized female genital modification as a severe form of violence against women, increased efforts to reduce it in its General Assembly resolution 67/146. Small sample sizes and methodological restrictions make it difficult to estimate the effects of it, although it is recognized in various human rights treaties and accords as a form of

violence against girls and women that upholds discriminatory gender stereotypes and violates human rights.

Discrimination based on sex, gender, age, and other categories is what damaging practices like female genital cutting are, according to international human rights organizations. The Maputo Protocol (2003), also known as the Protocol on the Rights of Women in Africa, is a regional accord that particularly targets FGO and calls for its legal abolition. In 2014, they launched the “Agenda 2063: The Africa We Want” which looks to ending gender discrimination and all forms of gender violence including FGC. Furthermore, the Beijing Declaration and Platform for Action (1995), which place emphasis on the abolition of harmful practices against women and children, as well as the Programme of Action of the International Conference on Population and Development, both urge governments to take action against the procedure.

Several human rights documents safeguard the right to bodily integrity, which includes freedom from torture, inherent dignity, liberty, security, and privacy. These rights are protected by the following conventions: the Universal Declaration of Human Rights (UDHR) in 1948, the International Covenant on Civil and Political Rights (ICCPR) in 1966, the International Covenant on Economic, Social, and Cultural Rights (ICESCR) in 1976, and the Convention on the Rights of the Child (CRC) in 1989. These documents emphasize the importance of upholding and safeguarding the rights of women and girls especially in terms of health and education in order to reduce discrimination and inequality among females.

This procedure is acknowledged in the United Nations Declaration, notably in Articles 1 and 2, as a form of violence against women, which sparked the World Conference on Human Rights, held in Vienna in 1993, and other international gatherings. The World Health Organization has also taken action by creating policies, guidelines, and training materials, as well as by supporting global, regional, and local efforts to drop off intertwined diseases. The WHO's resolution on ending female circumcision emphasizes the need to take action in the fields of women's issues, justice, health, and education.

The Convention on the Elimination of All Forms of Discrimination Against Women and the Convention on the Rights of the Child are international agreements that denounce discrimination against women and defend the rights of children. The CEDAW General Recommendation No. 19 highlights the importance of the states to intervene in the private sphere in order to reduce discrimination against women as a form of gender-based violence (GBV). The General Recommendation No. 35 addresses GBV against women and suggests inclusive methods for defense, prevention, prosecution, coordination, and data gathering for all the member states who sign it. The CRC emphasizes that female genitalia modification is a breach of children's rights and that it is the government's duty to protect children and end traditional practices that are harmful to their health.

FGC is acknowledged in the United Nations Declaration, notably in Articles 1 and 2, as a form of violence against women, which sparked the World Conference on Human Rights, held in Vienna in 1993, and other international gatherings. The World Health Organization has also taken action by creating policies, guidelines, and training materials, as well as by supporting global, regional, and local efforts to diminish intertwined diseases. The WHO's resolution on ending female circumcision emphasizes the need to take action in the fields of women's issues, justice, health, and education.

In 1993 the Declaration on the Elimination of Violence Against Women (DEVAW) define in the articles 1 and 2 the concept of Violence Against Women (VAW) that can result in “physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Article four reaffirms that the states “should condemn VAW and should not invoke any custom , tradition or religious consideration” to avoid their obligations. In this order of ideas, it should exercise due diligence to prevent, investigate and denounce acts of violence against women (General Recommendation Resolution, e.g. A/RES/67/144 (2013)).

Overall, female genitalia modification is strongly condemned by international organizations and human rights institutions that see it as a violation of people's rights, especially those of women and children. These concepts offer a thorough basis for arguing

for the abolition of this practice, gender equality, and the international defense of human rights.

## **2.2. FGC in Latin America**

A few indigenous tribes in Colombia, Ecuador, Panama, and Peru are the only places in Latin America where female circumcision has been a common practice. Nevertheless, the currently active country where those practices are known is just in Colombia. Several nations in the area have established legislative structures to deal with this issue. The legislation in Colombia that bans it was passed in 2019, making female genital cutting a crime that can give twelve to twenty-year jail, including mandatory re-education and awareness campaigns through local and international NGOs. In 2018, female genitalia modification became a crime in Mexico as well, with sentences ranging from six months to twelve years in jail. In 2011, Panama made FGO a crime, with sentences ranging from three to six years in prison. Although female cutting is not specifically prohibited by law in Brazil or Argentina, it is widely seen as a form of violence against women and is subject to existing legal sanctions.

Organizations like the Inter-American Commission on Women (CIM) and the United Nations Population Fund (UNFPA) have taken steps to affront female cutting in Latin America. CIM has worked with indigenous groups in Colombia, Ecuador, and Peru to spread the word about the negative health and mental effects of female cutting and to advocate for alternatives. Through its educational and awareness-raising initiatives, UNFPA has also partnered with local indigenous groups.

It is difficult to assess the success of these initiatives given the current unusuality of female cutting in Latin America. The intent of genitalia modification and the promotion of alternatives, yet, are important steps in the direction of dwindling this practice. The United Nations has instrumental tools in combating female cutting on a global scale. The Sustainable Development Goals (SDGs) published in 2015 contain an aim to end all

harmful practices, including FGC, by 2030. The UN General Assembly passed a resolution calling for a global ban on female cutting in 2012.

In terms of international legal frameworks, governments are required to take action to end harmful practices like female genitalia modification under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The CEDAW has been ratified by every nation in Latin America. Despite being an African treaty, certain nations from Latin America have signed the Maputo Protocol and joined the African Union. Women's rights and gender-based violence, including FGO, are covered by this convention.

Although measures have been taken to combat female genital cutting in Latin America by targeting indigenous populations with education and awareness campaigns, it is difficult to judge the success of these efforts due to the low incidence of the practice in the region and the lack of available data. However, the fact that there are legislative frameworks and international accords shows a commitment to ending female cutting and defending women's rights.

### **2.2.1. Colombian Indigenous Policies Against FGC**

The Ley de Origen<sup>6</sup> for the indigenous people is linked to their origin story, which involves nature and the animals as their ancestors and companions. Their bond with Mother Earth, culture, language, and judicial system are all governed by the Ley de Origen. For the Emberá and other indigenous communities, it is crucial because it gives them a way to protect their rights, autonomy, and sense of self in the face of colonization, prejudice, and violence (Ministerio de Cultura, 2016). Respecting this law preserves the harmony and balance of nature, the continuity and order of life throughout the universe, and the indigenous tribes' own role as protectors of nature (CRIHU, 2013). In sum, this

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<sup>6</sup> Which translates from Spanish as "*Origin Law*" refers to a corpus of teaching and learning standards that represent the knowledge and traditional wisdom of Colombia's indigenous populations, particularly. It is a sacred mandate that governs all that exists by containing the fundamentals of interpersonal interaction and coexistence.



law aims to protect the rights of indigenous peoples and their cultural heritage, which FGC takes part in.

According to Article 246 of the Colombian Constitution, indigenous authorities are permitted to conduct jurisdictional duties within their own areas while adhering to their own standards and processes, so long as they do not conflict with the Constitution and Republican legislation. Colombia is the only nation in Latin America, according to the UNFPA, that acknowledges the ongoing practice of intertwining among some indigenous populations, such as the Embera. Although it is unknown how many girls and women in Colombia have had female genitalia modified, there have been incidents where the procedure has killed them.

In a report published in 2020, the Colombian Ministry of Health states that the cutting is damaging to women and girls and has no positive effects on health. The report emphasizes that kids born to moms who have had intertwining often have a greater newborn death rate than those born to mothers who have not had the procedure.

Ethnic and cultural diversity are recognized and protected in Colombia. As it was mentioned before, Article 246 of the Constitution gives indigenous authorities the right to execute jurisdictional duties in accordance with their customs and practices. Still, the judgment SU-510/98 of the Constitutional Court suggests that restrictions on the autonomy of indigenous authority may be imposed when required to stop arbitrary acts that significantly violate human dignity and the core of community members' basic rights.

Sexual violence has been used as a weapon of war, in Colombia by groups involved in the conflict, including forces, paramilitaries and guerrillas. This horrific act has impacted both combatants and non-combatants including women who face challenges. Shockingly 2 out of 10 women in the country are forced to flee their homes due to these crimes (OXFAM, 2009). The presence of actors greatly increases the risk of gender based violence in both public and private spheres as highlighted by UN Women's report stating that 33.3% of women in Colombia have experienced physical and/or sexual violence from their intimate partners at some point in their lives (2013). Sexual violence encompasses a

range of offenses such as rape, forced prostitution, sexual exploitation, forced nudity, sterilization and abortion against one's will and other abusive sexual acts. There have been documented cases where indigenous girls have fallen victim to sexual violence committed by armed forces (Ospina, 2020). In an effort to address this issue head on and provide justice for victims during times of conflicts specifically related to violence against women the Colombian government enacted Law 1257 in 2008 to prevent and punish different forms of violence and discrimination against women. Additionally Law 1719 was passed in 2014 with the aim of ensuring access to justice for victims who have suffered from violence.

Overall, there are no specific laws for FGC, Colombia's commitment to defending human rights and preventing actions that violate human dignity is shown in the acceptance of indigenous authorities' jurisdictional roles and the acknowledgement of FGC as a detrimental practice in some indigenous communities. Further emphasizing the significance of addressing and avoiding any sort of injury or violation of people's bodily and psychological well-being is the comprehensive healthcare approach for sexual assault victims.

### **2.3. African Charter/Commission on Human and People's Rights in Terms of FGC**

In Africa, the legal system created important institutions and tools to prevent female genital cutting in order to safeguard women's and girls rights. One of those institutions was the Organization of African Unity (OAU), founded in 1963, which later, in 1999, would be called the African Union (AU). This continental association promotes cooperation and unification among all African countries. With 55 states representing the continent in the Assembly of Heads of State and Government, it is the highest political and administrative body in the AU. The African Charter on Human and Peoples' Rights (ACHPR), adopted by the OAU in 1981. Under the Charter, which upholds widely acknowledged civil, political, economic, social, and cultural rights, both states and people have duties. It incorporates African customs and ideals while creating systems for

enforcing and overseeing rights. In addition, Article 62 of the Charter mandates that governments provide biannual reports on the steps they have taken to put recognized rights and liberties into practice. FGC is also recognized by watching over the rights of women and girls to live without violence and discrimination.

In other words, it wants to promote and protect the rights and freedoms of African people through the African Commission on Human and Peoples' Rights (ACHPR), which is also in charge of looking into individual complaints of Charter violations as a quasi-judicial body. The Commission was established in accordance with Article 30 of the Charter and was officially launched in 1987. Its secretariat is located in Banjul, Gambia, and it has regular meetings twice a year. The ACHPR can make non-binding resolutions and recommendations; although, some governments have failed to submit reports or implement the recommendations, limiting the ACHPR's efficacy.

