The Sustainable Development Goal 5 can be achieved by 2030? A Review study on Intervention to Eliminate Female Genital Mutilation in African Countries

Rehema Horera John, PhD candidate
Huazhong University of Science and Technology, Wuhan, China

Doi:10.19044/esj.2019.v15n35p14 URL:http://dx.doi.org/10.19044/esj.2019.v15n35p14

Abstract

Female genital mutilation is gender-based violence performed to a female that involve partial or total removal of the female genital organs. The practice globally recognized as a public health problem that affects women and Children's lives. The United Nations, through the Sustainable Development Goal 5, calls for the Worldwide action on the elimination of all harmful traditional practices affecting women and children by 2030. The current study aimed at examining and proposing the most effective approaches for the intervention for the elimination of female genital mutilation to supports attainment of the Sustainable Development Goal 5.3. The study employed document analysis method in collecting its data**.** The author uses the World Health Organization, the United Nations Children's Fund, and the United Nations Population Fund reports and published documents, other relevant literature and theoretical justification for examining the most useful interventions for the elimination of female genital mutilation in Africa. Study finding revealed that Inclusive programs, formal and informal education, economic empowerment of women, the use of alternative rites of passage and revision of female genital mutilation laws are potential approaches in the fight against female genital mutilation. The study concluded that fight against female genital mutilation needs collaboration of multiple strategies and multiple actors. The active and serious cooperation of actors will accelerate the achievement of the Sustainable Development Goal 5 by 2030.

Keywords: Female Genital Mutilation, Gender Based Violence, Intervention, Africa

Introduction

Female genital mutilation (FGM) is a gender-based violence practice performed to women, girls and children, which involve partial or total removal of the female genital organs (Reymond, Mohamud, & Ali, 1997; WHO,

2016a) . The practice violating women and children's rights and is a manifestation of gender inequality that intensely deep-rooted in economic, social, patriarchy and political structure (WHO, 2007, 2008). Data Revealed that about 200 million women and girls across the world had undergone the practice, and nearly 3 million underwent the practice every year. It is estimated that 15 million are at risk of facing FGM by 2020 (United Nations Children's Fund, 2016). The practice done with no medical reasons, and mostly it is performed by traditional practitioners by using local tools like knife, razor, and sometimes human nail. However, in some countries like Egypt and Mauritania the practice in some cases practiced by medical professionals' such as midwives, nurses and doctors (Serour, 2013).

Female genital mutilation practiced in about 30 African countries, in some Middle East countries and due to migration factors, the practice experienced in countries like Australia, Canada, United Kingdom, America and France (United Nations Children's Fund, 2016). The practice has a very long history of more than 2000 years since it is traced from 5 century BC as a Pharaonic circumcision in Egypt (Ahmady, 2015). It is expected to predate both Christian and Muslim. The practice has no medical benefits rather than a number of negative consequences which not only affects victim's life but also have an impact to the community economic development (WHO, 2012). FGM has a relationship with girls' school dropout and child marriage which also is a violation of human rights and UNESCO's campaign of Education for All (EFA) (Hallak, 1991).

Eliminating female genital mutilation is a global urgency call to all nationals and stipulated within the Sustainable Development Goals under Goal five in target 5.3 which states that; "Elimination all harmful practices such as female genital mutilation, child, early and forced marriage" (United Nations General Assembly, 2015). Several measures from International, regional to national level have been taken to eradicate the FGM. Besides, some positive changes observed from different countries like Tanzania, Kenya, Nigeria and Ethiopia, whereby the prevalence dropdown from the data of 2013 to that of 2018 (UNICEF, 2013). However, in some countries like Somalia (97.9%), Djibouti (93.1%), Guinea (96.9%), and Mali (91.4%,) the prevalence of FGM is still almost universal as revealed by 28 Too Many 2018.

The figure 1. below shows the prevalence of female genital mutilation in African countries up to the year 2018.

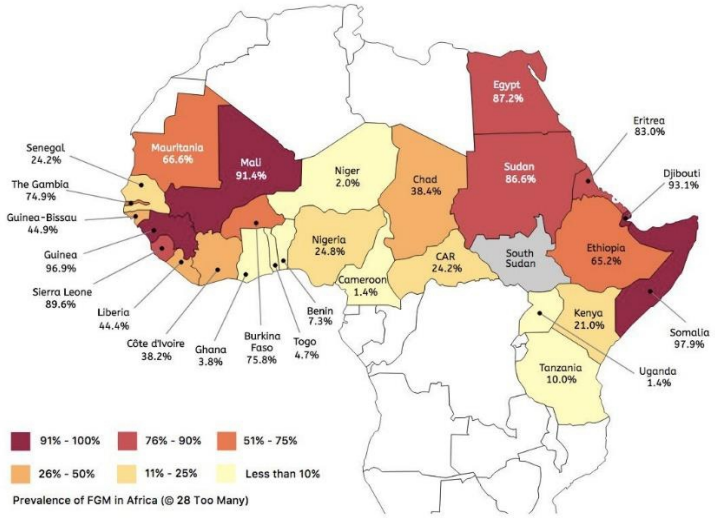

Figure 1 FGM Prevalence in Africa 2018
Source: 28 Too many 2018

From the figure above, the prevalence of female genital mutilation is still high of about 51% - 97.9% nearly half of the countries practicing FGM. However, a number of countries the prevalence is below 50% as illustrated above. Since the global target is to achieve 0% prevalence of FGM by 2030, then more serious efforts are needed to achieve the global goal.