The African Court of Human and Peoples' Rights, established by the protocol of the ACHPR, provides them with jurisdiction to hear and receive cases related to human rights violations. The ACHPR, also has jurisdiction over issues and disagreements involving the interpretation and execution of the African Charter. The Court's existing jurisdiction, anyhow, is restricted to the 26 nations that have accepted its Protocol; Somalia is not one of them. The ACHPR and the African Court provides a judicial mechanism for addressing internal difficulties such as FGC. In terms of FGC, the AU launched in 2019 an initiative to end this practice, in order to *eliminate* it by 2030, including it in the Transformative Agenda 2063, that was mentioned before.

Among the agenda outcomes are prioritization of gender equality and the empowerment of women and youth in order to have a full participation in all spheres of life, including educational facilities. By 2063, the agenda aims to ensure children care and protection by reducing their deaths because of malnutrition, maternal, neonatal and child complications, including the access to water and hygienic conditions. This is because, one out of 12 Somali women dies due to pregnancy-related causes, being one of the highest rates in the world (UNICEF, 2019). By the end of it, their goal is to increase the electricity supply and internet connectivity by 50% (African Union, 2013).

Aside from these institutions, other legal frameworks in Africa include the AU Convention on Preventing and Combating Corruption, Principles and Guidelines on the Right to a Fair Trial and Legal Assistance in Africa, the OAU Convention Governing the Specific Aspects of Refugee Problems in Africa, and the Declaration of Principles on Freedom of Expression in Africa. In sum, the African Charter on the Rights and Welfare of the Child (ACRWC) and the Protocol to the ACHPR on the Rights of Women in Africa are important in addressing human rights issues.

Despite the presence of these organizations and legal frameworks, there are still human rights breaches in many African nations because legislative requirements are not properly implemented and African human rights authorities have few resources. In order to guarantee the preservation of human rights across the continent, efforts are being made to increase the efficacy and enforcement of these frameworks with the cohesion between different actors such as UNICEF.

### **2.3.1. Somalia Policies Against FGC**

The legal code of Somalia combines civil law, Islamic law, and customary law. Even though Somalia does not have a national legislation banning the cutting, it does have policies that support the dismissal of the practice at a regional level. The nation is split into three regions: Puntland, the South-Central Zone, and Somaliland, each of which has important ministries involved in efforts to reduce it. All types of genitalia cutting are prohibited by the Federal Republic of Somalia's new constitution, which was adopted in 2012 and upholds human dignity, equality, and the right to be free from abuse, neglect, and degrading treatment. In the region of Puntland, since 2014 a zero tolerance fatwa, and the decrease of this practice have been noticeable in this area. In 2015, Somaliland was including, proposed by 2016 a no tolerance bill in the regions.

The primary ministries responsible for *eradicating* female genital cutting are located in each zone of Somalia. The Ministry of Women and Human Rights Development in the South-Central Zone, the Ministry of Women's Development and Family Affairs in

Puntland, and the Ministry of Labour and Social Affairs in Somaliland are some of these ministries. In addition, the Ministry of Youth works closely with the Ministries of Health, Religious Affairs, and Endowment to address concerns linked to this practice (28 Too Many, 2021). At the same time, Somalia still lacks a national law that makes the practice of FGO illegal and punishable. The Somali Penal Code, Law No. 05/19623, which is applicable to all Somalian jurisdictions, makes it a crime to harm another person and outlines the corresponding penalties.

All kinds of genitalia cutting are expressly forbidden by the Federal Republic of Somalia's (FRS) 2012 Constitution. Article 4 of the Constitution states, "After the Shari'ah, the Constitution of the FRS is the supreme law of the country." (UN Women, 2012). As stated in Articles 10 and 11, it respects equality and human dignity. The most important part of Article 15(4) is when it says that the circumcision of girls is a torturous and humiliating traditional practice, meaning that girls' circumcision is not permitted. Furthermore, according to Article 29(2), "Every child has the right to be protected from mistreatment, neglect, abuse, or degradation." In this order of ideas, this explicit type of cutting is described in the Constitution as "circumcision of girls," but it does not provide explanation and limitation on how the procedure is given. Simply mention that the Islamic fatwa "bans all forms of female genital cutting." It is unclear, nevertheless, whether the restrictions just apply to people who perform female cutting or if they could also apply to others who plan, assist, or fail to report FGO actions (UNICEF, 2021).

The Somali Penal Code, Law No. 05/19623, which is applicable to all Somaliland jurisdictions, makes it a crime to harm another person and outlines the corresponding penalties. Work on a bill banning genital cutting began in 2015, and the Ministry of Women and Human Rights Development has stated that it is prepared to submit legislation to end female circumcision in Somalia. But neither a national budget line nor a particular statute regarding female genitalia cutting have yet been approved. Despite the fact that FGC is prohibited, there is no explicit statute or clause that provides penalties for its violation. Nevertheless, there's no existing legislation that criminalizes the practice; they do not have a national budget line, nor is there a monitoring mechanism,

which confuses the analysis of annual expenditures or the development of recommendations by internal and external organizations.

Even the Joint Programme assisted the Ministry of Women and Human Rights Development in developing the first costed national action plan to abate female cutting in Somalia with the help of UNICEF. In 2021, the Joint Programme expanded its community outreach and mobilization by including rural regions, which led to 17,699 individuals learning about the harmful effects of genitalia cutting and realizing how urgent it is to put a stop to it. However, no FGC-related arrests or court cases have been reported in Somalia, and the actual government policy to decrease intertwined throughout the whole country is unknown.

Somalia borders Ethiopia, Kenya, and other nations with varying levels of intertwined incidence and anti-cutting legislation and enforcement. As families travel across borders to avoid being prosecuted, the practice of genitalia cutting can continue in Somalia because there is no national law against it. It is believed that many Somali women and girls from the Western diaspora are transferred to Somalia for genital cutting since there is little fear of prosecution. There are no reliable statistics on the number of girls who are carried across borders to be cut. Cultural emigration to nations like the United States of America, Australia, the United Kingdom, and other European nations is much more difficult to regulate.

### **3. Cross-Cultural of FGC**

Intense debates and discussions over migrants' cultural practices, such as female genital cutting, have taken place in academic and policy circles. Cultural relativism, human rights, and the assimilation of immigrants into their host countries are some of the main topics of these discussions.

The conflict between cultural relativism and fundamental human rights is one of the major topics regarding immigration and female genital cutting. According to the theory of

cultural relativism, each culture has unique values and customs that should be honored, even if they diverge from those of the host community. Cultural relativism proponents contend that immigrants should be allowed to preserve their cultural customs, including FGC, as long as it is done freely and does not result in serious harm. They place a strong emphasis on the benefits of appreciating and comprehending cultural variety and oppose imposing Western standards on immigrant groups.

Another aspect is that FGC opponents argue from a human rights standpoint, claiming that certain practices, like female circumcision, infringe on basic human rights and should never be condoned. Regardless of cultural relativism, cultural practices that are harmful to people, especially for women and girls, should be denounced and outlawed. Advocates for human rights place a strong emphasis on the rights to physical and mental integrity, freedom from violence and discrimination, and bodily autonomy. They contend that harmful cultural traditions should not take precedence over safeguarding people's rights and well-being.

The integration of immigrants within their host societies is a different aspect of the discussion. Some contend that tolerating behaviors from other cultures, like genital cutting, contributes to social exclusion and impedes the integration process. They argue that encouraging cultural behaviors at odds with the norms and regulations of the host culture might undermine social cohesiveness and limit immigrants' capacity to completely integrate into their new societies. Advocates for integration make the case that cultural variety must be balanced with the promotion of common standards and values that preserve gender equality and human rights.

Furthermore, discussions regarding migrants and FGO frequently stress the significance of empowerment, knowledge, and education in resolving this issue. Many contend that initiatives need to center on supplying migrant populations with knowledge and support, including instruction on the health hazards and legal repercussions of genital cutting. Members of these communities, especially women and girls, can be empowered to offer alternatives to female genital cutting, encourage conversation, and confront detrimental cultural practices. The key to bringing about long-lasting change is believed to be

community-led programs that include religious and social leaders, medical professionals, and civil society groups.

It is crucial to remember that discussions concerning immigration and intertwined issues are nuanced, complicated, and varied. Cultural plurality, human rights, emancipation education, and empowerment are all topics that are discussed. An integrative and all-encompassing strategy that respects human rights while also emphasizing the significance of cultural sensitivity and community participation is needed to address FGC within immigrant populations.

Migration has significantly contributed to the spread of female genital cutting practices around the world. As a result of cross-country migration, migrant groups in destination countries have become exposed to cultural practices that are prevalent in the countries where they originate. This process is frequently fueled by elements including the need to preserve cultural identity, peer pressure, and the impact of social networks like family and community. As people move, they could maintain their cultural customs, such as genitalia cutting, and might even promote or maintain these customs in their new neighborhoods. In Somalia, the concept of *re-culturing* proposed by Dhaquan Celis has been increased due knowing cases, specially in the UK, where as an act of deceiving or manipulating children are send back to their or their parents' home countries in order to culturizing them again due they are too Westernized. In those centers women are at risk of FGC, forced marriage and underage marriage, even radicalization.

Complex and divisive discussions surround immigrant populations and their cultural customs, like female cutting. The conflict between universal human rights and cultural relativism is a major area of disagreement. Some contend that as cultural practices are a reflection of one's cultural heritage and variety, they should be valued and accepted despite any possible harm they may cause. They make a point of highlighting the benefits of appreciating various cultures and advocating against imposing Western standards on immigrant groups. Others, however, contend that particular practices, like female cutting, violate human rights and ought to be generally denounced and outlawed. They place a strong emphasis on the necessity of defending people's rights and wellbeing, especially



those of women and girls, even in the face of cultural diversity. In the re-culturizing process the Foreign and Commonwealth Office have been able to return national children back to the UK.

Varied nations and regions have varied laws and programs to deal with female genitalia cutting among immigrant groups. Regardless of cultural considerations, some nations have put in place legislative measures to make female cutting illegal and ensure that it is not carried out inside their borders. These regulations are meant to make it quite clear that intertwining is against human rights and will not be condoned. Additionally, via educational campaigns, focused outreach initiatives, and community involvement, attempts are made to increase awareness of the health dangers and effects of this practice. Governmental entities, healthcare professionals, community organizations, and immigrant communities themselves work together on these efforts.

A comprehensive strategy is required to combat genital cutting practices in immigrant communities, especially in developed countries that have cases of FGC, like those that receive more migrants because of their geographical location. This entails offering healthcare treatments that are sensitive to cultural norms, such as counseling and support for female circumcision, as well as educating healthcare workers on how to handle these situations. The promotion of alternate cultural practices that respect human rights and raising awareness among immigrant groups about the detrimental impacts of genital cutting all depend on education. In order to engage with immigrant communities, challenge damaging norms, and encourage change from within, community-based interventions, including those by religious and community leaders, are crucial. Through initiatives that empower women and girls, efforts should also be made to address the underlying issues that contribute to this practice, such as inequalities in gender and cultural norms that support harmful practices.