Objective and contribution of the study

Due to the fact that the prevalence of female genital mutilation is still unconvincing in many African countries such as Somalia, Djibouti, Guinea, Mali, the Gambia, Sierra Leone and Burkina Faso few to mention, this study aimed to examine and to propose the most effective strategies which are sustainable intervention for the eradication of female genital mutilation among communities. The proposed approaches will fast-track the abolition of FGM, hence, will lead to the achievement of SDG 5 by 2030 as per the United Nations expectations.

Review of the related literature

Categories of female genital mutilation

World Health Organization categorized the female genital mutilation in to four types (WHO, 2016a). See Table 1. below

Table 1. Types of female genital mutilation

Type	explanations	Common name
Type I	Include partial or total removal of the clitoris and/or the prepuce	**Clitoridectomy**
Type II	Involve partial or total removal of the clitoris and the labia minora with or without excision of the labia majora.	**Excision**

Type III	It is the severe one which involve narrowing the vagina orifice with the creation of covering seal by cutting and appositioning the labia minora and or the labia majora with or without excision of the clitoris.	**Infibulation**
Type IV	Involves all other harmful procedures done to the female genital organs with no medical reasons. It may include pricking, scraping, pulling, incising, piercing and cauterization.	**Unclassified (Others)**

Effects of female genital mutilation

According to the World Health Organization, female genital mutilation practice has no health benefits, and it is a high risk for victims since it causes a number of complications throughout their lives. Some of the difficulties include immediate effects such as severe pain, over bleeding, psychological trauma, and tetanus. Some of the late complications include chronic pelvic pain, chronic urinary infections, sexual dysfunction, difficulty in childbirth, HIV/AIDS transmission, scar formation, raise of vulva tumor, everlasting psychological pain and dearth (Ahmed, Ismail, Almahgoub, Kunna, & Alwahab, 2016; WHO, 2016a). The World Bank also alerting that female genital mutilation has a direct negative impact in economic growth of the community because it deteriorates women's health, which in turn obstructs their contribution in society development (Rogo, Subayi, & Toubia, 2007).

Sustainable Development Goals (SDGs)

The SDGs is a global sustainable development priorities and aspirations for 2030 that seek to mobilize global efforts around a common set of goals and targets. The sustainable development goals call for worldwide actions among governments and other stakeholders to end poverty, reduce inequality, and create a life of dignity and opportunity for all (United Nations General Assembly, 2015). In the middle of 2000 and 2015 the Millennium Development Goals (MDGs) provided a significant development and achieved success in a number of areas such as reducing poverty, improving education and health in third world countries. The SDGs complemented the Millennium Development Goals (MDGs) expanding the challenges that must be addressed to eliminate poverty and embracing a world range of interconnected themes across economic, social and environmental scopes (United Nations General Assembly, 2015). There are 17 SDGs which carries different themes targeted to bring positive changed from different areas of the global development.

The Sustainable Development Goal 5 and female genital mutilation

The Sustainable Development Goal 5 is among the 17 global sustainable development goals. Goal number five focused on gender equality and the empowerment of women and girls. The SDG 5 has a set of plans for

achieving its target by 2030. The plans for SDG 5 includes (i) ending all forms of gender inequality particularly discriminations against girls and women all over the world (ii) to end all forms of violence against women and girls both in public and private domains (iii) to eliminate all harmful practices against girls and women such as female genital mutilation, abduct, early, child and forced marriage(iv) to focus on value and pay unrecognized domestic work; to ensure women are participated full and equal represented in all levels of national leadership and decision-making in economic, political and social aspects of life (v) to ensure easy access of reproductive and sexual rights to women and girls (vi) to formulate and implement social changes to grand women equal ability to access economic resources, financial services, and ownership and control of assets (vii) to promote the use of new technology to enhance women empowerment and lastly is (viii) to create and promote sound policies and implementable law to enhance gender equality and women and girl empowerment at all levels (United Nations General Assembly, 2015). The achievement of SDG 5 cannot come from the vacuum, preferably from the active cooperation of different stakeholders through different activities targeted to accomplish the SDG5. The current study was enlightening on the plan thee of the SDG5 while the focus centered on the elimination of female genital mutilation in the communities.

Theoretical perspective

This study has drawn the knowledge from the Social Convention theory proposed by Mackie Gerry. The theory maintained that, when the social convention or social norms is in place, decision-making is an interdependent process whereby, a choice made by one family is affected by choice made by other families. It is a result of mutual expectations. The theory insisted that, in communities where FGM is broadly performed, no single-family will choose or able to eliminate the practice on its own because it will affect the marriageability of their daughters. This described as an equilibrium state because no family can diverge from the social expectations of society. However, the theory maintained that eradication of FGM is possible but only by coordinating a collective abandonment. Families will abandonment female genital mutilation only when they believe that all the other families will make the same decision at the same time (UNICEF, 2010b). Thus, the Social Convention theory believes in the group or collective intervention of the elimination of the FGM. The theory provides a deeper knowledge of the social dynamics that lead to the elimination of FGM and other harmful traditional practices. It also observes the role of social and traditional norms, the potent of local rewards and penalties and the significance of human rights discussions in bringing about transformative developments (Mackie & Lejeune, 2009).

Related studies

Due to several negative consequences caused by female genital mutilation, a number of studies have proposed different techniques to support the elimination of female genital mutilation. The research done in Nigeria by Østebø and Terje suggested the use of religious leaders in the elimination of FGM. The study insisted that religious leaders are influential, powerful and respected people in the Society; they are believed to be God's messengers. People believe in them whatever they can say people take it as directives from God. Since the FGM practice does not mentioned in religious holy books Quran and Bible as a religious requirement, then the practice does not have a base or a direct connection with religions. The study maintained that the use of religious leaders in social change is a clear strategy that by no means is a magic bullet (Østebø & Terje, 2014).

A systematic review study done by Balfour and colleagues contributed to the elimination of the female genital mutilation by proposing the use of healthcare providers in the eradication of female genital mutilation in the communities. The study focused on improving healthcare provider's capacities of preventing and treatment of FGM. The study believes that capacitating healthcare providers will enhance their knowledge and understanding on the practice, which in turn will be is a useful plan for intervention since they are mostly interacting with women and girls with or at risk of FGM (Balfour, Abdulcadir, Say, & Hindin, 2016).

Due to the significant role played by men in the community, Williams-Breault, in his study, insisted on the approach of involving men in the fight against the FGM practice. The study maintained that female genital mutilation is not only affecting women; men also affected by the practice. And due to their significant responsibilities in the community, their involvement in social change is of crucial (Williams-breault, 2018). This fact concurs with the findings of (Varol, Turkmani, Black, Hall, & Dawson, 2015) and supported by the Global Alliance against FGM which also focus on the involvement of men in the eradication of female genital mutilation.

Another study done in Iraq Kurdistan proposed storytelling approach in the intervention of female genital mutilation (Jaff, 2017). The study maintained that storytelling which has a long and valuable role in religious societies is an effective means to utilize the fight against female genital mutilation. LeBron and colleagues believes that stories can involve the target audience and convey public health messages in an accessible manner (Lebron et al., 2014). The study believes that more compelling stories about the FGM would come to light through employing such an approach.

Method and data collection tools

The current study is a review study which employed document analysis method in collecting its data. The document analysis technique defined a systematic procedure for reviewing or evaluating documents both hard copy, electronic computer-based and internet transmitted material (Bowen, 2009). The author uses WHO, UNICEF, and UNFPA reports, other relevant literatures and theoretical justification for examining useful interventions for the elimination of female genital mutilation in Africa. The author used the published data and information provided by WHO reports on FGM of 1999, 2007, 2008, and 2016; the UNICEF reports on FGM of 2009, 2010, 2013, and 2016; the UNFPA reports on FGM of 2014, 2017 and 2018; and the UNFPA and UNICEF joined program reports on FGM of 2012 and 2015. The reports and documents included in this study as a source of data are those based on female genital mutilation only. The study also reviewed other studies of the similar theme and used the Social Convention theory in explaining and justifying how to move out from the female genital mutilation. The analyzed documents and the reviewed studies strengthened and consolidated the findings of the current study.

Findings and Discussion

Inclusive programs approach

This study suggested the use of inclusive or community-led program to fast-track abandonment of the FGM practice among communities. The Inclusive program is the platform that seeks the involvement of all society members in discussions of community issues on how to improve the well-being of the community members. The program should engage groups like women associations, youth groups, religious and traditional leaders, and marginalized groups in its deliberations and implementation of activities. The program should base on social transformation as proposed by (UNFPA & UNICEF, 2015). In inclusive programs, involvement of men is of crucial since they have an essential role in promoting social transformation. The programs should use informal education to deliver the messages that targeted on the abandonment of all harmful practices in the community, FGM in particular. Techniques like structured inclusive debates which will discuss intensively hot issues and problems facing their daily life, cultural ceremonies, dramas, and prepared films are well-advised to apply. The programs should be facilitated in a local language to allow high participation of each member during its implementation. This technique has been used in countries like Senegal and come-up with high achievement in deteriorating FGM rate in the community. The NGO called Tostan in Senegal, succeeded to decrease the FGM rate through the community empowerment program. The program used human rights in its holistic non-formal education program. The program used two

non-formal education classes, the first one for adults and the second one for youths. Each class included about 30 participants.