It is vital to understand that combating it in immigrant groups necessitates a sophisticated and culturally aware strategy. To find a balance between maintaining basic human rights and acknowledging cultural diversity, policymakers, healthcare providers, and community stakeholders should collaborate. It is feasible to combat harmful behaviors

and advance the rights and wellbeing of migrant women and girls by putting comprehensive policies into place, increasing awareness, and encouraging community involvement. But it does not necessarily need to be at a macro level; the Mombasa Declaration, signed in 2019 during a regional inter-ministerial meeting held in Kenya, This declaration is the first multi-country agreement to end cross-border FGC practices in the world. Signed by East African countries, where Somalia takes part, it tries to accelerate the progress towards putting an end to these practices (UNFPA, 2021). This regional commitment promotes integral cooperation to discuss strategies and actions to end the practice across states.

#### **4. Global Efforts to End FGC**

The Sustainable Development Goals (SDGs) of the United Nations has been part of the global attempts to *eradicate* female genital cutting. The 2030 Agenda of the UN seeks to ban entirely non-medical operations that change or damage female genitalia (UNFPA, 2023). The world's largest campaign to end female genital cutting is being carried out in collaboration with governments, communities, and religious leaders by UNICEF and the United Nations Population Fund. The UNFPA created the Embera-wera program in Colombia with the express purpose of *eradicating* female genitalia cutting in the country and throughout Latin America.

With regard to the prevalence of this practice, Sustainable Development Goal 4 seeks to offer inclusive and equitable quality education for everyone. According to Sustainable Health Development Survey (SHDS) 2020, ending female circumcision depends heavily on educating women. Higher-educated women are less likely to support FGO's continuation and less likely to have the procedure done. Indicators that are pertinent to the well-being of women and girls impacted by female cutting include the maternal mortality ratio, the percentage of births attended by qualified medical staff, and teenage birth rates, which are all revealed by the survey.

Goal 3 is concerned with health and well-being while goal 5 of the SDGs, which is concerned with attaining gender equality and empowering all women and girls, is one that is pertinent to this procedure. A crucial component of achieving this objective is ensuring the health and well-being of intertwined survivors because they are more likely to have consequences, including fistulae and labor problems. Female cutting and gender-based violence against women are both SDG indicators that are tracked by the SHDS 2020. For example, the report finds that 99.2% of women and girls between the ages of 15 and 49 have experienced genital cutting. It also draws attention to statistics on child marriage rates as well as signs of the physical and psychological abuse that women face. The SHDS 2020 keeps track of metrics including net attendance ratios, functional literacy rates, and adolescent and adult engagement in education and training. Fighting female cutting is especially crucial for girls' education since female cutting is less common among girls who attend school for longer periods of time.

Female genital modification must be addressed along with Sustainable Development Goal 6, which focuses on the availability and sustainable management of water and sanitation. Girls must have frequent access to sanitary facilities and clean water in order to attend school. The population's use of drinking water services that are safely regulated is tracked by SHDS 2020. In Somalia, only 52 percent of the population has access to basic water sources, forcing families to reach water in faraway or unsafe places (UNICEF, 2019). While in Colombia, less than 3% of the population lacks access to clean water, hygiene, and sanitation, over eight thousand indigenous peoples in rural zones of the country gain access to water facilities (The Borgen Project, 2020).

Numerous national and international NGOs are also working on FGC prevention and education in addition to the UN. These groups concentrate on spreading awareness, offering assistance to those who need it, and fighting for local and international legislative changes. They cooperate with local governments and grassroots groups, involve the community, and create capacity. Together with the tireless work of NGOs, international institutions like the United Nations make a significant contribution to the cause of diminishing female genital cutting. With the ultimate objective of putting an end to this

damaging practice globally, these projects tackle a variety of issues related to the problem, including health, education, water, and sanitation.

Finding alternative techniques to replace the function of infibulation has been a matter of discussion in societies where infibulation has historically been performed, such as the Embera and Somali populations. Promoting other rituals or ceremonies, specially to the most severe type of cutting, that maintain cultural identity without harming girls and women as a key component of efforts to end infibulation. These options seek to conserve cultural traditions, commemorate significant life transitions, and preserve community cohesiveness without engaging in destructive behavior.

Community acceptability is the necessary process for cultural reconstruction and reconciliation, but for that is fundamental to apprehend entrenched cultural views, and replace the point of view of those against the change in order to be able to execute and widely embrace these replacement options. To guarantee a smooth transformation of the practice, a complex strategy that includes community participation, education, and coordination with cultural and religious leaders. The loss of their traditional customs and support systems can cause cultural shock and suffering among Somali women and Embera indigenous women who migrate domestically or internationally. It is essential to lessen this shock and suffering by offering culturally aware support mechanisms and amenities that cater to their individual requirements.

The necessity of creating programs for cultural orientation and integration which can give immigrants knowledge and tools to help them get a handle on the legal, social, and cultural nuances of their new surroundings. They can aid in the integration of immigrants into their host communities and encourage tolerance and respect for many cultures. Additionally, psychosocial support for relocated people, because they may need specialist counseling and mental health treatments if they endure culture shock and pain. Embera and Somali women have special problems that can be lessened by providing culturally competent mental health providers who are aware of these issues. Moreover, community involvement and empowerment provided to Somali and Embera women brings opportunities to interact with members of their communities and might help them feel a

sense of support and belonging. In order to provide social support, maintain cultural traditions, and meet the particular needs of migrating women, community-based organizations and networks can be extremely important.

The research literature has analyzed the efficacy of international initiatives to *eradicate* female genital cutting and lessen its incidence. Genitalia-cutting prevention efforts have been greatly aided by the Sustainable Development Goals (SDGs) of the United Nations. These objectives place a strong emphasis on issues such as gender equality, women's health, education, and access to clean water and sanitation, all of which are tied to the fight against female circumcision. The SDGs have offered a thorough framework for tackling intertwined practices and have helped to increase awareness of the destructive practice, encourage regulatory changes, and mobilize resources to prevent it. Nevertheless, despite these initiatives, the frequency of the procedure has decreased to varying degrees in various groups and geographical areas. Female genital cutting has been difficult to completely abate because of cultural beliefs, societal standards, and a reluctance to change. It is crucial to keep tracking and assessing the progress of these initiatives to spot effective tactics and areas that need more attention. Nevertheless, the use of language also has a fundamental role, and other alternatives should be proposed for a better understanding and approach.

In conclusion, diminishing this procedure necessitates a holistic strategy that includes assistance for migratory populations, legal frameworks, and cultural alternatives. Governments have a duty to uphold, defend, and protect human rights, which includes taking decisive action to end harmful cultural practices like female cutting. Governments should make sure that affected women and children have access to the required healthcare services and emphasize the importance of health education in raising public knowledge of the health hazards connected with female circumcision. The United Nations is essential in establishing global norms, conducting research, and encouraging collaboration among all parties. Agencies that promote development cooperation have a crucial role in providing initiatives to stop female cutting with technical and financial support. Global initiatives can contribute to the abolition of female genitalia cutting and the defense of

women's rights by fusing legislative measures, cultural and language alternatives, and support systems.

### Chapter 3.

#### Analysis of Existing Projects to Prevent the Spread of FGC in the Emberá Community and Somalia

The necessity of creating prevention efforts in the Emberá Community and Somalia cannot be stressed. The UNFPA Emberá-Wera project exemplifies collaborative efforts to address it in a specific indigenous community, while the UNFPA and the UNICEF Joint Programme's approach in different countries, but for the purposes of this research undertaking, it will be focus just in Somalia<sup>7</sup>, which exemplifies the multifaceted strategies required in a country marked by a complex web of cultural, social, religious and political structures. The Joint Programme, as a global campaign to prevent FGC is a time-sensitive and difficult undertaking that needs not just awareness but also thorough evaluation. Nevertheless, these programs are at the forefront of the international fight against FGC, with complex consequences for the health, human rights, and dignity of women and girls in these regions.

For this reason, this chapter examines efforts and activities aimed at combating the deeply rooted practice of female genital cutting in two diverse cultural contexts: the Emberá Community in Colombia and Somalia. By shedding light on the success or failures of these approaches and constructive criticisms on how these programs can be improved. In this sense, first, within Somalia's<sup>8</sup> socio-cultural context, it will be important to attentively dig into the four phases of the Joint Programme, which has been taking place since 2008 and will finish by 2030. This investigation will analyze the improvement of this program, its methods and programs, and delve into the actual impact it has had as part of this comprehensive and long-term strategy. Second, the Emberá-Wera project, a specialized

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<sup>7</sup>The Joint Project began with eight countries and, by the end of the I phase, was operating in 15 African countries: Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Kenya, Mali, Mauritania, Senegal, Somalia (2009), Sudan, Uganda, Nigeria, and Yemen. Being a total of 17 members.

<sup>8</sup>For the purpose of this investigation, Puntland and Somaliland will be considered part of Somalia. Due recognizes that they consider themselves independent, but they have been unrecognized states in the Horn of Africa.

initiative carried out by UNFPA inside the Colombian Emberá Community. In order to assess the task's performance in changing community views, reducing the continuity of this practice, and successfully advocating alternative rites of passage.

Moreover, this research goes beyond the specific qualities of each project in order to identify commonalities, contrasts, and best practices that cross regional boundaries. In order to provide insights that can serve as a basis for future FGC prevention efforts, not just in Somalia and in the Emberá Community, but also in other places throughout the world facing comparable difficulties, such as cross-cultural migration.

## **1. Joint Programme on Eliminating FGC**

### **1.1. Phase I**

The Joint Programme on Eliminating FGC Phase I (2008-2013) worked in 15 African nations, including Somalia<sup>9</sup>, with the ambitious objective of abolishing FGC in one generation. The major goal was to contribute to a 40% decrease in the prevalence of FGC among girls aged 0 to 15, with the goal of proclaiming at least one nation free of cutting by 2012.

This initiative used a multi-sectoral strategy, a human rights-based and culturally-sensitive approach. Key breakthroughs included analyzing behavioral change and social norm degradation, as well as investigating issues associated with this procedure. The participation of different actors is fundamental, embracing communities, religious leaders, governments, and service providers. Notably, because the practice is associated with religious beliefs, religious leaders played an important role. Since the start of the programme, Somali religious leaders (over 1,500) and koranic educators have received training on FGC consequences, and have been actively participating in advocacy

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<sup>9</sup> Somalia, in particular, joined this movement in 2009.



activities. For example, in Puntland, religious authorities issued a fatwa<sup>10</sup> against FGC. But also men, through the program, in Gambia, Kenya, Somalia, and Uganda, young men and boys began to openly *resist* FGC using various cultural communication ways such as rap lyrics and pop refrains. Nevertheless, in Somalia, fathers play a critical role in determining all decisions concerning their family, but the focus on this program has been mostly on youth. The program also promoted widespread awareness efforts through different sources of media, such as newspapers, articles, television, radio shows, and community radio in local languages. Just in Somalia, 2.8 million people were estimated to be reached by radio and TV programs, out of more than 26,147 newspaper articles and TV and radio programs that supported the abandonment of FGC (UNFPA-UNICEF, 2013, 27).

Another important part was legal and policy campaigning, with an emphasis on incorporating FGC into reproductive health policies and services. In addition, it aimed to promote access to excellent healthcare services and improve knowledge through research and data collecting. It promoted the establishment of a network of healthcare in Somalia, whose advocacy and public awareness work encouraged cut women to seek medical care to deal with the harmful repercussions.