Classes were trained in native languages and integrated cultural traditions, incorporating dramas, proverbs songs, dances, and theatre. Learning shaped upon everyday life situations, provided useful information, and indorsed community discussion on subjects that are significant to participating communities. Trainers used a learner-centered curriculum, and classroom events included interactive exercises that resulted in broad involvement, regardless of the social status students might hold outside the classroom. Participants were given a chance to share their ambitions for the future, directed and supported to discuss, challenge, query, and finally building agreement on their objectives for the future. The program emphasized the full participation of women, men, traditional and religious leaders because their role is essential in the transformative social process. The participation was emphasized too since it enables them to become key actors in the social change process. Tostan's approach entrenched on social transformation through human rights deliberation. At first, the focus was on women and children's rights. Later the program extended the focus to human rights generally by integrating men more fully into the debate. The integration of human rights helped to promote social transformation through an effective procedure of reflection and action of concreate matters that touches people's daily lives. Issues like domestic violence and FGM to girls discussed and ways to intervene in the problem proposed. The program through youth, traditional and religious leaders, emphasized the decision to eliminate FGM collectively (Mackie & Lejeune, 2009). WHO concurs with the Tostan's' approach of using human rights technique to abandon FGM. WHO maintained that the human rights approach supports collective change definitely (WHO, 2016b). The inclusive approach found to work effectively in Senegal and some parts of Mali towards the eradication of the practice *(Commonwealth, 2016)*.

The program used integration dialogue with bottom-up technique in involving people in the program. Moreover, the program went hand in hand with a series of workshops, meetings and consultations among community members and ant-FGM stakeholders.

In Egypt, the government publicly fated female circumcision. The government got assistance from the Coptic Evangelical Organization for Social Services (CEOSS). The CEOSS succeeded to reduce the rate of FGM by using a holistic approach. The approach managed to abandon the FGM through community debates which involves efforts that focused on improving community members' well-being. The sessions addressed the socio-cultural aspects of the practice and its negative consequences on girls and women's health. The program's theme based on the welfare of the girl and child, fundamental rights, girl's health and development.

The program involves different groups in the society like men, women, teachers, Social welfare workers, traditional and religious leaders, and the girls as the group who are at risk. Experiences gained from Senegal demonstrates the effectiveness of inclusive program approach in the elimination of FGM. The technique provides practical information and generates debates on human rights relating with the community issues that need inclusive decisions. The combination helps the community members to promote positive social change in their community. This fact helped the Senegal government to draw lessons on the significance of involving grass-root level in implementation of different activities which led to the community change.

Formal and Informal education

Education found to be among the significant approach to reduce female genital mutilation in the community. It plays a crucial role in changing people and community views and attitudes towards the practice (Ekundayo & Robinson, 2019). It is believed that basic education is a key approach for eliminating FGM (Commonwealth, 2016). Persistence of female genital mutilation among communities is associated with lack of formal and informal education. Data revealed that, in societies where FGM is practiced, uneducated families are more likely to send their daughters to the practice compared to educated families. The study done in Sudan by Ismail (2011) affirmed that parents' level of education is very significant to the fight against FGM. Women's education level found to have a great impact on attitudes towards FGM.

Findings discovered that education programs that are part of society development initiatives to provide health, social and education services at the grassroots level to improve individual's standard of life have confirmed to be effective. The study of Ekundayo and Robinson (2019) found that education programs bring positive changes in intervention towards elimination of female genital mutilation. Therefore, this study emphasized the provision of formal and informal education, especially in communities performing FGM. Formal education through schooling system should involve FGM matters in its curriculum and teachers training to educate teachers and learners on FGM issues and its consequences. Informal education also should be in a schooling environment through debates and school clubs. The informal education should target to sensitize teachers and students on human rights, reproductive health, sex education and effects of all harmful tradition practices FGM in particular. Health education should be provided and demonstrate the danger of the FGM (Abreu & Abreu, 2015). The program can be used trained social welfare workers, school teachers, NGOs, and individual activists to provide informal education on the practice (UNFPA, 2018).

The provision of informal education should go hand in hand with the capacity-building programs to institutions and peoples who are in one way or another involved in serving people at the grassroots level. These include teachers, social welfare workers, health care providers, police, religious leaders, traditional leaders and FGM practitioners (Amasanti, Imcha, & Momoh, 2016) In countries like Senegal and Burkina Faso the informal education through community empowerment programs for FGM intervention, reported to brought significant positive changes in attitudes and beliefs towards the elimination of female genital mutilation. The programs entrenched in training sessions on human rights, women's health, environmental hygiene and social problem solving (Puppo, 2016). In Kenya, evidence revealed that through formal and informal education like school teachings and community awareness programs, a number of adolescent girls recognize that they can fight FGM practice when supported by other community members (UNICEF, 2010b). Thus, in the efforts to eliminate FGM, education is very crucial approach since it can change people's views and attitudes towards the practice and challenging society gender and norms (Commonwealth, 2016).