Insufficient funds, conflicts, internal instability, gender inequalities, and the difficulties of implementing regulations were among the obstacles. Despite these, the program accomplished key milestones such as wide-ranging displays of commitment from a variety of groups, the approval of UN General Assembly Resolution 67/146, set in this topic at several levels, including the international agenda, better adjustments in understanding, with more than half of women and girls in 12 members countries that now are against FGC. Including Somalia, which passed a new constitution in 2012 that prohibits all types of female circumcision, a remarkable achievement remembering that in this country, the practice is almost universal and the existence of instability in political

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<sup>10</sup> Fatwa is an Islamic religious ruling issued by a qualified jurist on a matter of Islamic law. Unless issued by a government judge in an Islamic state, it is not binding or enforceable.

institutions. The financial contributions to the Joint Programme were rough of 37 million US dollars that came from different governments<sup>11</sup> and private individuals.

## 1.2. Phase II

Phase II of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting, began in 2014. Here, the aim became more specific and it was to reduce the prevalence of FGC among girls aged 0-14 years by at least 40% in at least five nations by the end of 2017, with at least one country declaring its absolute *eradication*. In addition to the 15 nations from Phase I, it expanded its reach to include Nigeria and Yemen, underscoring the worldwide magnitude of FGC. UNICEF projected that almost 15 million girls in high-prevalence countries will be at risk of FGC by 2020. Also, the Multiple Indicator Cluster Survey of 2012 found significant decreases in those who support this practice, indicating a favorable shift in society attitudes. Despite this, medicalization has been documented in Guinea-Bissau, Kenya, Somalia, and Sudan, confirming the practice's continuance in certain populations but performed by healthcare professionals.

Cutting because of migration has emerged as a troubling trend, impacting borders specifically in Ethiopia, Kenya, Somalia, Uganda, and the United Republic of Tanzania. Cross-cultural FGC was on the rise, according to research conducted by Kenya's Anti-FGC board in partnership with UNICEF, as a way to attempt evading punishment, probably because it was illegal in their countries. Notably, over 60% of Ethiopians, 14% of Somalians, 71% of Ugandans, and 17% of Tanzanians traveled to Kenya for FGC exercise. The consequences of border-crossing are significant, on one hand, they can cause differences in FGC regulations across frontier nations. On the other hand, they can also increase awareness about the risk of FGC and stand against it. Also, it might help to strengthen regional collaboration in prosecuting FGC practitioners. The "Cross-Border Collaboration to Eliminate Female Genital Mutilation in East Africa" by UNICEF (2019), "The Role of Regional Laws in Ending Female Genital Mutilation" by UNFPA (2018),

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<sup>11</sup> Financial contributions by: Austria, Iceland, Ireland, Italy, Luxembourg, Norway, Switzerland, UK and private individuals.

and "Communicating About Female Genital Mutilation: A Review of the Evidence" by WHO (2017) are informative documents over the raising of interregional FGC.

Important attempts were made to engage men and boys in anti-FGC campaigns. Male participation, particularly through social media activism, has gained significance. Initiatives like the "Somali Men Against FGM" Facebook page sent messages, speaking out against the procedure in unison; unfortunately, it hasn't been active since 2015. Geographically, the Joint Programme reached 369 villages in 30 districts across 21 regions in South Central, Puntland, and Somaliland in Somalia. Including, at least 65 important political figures in these regions who published public policy declarations denouncing FGC. Somalia has skillfully used the media to involve youth. Puntland Youth and Social Development Association's (PSA Somalia) Facebook page, for example, has posted 50 articles, messages, and links, drawing over 20,000 young visitors. In addition, the Somaliland Youth Peer Network encouraged the excision abandonment through articles on three major Somali language websites and an SMS message sent to 50,000 mobile phone users. Furthermore, Somalia publishes articles in common newspapers, reaching a large readership of over 100,000 individuals.

Once again, efforts were undertaken to strengthen legislative and legal contexts, improve healthcare protection, legal and social services, and raise acceptance of the *eradication* of the societal norm that continues FGC. Community-led activities were essential, with ideas such as street theater in Somalia gaining notice. The Joint Programme engaged with Somalia's Ministry of Women's Development and Family Affairs, instructed 40 young musicians, poets, and dramatists, who used vibrant performances to start talks about FGC, child marriage, and gender-based violence.

In Somalia, 140 health workers were trained in the curative care of rape and FGC side-effects, as well as lobbying for the practice's penalization. Some midwives are critical participants in reproductive health care across the 17 nations. In Somalia, techniques for treating women's circumcision were introduced into the midwifery training curriculum.

Despite significant progress, the Joint Programme has a number of hurdles. The continued violence and insecurity in Somalia hampered the program execution and its access to different populations, highlighting the difficulty of treating FGC in unstable settings. By taking into account that it is frequently performed on females aged 15 to 19, it is almost impossible to assess the immediate impact of current campaigns. Additionally, there were constraints in gathering sample data, and also, despite the introduction of legislative frameworks prohibiting FGC in many countries, implementation has been challenging. Including, keeping governments accountable for upholding laws and regulations, as well as providing funding lines to support programs supporting FGC reduction.

### **1.3. Phase III**

From 2018 to 2021, the Joint Programme Phase III, intended to address the deep challenge of FGC through a holistic strategy. Recognizing the interdependence of policy and legislation, the importance to access to comprehensive services, and the community empowerment, FGC rates in this period had dropped from 47% in 1991 to 34% in 2021, indicating that attempts to discontinue this practice were having an effect. However, this reduction does not decrease the continued threat to over 1 million Somali girls who are expected to be at cutting risk in 2022.

Nevertheless, by 2021, Somalia had made headway in terms of women's political representation, with women elected to 14 of the 54 members in the Upper House of the Federal Parliament. However, this accomplishment was accompanied by substantial obstacles, such as an 80% rise in gender-based violence compared to 2019, highlighting persisting gender inequality and other violence concerns. Somalia's literacy rate was 37.8%, with a substantial gender difference of 25.8% of females literate, underscoring educational gender inequities. Besides this, numerous obstacles have been recognized in Somalia's distinct socio-political setting. Unfortunately, among the factors that have led to the region's prolonged practice of FGC are legislative gaps forbidding FGC, poor levels of education, high poverty rates, unsteady healthcare systems, and a deprioritization of FGC in the face of the COVID-19 pandemic.

Despite the hurdles created by the COVID-19 epidemic, Somalia has made progress toward establishing a conducive environment for FGC control by 2021. In light of this, it was a significant accomplishment when a national action plan was implemented across many sectors, including a national monitoring system that is evidence-based and can track FGC instances. Even so, there were some deficiencies, such as the lack of legislation criminalizing FGC, a lack of a national budget line for FGC, and insufficient cooperation from medical and paramedical organizations. Nonetheless, the undertaking wants to enable women and girls to exercise their rights through the transformation of social and gender norms. In order to do so, it focuses on gender-responsive, social norms, human rights, and gender-transformative ways. It seeks to challenge inflexible gender conventions, address the causes of gender inequality, and restructure uneven power dynamics. In all the states members, qualitative monitoring and evaluation methods were used to identify changes in a diversity of areas, ranging from knowledge to the access to services and policy efficacy. The Joint Programme aimed for four primary outcomes: initiatives to increase government accountability, support for girls' and women's rights and agency, service provision, and knowledge exchange. (UNFPA-UNICEF, 2021).

In terms of funding sources, the program achieved over 3.46 million individuals from 4,475 localities made public declarations to end FGC, a 30% increase from 2020. Community-to-community talks, the modeling of community-led protection mechanisms, and the prevention of FGC in girls were all accomplishments. In 2021, social media campaigns calling for the abolition of FGC received 17.6 million interactions. Also, healthcare workers' perspective and knowledge about the procedure has been increased, precisely by medical and paramedical groups. In 2021, more than 500,000 girls and women received complete FGC prevention and response services. In addition, the number of states with evidence-based, and a national plan of action for preventing FGC has been raised, including gender ministers who laid out a regional cost action plan for communities on the border in 2019.

#### 1.4. Phase IV

The UNFPA-UNICEF Joint Programme on Female Genital Mutilation Elimination for the Period 2022-2030 wants to reach the worldwide goal of *eliminating* FGC by the end of the established period. To rephrase it, this program aims to do this by bringing together a variety of local, national, regional, and global actors. While international progress has been achieved, with girls who currently are 33 percent less likely to endure FGC than they were 30 years ago, considerable obstacles still remain, and development is inconsistent across nations. Like Somalia, which has been in an internal conflict since 1991 and has caused innumerable consequences for the country's stability. According to UNHCR, it was estimated that nearly three million Somalis would be internally displaced by 2022, but in the last report of the Internal Displacement Monitoring Centre, this rate increased to almost four million movements in the interior of the country (IDMC, 2023) with the majority of them, notably women, children, and the elderly, impacted by drought- and floods-related displacement as well. Despite the urgent need for assistance, the international community hasn't provided effective help. To give an idea, by September 2022, WHO provided more than 300,000 nutrition support to an emergency population of 3,7 million people.

The Joint Programme is organized with five pillars: strengthening women and girls' agency, increasing global impact, creating movements, diversifying financing channels, and collaborating with women-led organizations. Different from the other phases, this one includes 31 nations with nationally representative FGC data, and in at least 61 countries where the practice has been reported. Even so, the strategic approach will remain focused on the 17 high-prevalence nations present in the program. Advocacy and strategic activities in Indonesia may be explored depending on financial availability, as a reference model to mitigate the procedure. A gradual approach to assisting additional nations will be used, with some countries profiting from the Joint Programme's activities and expertise even without direct financial support.

But is fundamental the role that the government has and its commitment, the right application of the legislation criminalizing FGC, a creation of national action plans, an

income destined just to FGC, and coordination structures. Somalia still doesn't have any legislation that criminalizes this practice; for that reason, there are no cases of courts, arrests, convictions, or sanctions. There's no evidence-based, cost-effective national action plan to end this, neither a national budget line nor even a monitoring mechanism to illustrate data regarding this. Still, UNICEF estimates that in the 31 nations where FGC is most widespread, nearly one in every three girls will be born. That's to say, that 68 million girls will still be in danger by 2030.

Additionally, this phase includes a strategic plan for eliminating gender-based violence and harmful behaviors between 2022-2025. UNFPA has the objective to improve gender equality, women's rights, and access to basic services, especially in emergency situations, while UNICEF focuses on the protection of children, including girls affected by unlawful behaviors, and the improvement of social protection systems. In addition, the Joint Programme tries to expand its efforts and information exchange to countries where FGC is or had been common, as well as improve its collaboration with the Spotlight Initiative Africa Regional Programme. Moreover, the program's Theory of Change defines short-, medium-, and long-term goals, such as social norm modification, increased empowerment of girls and women, improved access to basic services, and higher government accountability.

Some achievements have been chiefed in recent years. As we mentioned before, a considerable percentage of girls and women in afflicted nations now believe that FGC should be prohibited. Over the past 20 years, more girls and women have spoken out to demand an interruption of this practice. The growing involvement of men and boys in the effort against FGC is an encouraging tendency, but that still needs to be worked on. Nine of the countries part of the Joint Programme have demonstrated that resistance to FGC is either equal among girls and women or even higher among boys and men, in cultural terms, it reflects a broader effort to *eliminate* FGC.