On the other hand, Media and traditional forms of communications like drama, music, and poetry, also can be used since it plays a significant role in educating people on different matters related to the society. It raises awareness about different ongoing issues in the community. It has been a forefront in supporting abandonment of FGM in some countries and has been also serves as a monitoring mechanism. Radio and television, which reach large segments of the population, has brought widespread public attention to illegal FGM procedures performed secretly, to failed attempts to cut girls and to the physical and emotional repercussions of the practice. They have also served to spread the news about public abandonments. UNICEF and UNFPA maintained that, media coverage could fundamentally transform public discourse around female genital mutilation (UNFPA & UNICEF, 2015; UNICEF & UNFPA, 2012).

In countries like Egypt, the media played a great role in the fight against FGM. The government launched a national media campaign on all national and local channels of television. At first, the government did good work to educate media professionals on the FGM and its consequences. And then all medias used to instigate public dialogue on the female genital mutilation. Information was opened on train and metro stations, big billboards, and post offices. Important national hard talks also addressed FGM matters.

Alternative rites of passage

This study suggested the use of Alternative Rites of Passage (ARP) as another strategic intervention for the abolition of FGM. The ARP or "ritual without cutting" or "circumcision by words" is a substitute ceremony and

initiation rites that done to girls as a transformation procedure from childhood to adulthood. The approach established by NGOs as a part of initiatives to eliminate female genital mutilation in communities. In some communities, the ARP developed by religious leaders and churches interim without exterior intervention (M'Raiji, 2015). The core theme in this approach mostly is to encourage positive culture and tradition and to discourage the negative ones.

The ARP goals not only to avert girls from female genital mutilation but also to early marriage which consistently follows after FGM and lead girls to drop from school. The ARP performed to preserve culture without mutilating girl's genitalia. The providers of ARP produced their own curricular and strategy to meet the goals in collaboration with communities. Girls gate all the targeted themes without cutting their genital organ. And in some cases, boys are included in ARP's instructions and final ceremony, which is a public graduation. This approach is suitable to communities that link FGM with ceremonies or other participatory events that used as a traditional transformation for girls from childhood to adulthood as observed by Onomerhievurhoyen and Mercy (2015). Nevertheless, the approach may not fit in communities where FGM is practiced to infants, young children or older women since ARP cannot efficiently deliver an alternative rite because there is no rite of passage involved. However, there are some cases reported from Kenya and Tanzania that, some young married women opting to undergo the practice to avoid discrimination and marginalization they experienced as a result of escaping the procedure (Droy, Hughes, Lamont, Nguura, & Parsitau, 2018; Galukande et al., 2015).

The ARP brought positive achievements in countries like Kenya under the organization called Kenyan Women's Development Organization (MYWO) which was organized the first ARP in Kenya 1996 in a partnership with Program for Alternative Technology in Health (PATH). Another achievement of ARP found in Uganda under REACH project, while in Gambia the ARP reported to be succeeded under the organization named the Foundation for Research on Women's Health, Productivity and the Environment (BAFROW) (28 Too Many, 2013b; Galukande et al., 2015; Namulondo, 2009. In Tanzania, the 28 Too Many (2013a) reported the achievement story of a mutilated mother Mery Laiza who after learning about FGM and its negative consequences through working with World vision organization, she succeeded to divert her daughters from the practice through ARP.

Economic empowerment of women

Female genital mutilation frequently associated with economic dependent of women. This study found that, in communities where FGM is practicing, women's economic survivals depending on men through marriage.

Due to the male dominancy system, the social-economic environment of many societies is socially created to minimize job opportunities to women. Society believes that men are the main provider thus, women must depend on them (Ushe, 2015). This factor lead woman to be dependent on men socially and economically. Men use the dependent factor of women as a loophole to undermine, oppress and control women whatever they want (Monagan, 2010; Nam, 2018; Sebnem, 2017). Thus, the poor economic status to women found to be among the key factors perpetuation of female genital mutilation (Kalokoh, 2017). In other hand, the FGM practice found to attract high dowry to the families through a circumcised girl, since a mutilated girl found to be a suitable for honorable marriage that brings the larger bride price to her family (Deason & Githiora, 2013; Mugadisi, 2014). Nevertheless, the practice found to be a source of income to practitioners since they are charged a service fee for each operation and other services accompanied with the procedure (Abathun, Sundby, & Gele, 2016; Buttia, 2015; Momoh, 2010; UNFPA, 2014; WHO, 2016a).