On a global and a regional basis, the Joint Programme will continue working with essential actors to promote intergovernmental cohesion, maintain and increase political commitment, and improve accountability for FGC abolition which involves working with

the African Union and building African regional economic communities. Furthermore, the program will actively participate in advocacy events, address FGC cross-border dynamics, involve populations that had migrated in the Global North, and arrange yearly technical meetings to encourage knowledge sharing and evidence-based interventions.

In this regard, the Joint Programme on the Elimination of Female Genital Elimination should work on the premise with a commitment to *eradicate* this practice by 2030. A multifaceted approach that has included not just international and national actors involved but also other countries as a reference or to be included during this process is highly important because it encourages global cooperation and strengthens the scene on this topic at an international level. Additionally, it includes VAW, not just by focusing on the cutting but also in all the different scenarios in which women's and girls' rights can be at risk. Besides, there's a slight approach to the cultural migration to Western countries, mostly in Europe, and all its different possible characteristics. As the process of "re-culturing". Used to be done by parents who are worried about their children's behavior or identity in the host country frequently engage in it. Some of these kids can experience abuse, severe conditions, and isolation (Omer, 2023). In any case, the program is expected to make major achievements toward obtaining the global promise to end FGC, guaranteeing children and women's rights and provide a healthier and more secure future for millions of girls and women around the world.

## **2. Embera-Wera Project**

The Emberá-Wera Project, which began in 2009 and finished in 2011, was an important activity that pretended to work on female genital cutting within Colombia's indigenous Emberá populations, exactly in the Mistrató and Pueblo Rico areas. The Emberá-Wera was motivated by an occurrence in 2007 in which a newborn Emberá girl passed away as a result of FGC complications. In contrast to many comparable occurrences that went



unreported, this one received a lot of attention, probably because of the social media<sup>12</sup>. It impuled a task in order to address this practice of FGC inside the Emberá community.

At the time, women's rights and gender-based violence were not common knowledge in the Emberá community. Additionally, FGC was a taboo matter, generally discussed solely by midwives and regarded as a customary ritual by the society. Even though the Emberá people have suffered great vulnerability, including poverty, isolation, discrimination, restricted access to basic social services, and have been part of the danger of armed groups' violence. Which as a result caused the Constitutional Court designated them as a group in danger of extinction, that needs to be protected and helped.

The Emberá-Wera Project, meaning "Emberá woman" in the Emberá language, involved roughly 25,000 people from the Pueblo Rico and Mistrató reservations. One of its important accomplishments was the formation of an Interagency Roundtable, which includes representatives from the Ministry of Interior and Justice, the Ministry of Social Protection, the Office of the Public Advocate, the Colombian Institute of Family Welfare, and UNFPA in order to discuss, share information, opinions and proposal in how to approach the educational campaign in sexual health and reproductive rights.

A culturally-sensitive strategy was used throughout the task's implementation. One of the main goals was to create places for intercultural discourse within the community in order to raise awareness about the complications that FGC can cause. Additionally, it aimed to empower Emberá women through initiatives like the Emberá Women's Congress and the Emberá-Chamí Peoples' School of Rights. The latter entailed training 27 teachers to engage in FGC talks, with the goal of sending at least two educators for each Indigenous Shelter (UNFPA, 2011, p. 33).

To guide these activities, the Emberá-Wera Project used four key aspects. The first is to strengthen institutions and incentivize intercultural interaction. The goal of this method was to build a bridge that closes the gap between Western institutions and the Emberá

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<sup>12</sup> The town's ombudswoman denounced it at the judicial level. However, it was not the first time he had done so, but the media gave it great prominence (Castañeda V, 2015, 63).

community. As a result, it improves the communication of government services in the justice, health, education, and food safety areas, while trying to respect, as much as they could, the Emberá culture and customs.

The following feature is to strengthen communities, but mostly girls and women. The desire of this strategy was to empower diverse parts of the Emberá community. It actively supported the Risaralda Regional Indigenous Council, Emberá women, and community leaders, as well as collaborated with the Office of the Advisor on Indigenous Affairs. Facilitating community-wide dialogues regarding female circumcision as a crucial component of this method. These debates resulted in the creation of a Declaration, sometimes known as the "Mandate," which addressed a wide range of concerns concerning the lives and rights of Emberá women. In 2009, it drafted the "Woman's Mandate" , a crucial statement aiming at improving Emberá women's status in several sectors of life, including education, health, violence against women, and the consequences of armed conflict. It ended up being represented by the Resolution A/MFG 001, which proposed a two-year suspension on FGC, with penal consequences for those, generally midwives, who realize the practice.

The third element is educational communication and intercultural communication. The initiative collaborated with journalists to promote multicultural perspectives in news and media coverage. Moreover, educational activities were conducted to officials and important national and international actors, in order to improve their grasp of the multicultural implications. As part of these activities, special events were developed allowing Emberá women to share their opinions and ideas in their own language. Among the activities fulfilled, it was taking into account, as an example, that singing is a very important part of the Emberá culture, in that sense it was used as a tool of appropriation in these endeavors.

Last but not least, one of the most important parts of the undertaking is the analysis, monitoring, and evaluation. Because it allows different actors to address and provide accurate research and continuity. For that reason, this was reinforced by the initiative of launched programs that were focused on studying the origins and consequences of FGC.

This information will upgrade reflections and will open the discussion and awareness of the procedure. The M&E was made every six months combined with collecting data, documents and information that can guide to a fully comprehend, that resulted in the consciousness of its impact and outcomes.

Besides the Emberá-Wera Project achieving substantial milestones, there are some remaining obstacles. Despite legislative restrictions and public awareness initiatives, incidents of FGC were documented in future years. Cases continue to occur; in 2012, there were 12 cases, in 2013, there were 19, and so far in 2014, there have been 14 occurrences of ablation. More recently, there have been 18 reported cases in Risaralda and Chocó between March 2022 and May 2023 (Umaña Mejía, 2023).

According to the results and the post-project surveys, it was considered that women were well-informed about the procedure of ablation and in identifying the anatomy of their bodies, indicating an improved understanding of their own anatomy. Notably, some women questioned the prevalent assumption connected with FGC that the clitoris develops, indicating a change in opinion. However, despite these achievements, incidences of FGC continued, highlighting the ongoing obstacles in totally *eliminating* this *destructive* practice within the Emberá community. Which raises questions about how women are perceived to approach "la curación".

### **3. Comparative Analysis**

#### **3.1. Similarities and Differences**

Female genital cutting elimination is a challenging task that requires particular cultural and social awareness by taking into consideration the communities' participation. In this order of ideas, the general purpose of the UNFPA-UNICEF Joint Programme and the Emberá-Wera Project is to end FGC, among specific objectives such as increasing awareness about the risks of the practice, empowering girls and women, protecting girls

and women's rights, and *transforming* community views. However, the Joint Programme focused on lowering the incidence of FGC among girls aged 0-14 by collaborating with the health and legal sectors to implement current laws and regulations, due is the average age where this practice takes place; while, in Colombia, wants to prevent newborn babes to be *cure* within the Emberá community.

Both programs use diverse approaches, such as community inclusion and discussions, educational activities, and research, data collection, monitoring, and evaluation (M&E). Nonetheless, their emphasis and methods are different. In Somalia, the UNFPA-UNICEF establishes a strong emphasis on policy enforcement, healthcare professional training, and legal measures to combat FGC, in order to promote dialogue and social change. The main reason is that the country's crisis is correlated with the persistence of the practice due to obstacles caused by conflict, climate change and socio-economic instability, such as the cross-national challenges. It works in a more confined setting. The UNFPA Project takes a more culturally-sensitive and participatory emphasis that tries to approach traditional knowledge with intercultural communication, by including and providing training to indigenous leaders, elders and traditional healers.

The implementation of the programs is also different. The Emberá-Wera confronts obstacles due to isolated areas and limited economic resources, and access, yet it functions within a stable setting and it only approaches two communities that are part of the Emberá. Although the Joint Programme also has a circumscribed budget, it operates in environments characterized by violence, making access to communities and healthcare institutions a significant challenge. The access towards the indigenous communities needs to be understood by the indigenous rights express in the *Ley de Origen* which protects and specifies the States their cultural importance of traditions and costumes, whereas the policies and legislative reinforcement of the Joint Programme are concentrated in an entire nation and not in any specific part of it. Enforcing laws in areas with various degrees of acceptability was also difficult. While it provides a chance to leverage current legal frameworks and interact with religious leaders to condemn FGC. The crisis scenario encouraged international collaboration, inviting assistance from UN agencies.

Both plans involve community leaders, in conjunction with governmental and international backing, health works, media and women's groups, generating chances for community buy-in and awareness. During the hurdles, The Emberá-Wera encountered opposition from some members of the community, notably midwives, who saw it as a danger to their traditions. Both programs involve men, but the *global* one, focuses mostly on youth in order to change future generations, while the other pays attention on men in general, mostly adults, such as community leaders. These programs work and educate tutors, health workers; but indigenous healers are considered from an anthropological and sociological perspective.

In Somalia, community participation took the form of religious leaders speaking out about FGC. Recognizing religious figures' powerful position in local communities, the campaign intentionally engaged them to spread the message. This strategy uses existing community mechanisms to promote change. Somalia is a strongly religious country where almost all its population are Sunni muslims. Additionally, community awareness programs were carried out in order to try to reach a larger audience. In Colombia, the Emberá-Wera Project attempted to use an active and inclusive approach to community participation. At every level, it included women and men leaders, whom encouraged and generated discussions with places for discourse and reflection. Initiatives such as the Emberá Women's Congress allowed women to become change agents inside their communities. This strategy attempted to include the whole community by promoting a feeling of communal responsibility.

As mentioned previously, cultural competence seeks to respect customs that are strongly ingrained in the society. It recognized the difficulty to find balance in order to address FGC while avoiding insensitivity or other's country alienation. Rather than imposing external ideals, they should undertake the establishment of a place for conversation and understanding. In other words, it is fundamental to recognize that cultural preservation and the FGC could coexist together.

Cross-sectoral collaboration with Colombia's Institute of Family Welfare (ICBF)<sup>13</sup>, UNFPA, and funding governments as Spain, reflecting the understanding and necessity of collaborative efforts of several stakeholders. Collaboration at a local, national, and international level supports the effective mobilization of resources and knowledge that can be held in other countries. The UNFPA-UNICEF Joint Programme formed alliances with local non-governmental organizations, recognizing their grassroots knowledge and community access.

While the Joint Programme efforts were centered on the capacitation of healthcare providers, and in creating protocols of attention in these cases, the Embera-Wera central point was not just the awareness of local doctors, midwives, and healers but also the procedures towards an indigenous woman who has been cured, the more convenient approach to breaking the language barrier that could be in the middle. Besides, both societies have internal armed conflicts, one related to land cultivation and the other due to political instability, which have caused internal and external migration, which is more internal for the indigenous people because of their necessity to be in touch with the land and life they live surrounded by their culture and customs. Even though these projects have tried to have an effective data collection that, in the middle and long term, can help to facilitate a more convenient and successful implementation, it hasn't been very successful, presenting a lot of difficulties.