Thus, empowering women by improving their economic status will make a significant contribution towards the elimination of FGM in communities as observed by (Commonwealth, 2016; Mariam, Hailemariam, Belachew, Michael, & Lindstrom, 2014). This fact is in similar line with the report of WHO (1999) which found that practitioners need to get alternative source of income to support their living cost instead of cutting women genitalia and depending on FGM fees. Governments and ant-FGM stakeholders should develop an entrepreneurship skills programs to address the economic gap to women. The program of empowering women should be executed effective as it can help to change community norms and to make women independent instead of depending to others. This approach would enhance the economic status of women. It will help to address the significance of woman's marriageability which support the continuation of FGM, by adding alternative source of income and security. This Fact supported by the report of Commonwealth (2016) and the study of Nam, which found that financial means to women will break down gender inequality in the society (Nam, 2018).

Revision of FGM laws

Data revealed that FGM legislation played a significant role in the fight against female genital mutilation. The laws have brought positive effects in some countries which performing the practice (UNFPA & UNICEF, 2015; UNICEF, 2010b). The International community engaged in the fight against FGM through a number of commitments including; the adaptation on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Protocol to the African Charter on Human and

People's Rights on the Rights of Women in Africa- The Maputo Protocol which signed by 27 African countries. The Convention on Rights of Children (CRC) which protect children from harmful traditional practices, and the adaptation of the UN Resolution A/RES/67/146 which escalating global efforts for elimination of female genital mutilation in 2012 by all 198 members of the General Assembly, including African countries that are practicing female genital mutilation.

Currently, about twenty-six African and Middle East countries have been enacted laws which prohibit female genital mutilation; however, the law varies from country to country. Some countries like Tanzania, the law, have prohibit the practice completely while some countries like Mauritania the provision prohibit only medical practitioners or medicalization of the practice (Odukogbe, Afolabi, Bello, & Adeyanju, 2017). The penalties for law offenders also varies from country to country. Some countries the law penalize practitioners only while some countries the penalty involves whoever knew about the performed practice and resist to report it. The efforts done by legislatures and other strategies proved some achievement towards the elimination of the practice in some countries.

However, the practice has not reduced significantly as expected because most of the FGM law are not complemented by measures to influence traditional and religious expectations of the society within its social context. This study found that some FGM punishment are outdate; that means the punishment is not strong enough to create fear and pain to the law abusers. The example can be drawn from the Sexual Offences Special Provision Act of 1998 (SOSPA) of Tanzania, which punish anyone who will involve in FGM issues; it is explained that "Any person who causes female genital mutilation is liable on conviction to imprisonment for a term of not less than five years and to not exceeding fifteen years or to a fine not acceding Tanzania Shillings 300,000/= (130.4 USD) or both the fine and imprisonment"(UNICEF, 2010a; URT, 1998). The SOSPA punishment on FGM is not punitive to the extent of creating pain or a lesson to the FGM performers or to those who are thinking to engage in the practice. This study suggested the review of the FGM legislation of each country to ensure that the existing law and bylaws are in line with the current situation and strongly aimed at eradicating the practice in the communities. The penalties should be severe to create fear to law abusers. Thirty years in jail for those who commit FGM in any means and life imprisonment for those who will cause death by attempting FGM will be the penalties which will create fear and pain to the law offenders. Onomerhievurhoyen and Mercy (2015) bolded that the enactment of appropriate FGM legislation and active implementation of sanctions will accelerate the decline of the FGM prevalence.

Besides, awareness of the legislation to prohibit the practice is poor among most of the communities performing the practice. Individuals are not much aware of the penalties for the law abusers. They are used to heard about the prohibition of the practice, but to what extent the law can cost the abuser they are not much sure. Evidence showed that awareness of the FGM law among law offenders could have a positive impact in the elimination of the practice. The example is drawn from Eritrea, whereby, robust monitoring and implementation of the FGM law and establishment of the strong enforcement mechanism at the grassroots level has safeguarded its compliance.

Another good example is drawn from Burkina Faso, whereby the strict implementation of the law had led to a quick decline in some communities in the country. Another example has traced from Egypt, whereby before the law, the practice was about universal. Still, after the strictly implementation of the FGM law awareness and punishment, the prevalence started to decrease (28 Too Many, 2017). According to the data collected by 28 Too Many in 2018, the prevalence of FGM in Egypt now is 87.2% while before the FGM law, the practice was almost universal. Although the prevalence is still high, at least there is a light of some achievement (28 Too Many, 2017). Other countries like Somalia (97.9%), Guinea (96.9%), Djibouti (93.1%) and Mali (91.4%), the prevalence is still very high as reported by 28 Too Many (2018). However, other studies discovered that legislation alone could not be able to eradicate the practice (UNFPA, 2017); unless by cooperating with other approaches that can build trust to the community to convince them that female genital mutilation is a harmful practice that needs to be eliminated (Jaff, 2017).

Limitations of the study

In spite of the contribution made by the current study to the existing knowledge, this study faced one major limitation based on the sources of data. Some of the documents were missing some vital information like the date and the name of the publisher. Hence, the author excluded all the texts of the similar like from the data pool.