## **3.2. Challenges and Lessons Learned**

### **3.2.1. Technological Access**

Abdifatah Hassan Ali, a digital rights Somali leader, recognizes the internet's vital role in their society, including improving communication ways, news transmission, and the establishment of e-commerce, that can contribute to businesses (UNSOM, 2020).

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<sup>13</sup> Known in Spanish as Instituto Colombiano de Bienestar Familiar.

Although, based on statistics, at the beginning of 2020, Somalia had around 1.63 million internet users, representing by around 9.84% of Somalia's total population (Kemp, 2022). Nevertheless, it is vital to understand the crucial role that technology plays in society promoting, informing, motivating and even mobilizing citizens in topics such as FGC.

Moreover, the usage of mobile phones has increased significantly. According to the World Bank, the percentage of Somalis who own a phone rise from 49.4% in 2014 to 55.3% in 2017 (The World Bank, 2021). This boost was explored on the implementation of Phase II of the FGM initiative, when they used mobile technology to reach roughly 7.92 million people via 50,000 SMS messages in 2017<sup>14</sup>. Furthermore, social media websites also played a big role in connecting individuals. In 2011, Somalia had 2.10 million social media users, meaning just 13.0% of the total population, when the majority of these users were men who used Facebook primarily for conversation and information exchange (Kemp, 2022). However, technological access constraints relating to infrastructure, price, quality, and security of ICT services. Somalia's internet used rate was 13.7% by January 2022, with 2.27 million internet users. This means that 86.3% of the population was still disconnected from virtuality. With 2.31 million users, social media accounts were 13.9%. In sum, the statistics indicate that only 16.4% internet users growth between 2021 and 2022 (Kemp, 2022).

In contrast, the Embera communities don't have technological communications, mostly because of an optional and voluntary decision. The Embera community in Risaralda, Colombia, doesn't have the necessity of having access to modern tools such as computers, the internet, and mobile phones. For *normal* societies, this lack of access has a negative impact on many elements of their daily lives, including schooling, medical care, and communication with other individuals (UNICEF, 2021). But does it? While Somalia has technological access difficulties for many reasons, such as affordability and infrastructure, the Embera communities' restricted access to technology makes it a challenge for institutions and organizations to reach them.

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<sup>14</sup>Which can be translated as, by 2017 approximately 7,917.851 people were reached through a text message.

### 3.2.2. Health Services

Female Genital Mutilation (FGM) medicalization is a *global* concern. Approximately 52 million girls and women, or roughly one in every four women worldwide, have had FGM operations performed by healthcare professionals (UNICEF, 2020). This percentage is twice as high in adolescents and in grown women. However, the prospects for healthcare access in Somalia by 2022 are not satisfactory. The country's healthcare environment is extremely constrained. Somalia relies only on one government hospital in Mogadishu, with many inhabitants compelled to seek medical attention at private hospitals, where the expenses are unreasonably expensive (OHCHR, 2022). This high cost puts healthcare out of reach for the majority of people, resulting in higher rates of infant and maternal death. In 2020, around 76 children died before they turn one for every 1,000 live births; and for every hundred thousand live births around 830 mothers died for pregnancy-related causes (The World Bank, 2023; UNICEF, 2021). To address the medical implications of FGC, significant reforms in the healthcare system are required<sup>15</sup>.

The goal of the first phase of FGM *eradication* operations in Somalia is to improve the healthcare system, in all the states members, including Somalia. This effort recognizes that Somalia's healthcare system is intrinsically vulnerable. Furthermore, coping with the after effects of FGM, particularly Type III and IV, became harder. There is a global shortage of medical personnel skilled in Clitoral Reconstruction based on this specific procedure<sup>16</sup>, making providing specialist care for the physical consequences of a tough undertaking. According to a Garowe Online fewer than 30% of the Somali population has access to healthcare (Osman, 2022). In other terms, the country's healthcare system is fragmented and underfunded, with a heavy reliance on private healthcare professionals and traditional healers to cover gaps that end up being just for a small part of the population that have the economical possibilities to do so.

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<sup>15</sup> The World Bank authorized a project named *Damal Caafimaad* (meaning "health improvement" in Somali) in July 2021 to assist the delivery of excellent and affordable health care to Somali mothers, children, and adolescents (The World Bank, 2021).

<sup>16</sup> Clitorectomy reconstruction for women who have undergone FGC is available in France, Germany, the UK, the US, Canada, Australia, Burkina Faso, Kenya and Senegal.



Similarly, the Embera population has significant impediments to healthcare access. Geographic isolation, cultural differences, language barriers, prejudice, and lack of knowledge of how both systems work are among the obstacles. Embera women in this community had higher rates of maternal mortality, adolescent pregnancy, sexual assault, and sexually transmitted illnesses than the national norm. To address these gaps, the UNFPA and other organizations work with the Embera community to offer culturally appropriate healthcare, improve healthcare worker training, encourage community engagement, and advocate for human rights (UNFPA, 2019).

These impediments include various types of discrimination, limited access to basic services such as healthcare and education, economic difficulties, and land rights challenges. Furthermore, indigenous women are frequently victims of sexual and gender-based violence (SGBV), forced sterilization, harmful cultural practices, and the vulnerability increased when they are SOGIESC<sup>17</sup> (ILGA World, 2022).

Finally, the medicalization of FGM and access to health services need to be improve worldwide, increasing efforts to resist this. While Somalia and the Embera community confront different healthcare difficulties, both highlight the critical need for enhanced healthcare access and quality, with a focus on cultural sensitivity and human rights protection, particularly for vulnerable people.

### **3.2.3. Education**

According to UNICEF and USAID, the educational environment in Somalia is not appropriate. In Somalia, about three million school-age children out of a total population of five million do not have access to education. This frame is accentuated by the various difficulties that youngsters confront when they do manage to attend school. Many Somali schools are overcrowded and lack of them have inadequate infrastructure, including water and sanitary facilities. Furthermore, the scarcity of properly educated instructors and vital

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<sup>17</sup>The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World) resume as SOGIESC women and girls with various Sexual Orientation, Gender Identity and Expression, and Sex Characteristics.

learning materials exacerbates the educational problem. The financial cost of education rests disproportionately on parents, who are finding it more difficult to fund their children's education owing to economic hardship and poverty.

High unemployment rates are a barrier to the nation's economic development, especially for women and young individuals. Only 27,08% of people who are working age are employed. According to O'Neill (2023), the unemployment rate was 20.05% in 2022. Nearly half of the population is illiterate, and educational opportunities are limited. Due in large part to the cultural phenomenon of children starting school later and parents thinking that children between the ages of six and nine are too young for schooling, access to primary and secondary education is severely restricted.

Recent United Nations statistics portrays a bleak picture of Somalia's educational situation, with only 33% of students enrolled in basic schools. Recognizing the seriousness of the situation, the UN Office for the Coordination of Humanitarian Affairs (OCHA) has requested international aid to support humanitarian measures targeted at improving access to education in Somalia through 2022 (Anadolu Agency, 2022). Somalia presents a diverse educational problem, which is aggravated by the country's rapid population growth, with over half of the population under the age of 15. This demographic rate has both potential and problems, as it provides a chance to reach out to and educate a sizable part of the adolescent population about concerns such as female genital cutting (FGC).

International and local organizations have been trying initiatives to improve their education assistance by highlighting and maintaining their distinct culture in order to support community development. However, in order to accomplish this, it is important to approach intercultural education from the perspective of Colombia's ethnic and cultural diversity. This process was divided by Izquierdo Barrera into three categories Indigenous Education, Ethno-education, and Intercultural Education (2018, 4). In order to empower varied areas and groups, to promote cultural importance and social development.

In sum, Somalia is dealing with a serious educational crisis defined by a large proportion of students not attending school, poor facilities, and limited resources. Indigenous communities have been trying to create intercultural educational experiences to commemorate their culture and encourage community development. Nevertheless, it highlights the importance of tackling educational concerns as part of larger measures to tackle issues such as female genital cutting (FGC) among young generations.

#### **3.2.4. Poverty**

Poverty affects the lives of many Somalis, complex factors such as civil war, limited resources, natural disasters, internal instability, and the lack of an engaged central authority are factors that perpetuate its existence. Poverty affects life expectancy, education, and general health results. Apart from that, Somaliland and Puntland have developed more socio-economic stability because of their independent governmental system. Even though, poverty constitutes 69 percent of Somalia's population, being one of the world's poorest countries in general. Poverty is more prevalent and entrenched among rural, as well as those living in internally displaced persons (IDP) camps. Unfortunately, 73 percent of children under the age of 14 are poor (UNDP Somalia, 2022). Limited access to high-quality education and healthcare, along with limited economic prospects, can make girls and women more susceptible to FGM (The Borgen Project, 2021; WHO, 2021).

Life expectancy is significantly low, standing at 57 years, significantly lower than the worldwide average of 73.3 years, placing them among the 10 nations with the lowest life expectancies in the world; males have a life expectancy of 53.7 years, while females have a slightly higher figure of 57.3 years (World Bank, 2023). Although life expectancy has increased since 1960, it is still impacted by variables such as illnesses, starvation, violence, and a lack of an effective healthcare system.

Similarly, the Embera community suffers its own set of issues that contribute to poverty, such as relocation from ancestral territories as a result of conflict involving drug gangs,

illegal armed organizations, and ELN rebels. The state's failure to recognize and safeguard their collective rights, culture, and identity aggravating their economic difficulties. Access to essential resources such as safe drinking water, healthcare, education, and economic opportunities are frequently limited. Furthermore, land rights are a major concern, with Embera people resisting government plans for forestry and mining operations in their lands (IWGIA, 2022).

The amount of poverty among Embera groups varies depending on the nation and the definition of poverty used. In Colombia, for example, one source estimates that 62 percent of the indigenous people are poor by 2021. In Panama, the situation is considerably worse, with indigenous communities enduring poverty rates of up to 96.7 percent, compared to 26.2 percent for non-indigenous populations (IWGIA, 2022).

Poverty affects both Somalia and the Embera people; while Somalia has a complicated combination of circumstances that contribute to poverty, such as civil war and insufficient resources, the Embera suffer issues such as relocation and a lack of acknowledgement of their rights. These economic challenges might affect more women and children, which indirectly can lead to practices like female genital cutting by reducing girls' and women's access to education, healthcare, and alternative livelihoods. Including the rise in gender-violence cases that widened the gender gap.

### **3.2.5. Violence Against Women**

Violence against women is an extensive problem, especially among high-risk vulnerable people, such as indigenous communities in the Americas and the Caribbean and countries with a lot of challenges. One major concern is the efficiency of indigenous authorities, who used to be men, in protecting women and girls who are victims of different sorts of sexual harassment. The perpetrator's position in the society might jeopardize this protection. Sorrowfully and according to the United Nations, 189 instances of sexual violence—mostly against women—in the context of an armed conflict, 19 of these involved former FARC-EP members who were undergoing the reintegration process,

while 13 of them featured indigenous women (UN, 2021). Additionally, two instances of sexual assault by Colombian soldiers on indigenous girls sparked protests and outrage (Daniels, 2020; UN WOMEN, 2020).