Conclusion

Efforts to fight against female genital mutilation started many years ago. Several initiatives have employed by national and international agencies to draw attention to the global and communities that the FGM is a violence against women and a manifestation of gender inequalities which need to be strongly abolished. The current study contributed to the eradication of FGM through examining and proposing the most effective strategies for the elimination of female genital mutilation among African communities. The study suggested the use of Inclusive programs, provision of formal and informal education relating to the FGM and its consequences, the use of

alternative rites of passage, economic empowerment of women and the revision of FGM legislation to support the current trendy of the practice as the most key strategies for the FGM intervention. The proposed methods researched and found that they have great potential in the fight against FGM, and they have shown excellent performance in some communities in different countries. Since female genital mutilation is a complex phenomenon, then to attain the SDG 5.3 by 2030 is not an easy task. The fight needs multiple strategies and multiple actors from different agencies like government, nongovernment organizations, civil society organizations, faith-based organizations, community and traditional leaders, and individual activists to collaborate in the fight. The active and serious collaboration will fasten the abandonment not only of female genital mutilation but also all other harmful traditional practices affecting women, girls and children's lives. The study proposing the intervention programs to be holistic, community-led with bottom-up ways of communication, and should integrate human rights in debates to fast-track the transformation of social norms in the communities.

References:

1. 28 Too Many. (2013). Country Profile: FGM in Tanzania.
2. 28 Too Many. (2017). Country Profile : FGM in Egypt.
3. Abathun, A. D., Sundby, J., & Gele, A. (2016). Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia. International Journal of Women's Health, 8, 557–569.
4. Abreu, W., & Abreu, M. (2015). Community education matters : representations of female genital mutilation in Guineans immigrant women. Procedia - Social and Behavioral Sciences, 171(2015), 620–628.
5. Ahmady, K. (2015). A comperhensive Research Study on Female Genital Mutilation/Cutting(FGM/C) In Iran.
6. Ahmed, U. T., Ismail, S., Almahgoub, A. A., Kunna, A., & Alwahab, R. A. (2016). Female Genital Mutilation (FGM), Cultural Challenges and Complications during Delivery at Omdurman Maternity Hospital (OMH), Sudan 2015. Donnish Journal of Medicine and Medical Sciences, 3(5), 19–22.
7. Amasanti, M. L., Imcha, M., & Momoh, C. (2016). Compassionate and Proactive Interventions by Health Workers in the United Kingdom : A Better Approach to Prevent and Respond to Female Genital Mutilation ? PLOS Medicine, 13(3), 1–7.
8. Balfour, J., Abdulcadir, J., Say, L., & Hindin, M. J. (2016). Interventions for healthcare providers to improve treatment and prevention of female genital mutilation : a systematic review. BMC Health Services Research, 16(409), 1–6.

9. Bowen, G. A. (2009). Document Analysis as a Qualitative Research Method. Qualitative Research Journal, 9(2), 27–40.
10. Buttia, C. (2015). Investigation of Successful Interventions in Mitigation of Female Genital Mutilation/Cutting (FGM/C) Among Selected Kenyan Communities : Maasai, Kisii and Kuria.
11. Commonwealth. (2016). Female Genital Mutilation : The Role of Education.
12. Deason, L. M., & Githiora, R. M. (2013). African Immigrant Women in the United States : Perceptions on Female Circumcision and Policies that Outlaw the Practice. African Social Science Review, 6(1).
13. Droy, A. L., Hughes, L., Lamont, M., Nguura, P., & Parsitau, D. (2018). Alternative Rites of Passage in FGM/C Abandonment Campaigns in Africa: A research opportunity.
14. Ekundayo, R., & Robinson, S. (2019). An Evaluation of Community-Based Interventions Used on the Prevention of Female Genital Mutilation in West African Countries. European Scientific Journal, 15(30), 1–20.
15. Galukande, M., Kamara, J., Ndabwire, V., Leistey, E., Valla, C., & Luboga, S. (2015). Eradicating female genital mutilation and cutting in Tanzania : an observational study. BMC Public Health, 15, 1–10.
16. Hallak, J. (1991). Education for all : high expectations or false hopes ?
17. Ismail, H. S. (2011). Factors influencing the continuation of Female Genital Mutilation / Cutting Practice in Sudan.
18. Jaff, D. (2017). Eliminating Female Genital Mutilation/Cutting in Iraqi Kurdistan: a challenge. Medicine, Conflict and Survival, 33(3), 212–215.
19. Kalokoh, N. K. (2017). The Effects of Female Genital Mutilation on Women of Sierra Leone.
20. Lebron, A. M. W., Schulz, A. J., Bernal, C., Gamboa, C., Wright, C., Sand, S., … Caver, D. (2014). Storytelling in Community Intervention Research: Lessons Learned From the Walk Your Heart to Health Intervention. Prog Community Health Partnersh., 8(4), 477–485.
21. M'Raiji, J. K. (2015). The Transformation of Swahili Unyago and Female Genital Mutilation into an Alternative Rite of Passage: A Poststructuralist Approach.
22. Mackie, G., & Lejeune, J. (2009). Social Dynamics of Abandonment of Harmful Practices: a New Look at the Theory, Innocenti Working Paper 2009-06. UNICEF Innocenti Research Centre, Florence,.
23. Mariam, A., Hailemariam, A., Belachew, T., Michael, K. W., & Lindstrom, and D. (2014). Mutilation Among Adolescents IN Jimma Zone ,. Ethiopia Journal of Health Science, 19(2), 1–17.
24. Momoh, C. (2010). Female genital mutilation. Urology Gynaecology

&Sexuality Health, (11), 11–14.
25. Monagan, S. L. (2010). Patriarchy : Perpetuating the Practice of Female Genital Mutilation. Journal of Alternative Perspectives in the Social Sciences, 2(1), 160–181.
26. Mugadisi, N. E. (2014). Measures influencing eradication of female genital mutilation practices among the Maasai community in Maparasha constituency Kajiado county, Kenya.
27. Nam, Y. E. (2018). The power structure in the perpetuation of female genital cutting in Kenya. Asia Journal of Women's Studies, 24(1), 128–139.
28. Odukogbe, A.-T. A., Afolabi, B. B., Bello, O. O., & Adeyanju, A. S. (2017). Female genital mutilation/cutting in Africa. Translational Andrology and Urology, 6(2), 138–148.
29. Onomerhievurhoyen, M., & Mercy, N. (2015). Female Genital Mutilation: The Place of Culture and the Debilitating Effects on the Dignity of the Female Gender. European Scientific Journal, 11(14), 112–121.
30. Østebø, M. T., & Terje, Ø. (2014). Are Religious Leaders a Magic Bullet for Social/Societal Change? A Critical Look at Anti-FGM Interventions in Ethiopia. Africa TODAY, 60(3), 84–101.
31. Puppo, V. (2016). Female Genital Mutilation and Cutting : An Anatomical Review and Alternative Rites. Wiley Online Library, 30(1), 81–88.
32. Reymond, L., Mohamud, A., & Ali, N. (1997). PATH:The facts; female genital mutilation.
33. Rogo, K. O., Subayi, T., & Toubia, N. (2007). Female genital cutting, women's health and development : the role of the World Bank. (World Bank Working Paper Number 122). Washington,D.C: World Bank. (African Human Development Series).
34. Sebnem, C. (2017). An Example for the Construction of Masculinity in Turkey : The Woman Has No Name. European Scientific Journal, 13(2), 62–76.
35. Serour, G. I. (2013). Medicalization of female genital mutilation/cutting. African Journal of Urology, 19(3), 145–149.
36. UNFPA. (2014). Female Genital Mutilation/Cutting (FGM/C) Fact Sheet.
37. UNFPA. (2017). 17 Ways to end FGM/C.
38. UNFPA. (2018). Female Genital Mutilation in Tanzania (Fact sheet).
39. UNFPA & UNICEF. (2015). 2015 Annual Report UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change.
40. UNICEF. (2010a). Female Genital Mutilation in Tanzania: the state of

the wold's Children 2010.
41. UNICEF. (2010b). The Dynamics of social change Towards the Abandonment of Female genital mutilation/Cutting in five African countries.
42. UNICEF. (2013). Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change 2013.
43. UNICEF & UNFPA. (2012). Joint Programme on Female - Genital Mutilation/Cutting: Accelerating Change -.
44. United Nations Children's Fund. (2016). Female Genital Mutilation/Cutting: a Global Concern Unicef'S Data Work on Fgm/C Support for Data Collection Data Analysis and Dissemination. Unicef.
45. United Nations General Assembly. A/RES/70/1 Transforming our world: the 2030 Agenda for Sustainable Development (2015).
46. URT. Sexual Offences Special Provisions Act , 1998 (1998).
47. Ushe, U. M. (2015). Eradicating Sexual Abuse and Gender Based Violence in Africa and America : Role of Religious Leaders. European Scientific Journal, 11(5), 99–116.
48. Varol, N., Turkmani, S., Black, K., Hall, J., & Dawson, A. (2015). The role of men in abandonment of female genital mutilation : a systematic review. BMC Public Health, 15(1), 1–14.
49. WHO. (1999). Female Genital Mutilation Programmes to Date : What Works and What Doesn ' t.
50. WHO. (2007). Female Genital Mutilation.
51. WHO. (2008). Eliminating Female genital mutilation An interagency statement: OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. WHO.
52. WHO. (2012). Female genital mutilation.
53. WHO. (2016a). management of health complications from female genital mutilation WHO guidelines on the.
54. WHO. (2016b). Understanding and addressing violence against women Female genital mutilation. World Health Organization.
55. Williams-breault, B. D. (2018). Eradicating Female Genital Mutilation / Cutting : Human Rights-Based Approaches of Legislation , Education , and Community Empowerment. Health and Human Rights Journal, 20(2), 223–234.