Sexual assaults and rapes are regarded serious crimes in indigenous villages. In the Embera community, the severity of punishment varies according on the victim's age, rape of a girl can result in a seven-year jail term or forced labor, but rape of a young or adult woman can result in a four-year penalty (ILGA, 2021). In the most serious cases, culprits may be handed over to the regular legal system for sentence, depending on their position in the community. There are still difficulties in understanding how to properly safeguard victims within the community. The legacy of the armed conflict lies at the foundation of most of the violence suffered within indigenous communities, notably sexual abuse against women. The conflict has had a significant impact on these communities, resulting in forced enlistment, displacement, rape, and different types of abuse, all of which have been used as instruments of war and social control by armed actors (ILGA, 2021). It is critical to emphasize that the Embera's difficulties are not unique, since indigenous groups throughout the Americas suffer violence against women and girls who have various and overlapping identities. The situation in Colombia prompted hundreds of Embera people to demonstrate in Bogotá, passionately condemning violence within their borders (ILGA, 2021).

Somali Women are exposed to a variety of types of abuse, including rape, torture, forced relocation, and the heinous practice of Female Genital Mutilation (FGM), all of which are used as weapons of war and societal control. Women, teenage girls, and children suffer as a result of intimate partner violence (IPV), sexual assault, sexual exploitation and abuse, emotional and psychological violence, early and forced marriage, and other types of gender-based violence. Notably, violent occurrences increased by 80% in 2020, owing mostly to the impact of the COVID-19 pandemic, floods, and locust infestations (UNFPA Somalia, 2021).

The community's negative strain strategies hamper the reaction to such violence. These techniques include withdrawal, social isolation, victim-blaming, restricting women's and

girls' movement, and arranging for long-distance travel companions. These challenges are frequently shrouded in silence. However, there are good techniques, such as requesting assistance from family and community members and using referral routes to access GBV programs. Furthermore, in the context of the humanitarian crisis, early marriage is developing as a coping mechanism, emphasizing the critical need for comprehensive measures to combat violence against women in Somalia (UNFPA Somalia, 2021). In view of these the high increase in sexual assault, for Embera and Somali women requires immediate action and extensive assistance for survivors.

#### 4. Critics

International organizations such as UN agencies have raised reasonable concerns on the global agenda, but for some scholars, such projects as the ones that are studied are based on the perception of a Western-centric perspective on *eliminating* female circumcision. (Sachar, 2002; Tamir, 2006) reason why they call into question the undertaking' efficacy and morality while emphasizing the need for a more *truly* culturally sensitive and inclusive approach. Both programs could be criticized for their "posture of cultural superiority" by affirming that due the colonial rule have been many years ago "many *First World* intellectuals still think of Africa (or other developing country) as the *Dark Continent* and imagine that genital surgery is a *Dark Age* practice supported mainly by those who are unenlightened, uneducated, ignorant, and unsophisticated" (Shweder, 2002, 230). Western initiatives frequently describe FGC as a *barbaric* practice while ignoring the role of its own culture in maintaining possibly harmful behaviors (Bottini, 2009). This critique emphasizes the necessity of self-reflection and acknowledging that cultural biases might impact how we interpret the behaviors of other communities.

Another criticism focuses on the idea of physical autonomy. While both efforts attempt to prevent girls and women from cutting, they raise concerns about whether these interventions violate people' autonomy within certain cultural settings. This discussion calls into question the universality of human rights and emphasizes the importance of culturally varied ways of dealing with situations like FGC. Another way to say it, is how

body modifications are perceived as something wrong, for example, intersex clitoridectomies, male circumcision, infant ear piercing, breast augmentation, episiotomy, hysterectomy and cesarean sections. (Greer, 1999; Earp & Johnsdotter, 2021)

The Emberá Project, in particular, has come under controversy for portraying female genital cutting as an *exotic* and almost *prehistoric* practice (Castañeda V, 2015, 61). This representation has the potential to reinforce preconceptions and restrict healthy discourse. The brochure of the plan's methodology and results may accidentally stigmatize the Emberá tribe by depicting them as a *primitive* society that needs Western guidance to survive. Such preconceptions may prevent a true cultural competence and comprehension. Critics have centered on the failure of the program by the lack of recognition of some features and the disregard of cultural relativism<sup>18</sup>.

Both programs emphasize a zero-tolerance attitude to FGC, frequently presenting it as a human rights violation. This position, however, may be seen as imposing Western ideals on indigenous and Somali cultures. In order to have a more successful strategy it should be truly culturally sensitive, by promoting conversation and understanding over judgment. The impact of these initiatives are also debated. While the Joint Programme and the Emberá-Wera have had some success in raising awareness and empowering women, critics dispute whether these results actually constitute cultural transformation or merely surface-level improvements. Notwithstanding, the portrayal of Embera and Somali women as victims may unintentionally weaken their agency and resilience by neglecting to recognize their active participation in creating change.

In conclusion, the criticisms of Western attempts to end FGC emphasize the significance of humility, cultural sensitivity, and a nuanced understanding of complicated situations. While the objective of uprooting FGC is compulsive, these comments highlight the need for diversity recognition, avoiding a cultural imperialism, and engaging in real discussion rather than imposing foreign standards. These criticisms highlight the ongoing discussion

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<sup>18</sup> Cultural relativism, according to Franz Boas, is the concept that a person's views and actions should be interpreted using the norms and values of their own culture rather than the rules and values of another culture. He said that all civilizations are essentially genuine and can only be properly comprehended within their respective circumstances. He also called for a more comprehensive and historical approach to researching cultures, taking into consideration their diversity, complexities, and change across time.

over the confluence of traditions, human rights, and bodily autonomy, advocating a more holistic and critical approach to tackling FGC and other comparable concerns.

## **5. Recommendations for Future FGC Prevention Programs**

### **5.1. Technological Access**

Given that millions of women and children continue to be exposed to this practice, the success of initiatives targeted at preventing FGC remains a source of worry. It is critical to address certain factors in the design and implementation of such efforts to increase their efficacy.

One critical factor to consider is the Embera community's and Somalia's restricted access to technological devices and the internet. Despite the reasons for this limitation differ - the Embera community does not necessarily require these resources, whereas Somalia faces resource scarcity and other complicating factors - it is critical for organizations to strategize on how to reach populations without access to Information and Communication Technology (ICT) services for FGC awareness campaigns.

In Somalia, where only a small percentage of the population, particularly men, has internet access, reaching this population through IT sources becomes vital. These initiatives should largely use the most popular social media in the country like Facebook. The campaign's focus should be on communicating to males the acceptability of marrying uncut women and stressing the reciprocal benefits of such relationships. Furthermore, it is critical to adjust the message to the language spoken. Messages in Somali should emphasize the benefits of being with a woman who has not undergone the operation, as well as female genital anatomy, particularly because the young population are the ones with internet access. If delivered in Arabic, the message shall concentrate on religious themes, clarifying any misconceptions by emphasizing the absence of FGC in the Quran and integrating pertinent extracts from sacred writings rejecting FGC justifications.



In contrast, there's insufficient data availability over the internet usage from the Embera community. Nevertheless, and given their cultural setting, it is suitable to conclude that they have limited internet usage, but that is also a cultural choice. As a result, while contemplating the use of the internet in their awareness project, it is wise to target the younger generation living in metropolitan areas because they still preserve the traditional customs and rituals within the community. Messages for this audience might stress the benefits and drawbacks of these techniques, as well as give detailed information on vulvar anatomy, with the goal of normalizing natural differences in appearance. It is important that these messages be given in Embera. Furthermore, given that many Embera's who live in the cities are associated with Spanish, delivering communications in this language might be another alternative for improving disclosure.

To put it simply, addressing the knowledge gap on FGC in contexts with restricted technology access necessitates nuanced techniques adapted to the individual location and audience, while also taking language, cultural, and social aspects into account for an optimum impact.

## **5.2. Vocabulary Use**

According to Ackerman and Smith (2018), Berthele (2021), and Vanclay et al. (2015), the use of positive language is critical in initiating social change. They suggest that this method may successfully overcome resistance to change (Blackwood, 2020) and, as a result, improve self-perception, build solidarity, and unite individuals behind a shared purpose. The importance of this point of view resides in its ability to promote a mentality oriented on positive transformation rather than using phrases with negative connotations.

Using aggressive and accusing terminology like "mutilate," "eradicate," or "horrible" in the context of female genital cutting (FGC) might be unhelpful. Such language is more likely to be seen as hostile attacks than as productive conversation. It is critical to recognize that the term "mutilated" denotes extreme injury, which helps to appreciate the

psychological and emotional toll endured by women who have had the procedures. Even some women refer to it as female circumcision<sup>19</sup> or even Female Genital Operation (FGO) (Walley, 1997). Furthermore, it unintentionally contributes to the stigma associated with FGC survivors, perpetuating the impression that they are inadequate parents, unsuitable to raise children.

Recent FGC speech has seen a noteworthy transition, illustrated by the use of the term "survivor" rather than "victim." This shift serves two purposes: it reframes the narrative while also empowering afflicted women, giving them a feeling of agency, healing, and resilience (Harding, 2020; Everly, 2023). The term "victim", on the other hand, indicates passivity and helplessness, perpetuating stigma rather than motivating change.

Also, these terminologies are frequently associated with the most severe types of cutting, demanding a more delicate and empathic vocabulary. Instead of pushing for the practice's complete abolition, a less aggressive approach may include words like "reduce," "decrease," and "diminish." These terms imply a gradual transformation within a culture that, while less confrontational, may be effective in guiding communities away from harmful traditions.

The increasing conversation surrounding FGC has also prompted concerns regarding the impact of the practice's medicalization. Critiques of cultural practices have occasionally eclipsed conversations regarding the physical and psychological repercussions of FGC. An investigation into how this shift in discourse may be unwittingly moving the focus from health and well-being to the legal implications of the practice might give significant insights into the larger dynamics at work.

In short, language is a powerful instrument for resolving complicated societal challenges such as FGC. Using a constructive and empathic language not only transforms the narrative, but it also empowers survivors and creates an environment favorable for constructive development.

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<sup>19</sup> This allegation was made by Fuumbai Ahmadu, an anthropologist from Sierra Leone who consented to the intervention as an adult.

### **5.3. Intersectionality**

The concept of intersectionality provides a comprehensive framework that aids in deciphering the complex and varied experiences of women and girls who receive FGC. It also allows for a more nuanced understanding of the difficulties these people confront, as well as, the potential for prevention and care by identifying the interaction of many characteristics such as gender, age, ethnicity, and socioeconomic status. Such methodology highlights the necessity for customizing interventions at the national and local levels, and also acknowledging the complex network of causes that support the prolongation of this practice.

However, it is important to consider that FGC is not just a singular practice, it rather refers to a variety of behaviors, each of which has unique characteristics that impact women and girls' level of vulnerability. In order to understand how crucial and complex is FGC, the starting point of this strategy is, recognize numerous factors, such as, age, cut type, practitioner identity, underlying motivations, ritual nature, degree of social obligation, and dimensions of ethnicity and race, contribute to the distinctive experiences of people undergoing FGC. For example, the Somali and the Embera women have differences in their practices. Somalis may subject girls to FGC up to the age of 14 y.o., often during early childhood, while for the Embera Community it is performed within the first few days after the baby is born. This difference emphasizes the importance of understanding not just the historical and cultural roots of FGC, but also the distinctive features of the practice in each context. This will enable intervention efforts to adapt better to each particular needs and conditions of each population.

Additionally, taking an intersectional perspective can confront misconceptions, stigma, and the frequently unjustified blame placed on communities that practice FGC. Instead, it promotes a respectful contact with these communities, creating a more favorable environment for conversation, instruction, and long-lasting transformation (Vissandjée et al., 2014; Sahiyo, 2018). An effective intervention requires initiatives based on a thorough

study of the unique elements driving each community's practices. By fostering a thorough awareness of the many experiences of women and girls affected by FGC and facilitating culturally sensitive engagement with affected communities, the concept of intersectionality provides dimensions that can fulfill in a better way to these methods.

#### **5.4. Public and Private Sphere**

As mentioned before, understanding the complexity of social and political practices is crucial. Even more, when it comes to the public and private domains, both of which are equally important in resolving gender-based concerns. The phrase, "Democratic ideals and politics have to be put into practice in the kitchen, the nursery, and the bedroom,"<sup>20</sup> emphasizes the necessity to broaden the scope of study and to encompass domestic concerns into more conventionally political ones. Given that international human rights law continues to be intrinsically distorted against women, this widened perspective is essential for a more detailed understanding of women's experiences. The domestic or private sphere has historically been mostly absent from legal frameworks, which has contributed to the continued use of a language of law which is naturally biased toward men as the main subjects of legal discourse, instead of the use of gender-neutral language in the field. This perspective supports the second-wave feminist claim that "the personal is political," made in the late 1960s and highlighting the intricate links between individual experiences and more generalized social and political systems. As a result, the application of theory to actual situations becomes essential because politics covers a broad range of topics, including both intensely personal and public issues.

For instance, due to their deep consequences for human rights, problems like violence against women or sexual and reproductive rights are intrinsically political. Gender-based discrimination has been acknowledged since the 1980s and takes many different forms, including domestic violence, FGC, and forced marriages. Such discrimination frequently

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<sup>20</sup> Sentence taken from the book *Common Women, Uncommon Practices: The Queer Feminisms of Greenham* by Sasha Roseneil. Quote from Jill Petman, one of the activists who participated in the women's peace camp at Greenham Common in England, that took place in the 1980s and 1990s.

results from things like sexual orientation and breaking social standards. The Committee on the Elimination of Discrimination Against Women's (CEDAW) General Recommendation Number 19, which emphasizes the necessity of resolving gender-related persecutions, echoes the ideal of private sphere oppression, emphasizing in the importance of creating internal and external dialogues in order to confront and finally get rid of undesirable behaviors.

### **5.5. Exploring Alternative Rites of Passage (ARPs) for Addressing FGC**

In an attempt to *eradicate* deeply ingrained cultural practices like female genital cutting is a common strategy that unintentionally develops resistance and uncertainty in the communities that are doing it. This response results from the impression that programs calling for total eradication pose a threat. The use of more humane rites of passage that are consistent with the community's values and traditions can take the place of FGC, in accordance with the concepts of using positive language and taking an empathic perspective.

For instance, certain communities in Kenya, a nation where FGC cases have decreased in recent years, have adopted substitute ceremonies that *eliminate* the cutting part while maintaining the spirit of a rite of passage. The educational elements, counseling, and blessings included in these ceremonies are intended to preserve and honor the cultural and social value connected with genitalia cutting. Girls have the chance to experience the many aspects of the process without getting the cut during these ceremonies, which feature traditional *Maasai* songs. Instead of cutting, rituals like head shaving and giving out graduation bracelets continue, with the symbolic act of pouring milk on the thighs. The girl then wears a conventional hat to represent her transformation into a woman (Teno, 2014). The possibility for long-lasting transformation is encouraged by the fact that these alternative ceremonies are not viewed as a threat to the community's tradition.

In order to mitigate any potential health risks associated with the genital alteration, the belief that some kind of rite of passage involving traditional medicine or alternative

mechanisms can be an effective alternative. The Wasiruma Indigenous Shelter in Colombia's Valle del Cauca has effectively stopped doing FGCs. Despite the fact that this practice has disappeared in some Emberá territories, in order to ensure that girls effectively transition into womanhood, additional methods are used. For example, healing practices involving the application of hen eggs to the pubic area to treat alleged "defects" in the development of genital organs have been documented (González Henao, 2013, 224). Alternative approaches have also been investigated, such as the use of particular indigenous plants for therapeutic purposes. These varied behaviors emphasize how crucial it is to take into account cultural specificities and beliefs when looking for alternatives to FGC in communities.

### **5.6. Collaborative Efforts and Data Collection in Addressing FGC**

Another effective alternative to pervasive this problem is through stakeholders, who must work together strategically. Due to the phenomena of women crossing-culture caused by migration, many women go to frontier countries in order to undertake the surgery. Migration frequently reinforces the process of re-culturization, as seen in Somalia, children, when in an attempt of "return to culture" they are sent to cultural re-education centers where may be unlawfully deprived of their liberty, their passports are frequently held when attempting to return to their hosting countries, there are cases of physical, psychological and sexual abuse because they are *too* Westernised (Omer, 2023). Even though, there are cases where the police escort them into facilities to assure their re-culturing.

In order to track and evaluate FGC cases, it is also essential to promote shared data collection methods. This study's analysis has shown that Somalia's and Emberá's data on VAW and FGC is noticeably out-of-date. Somalia's information has not been updated since 2010, putting it behind several other nations in terms of data accuracy and thoroughness. The creation and upkeep of a thorough database can have both medium and long-term advantages. In the case of the indigenous tribes, the existence of legal restrictions may prevent direct interaction with them, but thorough data collection is still

vital. Monitoring cases related to women, such as the practice of this procedure, can provide information on the efficacy of ongoing activities and act as an early warning system.

Data gathering can also encourage healthcare systems to create specialized FGC reconstruction techniques and fund additional studies in this area, thereby improving the quality of life for impacted women. The search for less intrusive surgical treatments is necessary because it is frequently difficult to find the sufficient capital for this medical surgery. Depending on the type of cutting, the procedure can be simple or not, in the uncomplicated ones the technique consists of opening the infibulation, removing the scar tissue, and repositioned the clitoris by suspending the suspensory ligament (Kizilhan et al., 2017).

In order to effectively address the psychological impacts of FGC, as the digital divide narrows and women gain internet access it is important to focus on programmatic efforts. When engaging with cultures that still practice FGC it is crucial to approach the issue with a supportive tone. The success of interventions might be hindered by language as it can inadvertently trigger resistance and exacerbate internal and external conflicts.

Governments must take a moderate posture that neither endorses nor condemns FGC but instead pledges to protect the rights and welfare of girls and women. It is essential to actively include women in the educational process, not just the ones who have been through the cutting but also from all females to be involved in preventive programs.

A localized strategy has the most promise because it is frequently embraced more quickly in local communities. Ironically, those who advocate for FGC desertion the loudest are those who are viewed as being unduly Westernized. Therefore, bringing about durable change can be greatly aided by initiatives that are grounded in the community's own context and culture. The journey to diminishing FGC is dynamic and ever-evolving, necessitating constant awareness, flexibility, and a spirit of cooperation among all stakeholders. It requires an approach that includes data-driven treatments, medical advancements, and collaborative activities that cut across cultural and geographic boundaries. Additionally, complete support should be provided to women who have had

FGC, including access to medical care, counseling, and information on the potential for surgical reconstruction.

## **6. Final Conclusions**

With the purpose of destigmatizing discussions around sensitive topics and finding cohesive strategies to address FGC across both the public and private spheres, it is important to identify and learn how to address the various existing levels of vulnerability. This will allow people abroad to comprehend this behavior, making it necessary to develop customized remedies. It will also foster confidence and eliminate social guilt. The fact that girls' vulnerability to FGC grows significantly when they lose access to crucial services, schools, and community networks that put their health, education, and future prospects in danger is a clear example of this. In order to address this issue effectively, sex education that includes considerations about women's enjoyment is necessary, accompanied by an intersectional point of view.

The exploration of Somali and Embera cultures provides insights and pathways for research to address the deeply rooted practice of FGC. A comprehensive strategy is required to address the multifaceted matter of female genital cutting (FGC), which poses an intricate array of complications and alternatives. To effectively dwell awareness campaigns and instructional programs, it is imperative to continuously analyze IT access, social media usage trends, and user demographics.

In connection with the foregoing, it is absolutely essential to comprehend how language use affects these endeavors. An adequate starting point could be to inquire into the comprehension of how the messages that have already been sent impact these initiatives. The use of national languages and the employment of a pragmatic vocabulary acknowledge and shape a better understanding of the consequences that this practice can have. The most efficient nudge improves and allows one to gain an understanding of



decisions and their societal implications, which can significantly enhance efforts to promote cultural change in a possible slower but longer-term manner.

The healthcare industry also has a fundamental role in this matter. A broad number of doctors and nurses should have a better understanding not only of the consequences that it could have but also of the approach that they should have with the girl or women that have been through the procedure, including the option of having a genitalia reconstruction. In addition, they should be provided with an intercultural education and the facility to access translators (for indigenous women) in order to construct an effective bridge between the study communities and the healthcare system.

Increasing migration poses new challenges, such as cross-country ones. Which shows that the programs should not be limited to developing countries owing to international consideration. It is a universal problem that in the current year has been cut across national boundaries, demanding global cooperation. Notwithstanding that FGC is not a common concern inside Western democracies. Adopting a non-Western perspective in addressing FGC, could influence breaking down social taboos around the discussion of female genitalia circumcision in a more efficient way. As a result, it will promote harmony between the national and international organizations, which used to have a more Western perspective. The judicialization of FGC can act as a potent catalyst for social and political change by calling for comprehensive legal frameworks and enforcement procedures to safeguard women's integrity.

Despite this, there is still a lot of work to be done. Beyond the scope of the investigation, there are other elements to take into account, such as the role that the transgender community has in the Embera culture and the fact that they have been excluded from their ancestral communities because of their gender preferences. Which can give a better understanding of the idea of femininity and the role that the female sex has inside their structure. It is also necessary to do further investigation on the menstrual habits of women in these cultures in order to provide insight on any potential physical effects of FGC. Besides, the challenges against FGC are still very much ongoing; they call for constant

watchfulness, a dedication to comprehending changing cultural dynamics, and a readiness to interact with these problems on a profoundly multicultural and human level.

As a closure, the Somali proverb "*Haween la'aani waa hoy la'aan*," which means "to be without our women means to be without a home," perfectly sums up the tenacity and resilience of Somali women and girls, as well as of women around the world. It serves as a sobering reminder of the important role that women play in society as well as the importance of cooperative efforts to end the practice of FGC and ensure the safety of women and girls around the world in a culturally accepting world that does not forbid or impose positions as the only valid viewpoint but accepts and is open to differences.

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