

EXAMINING THE CURRENT STATE
OF CRITICAL INTERSECTIONS:
Female Genital Mutilation/
Cutting and Social
Oppressions

October 2023

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About Sahiyo

Sahiyo was formed in 2015 as an advocacy collective of South Asian and other survivors of female genital mutilation/cutting (FGM/C) to address the lack of acknowledgment around FGM/C as a global form of gender-based violence and child abuse. We utilize collaborative grassroots campaigns and storytelling techniques to train members of FGM/C-practicing communities in leading the demand for widespread abandonment; work with frontline professionals (i.e. healthcare providers) to create culturally-sensitive systems of care for survivors; and partner with government officials to address policy-level change. Today, Sahiyo is divided into two legal entities – Sahiyo U.S. & Sahiyo India. Sahiyo U.S. led in the development and execution of this research project, with support from Sahiyo India.

Sahiyo's mission is to empower Asian and other communities to end FGM/C and create positive social change through dialogue, education, and collaboration based on community involvement. The expansion of our work beyond the scope of South-Asian and U.S.-based women over the last seven years to include survivors and practicing communities from around the world has lent itself to a project in which we can look at a myriad of factors that impact survivors, their access to support, and the work done to both support survivors and end the harmful practice of FGM/C.



About This Project

In July 2021, Sahiyo hosted a public webinar titled, "*Critical Intersections: Anti-Racism and Female Genital Mutilation/Cutting (FGM/C)*."¹ We invited anti-FGM/C activists, Leyla Hussein, Aarefa Johari, Sunera Sadicali, and Aissata M.B. Camara to engage in a conversation that helped to elevate our understanding of how systems of racism operate in—and negatively impact—the work to end FGM/C. The panel discussion was moderated by Sahiyo U.S. Executive Director, Mariya Taher. The webinar drew close to 300 registrants, making it one of the most highly sought-after webinars Sahiyo has hosted in the past seven years.

Using the momentum gathered from the webinar, Sahiyo initiated the *Critical Intersections Research Project*, beginning with an examination of the current state of critical intersections. This paper explores multiple forms of literature and media to identify key areas of overlap with FGM/C, including core intersecting themes.

Overall, this research project sought to address the following questions:

How has systemic racism delayed substantial change on this issue of meeting progress toward achieving the U.N. Sustainable Development Goal to end FGM/C by 2030?

Are there possible connections to other movements such as #MeToo and Black Lives Matter that can come into play?

Upon initiating this project, Sahiyo discovered that in addition to systemic racism, several other factors of the human experience intersect with FGM/C to tell a larger story of critical intersections. Therefore, we expanded on our initial project aims.

The goals of Sahiyo's research are to:

Create a foundation for further research into the locally-specific confluence of factors that have significant implications for the holistic well-being of marginalized communities affected by FGM/C.

Illuminate possibilities for creating ties between social reform and social justice movements that may accelerate change.



As a first initiative of this research project, Sahiyo compiled an extensive body of multiple works on the topic of oppressions intersecting with FGM/C, including peer-reviewed literature, editorials, opinion pieces, reviews, and social media communications; completed a systematic review of existing scholarship on these topics; and produced a review exploring connections amongst the material and deriving relevant themes; themes that intersect with FGM/C: religion, race, bodily autonomy, queer gender and sexuality, feminism, law and policy, climate change. It is helpful to identify current understandings of critical factors intersecting with FGM/C and outline the gaps in our knowledge.

Lastly, this review served as a jumping-off point for Sahiyo's own data collection for the Examining Intersections Between FGM/C and Other Social Oppressions Research Project, the results of which will be disseminated in Feb. 2024.

Acronyms

AAP

AMERICAN ACADEMY OF PEDIATRICS

BIPOC

BLACK, INDIGENOUS, AND PEOPLE OF COLOR

BLM

BLACK LIVES MATTER

COVID-19

SARS-CoV-2 VIRUS

DHS

DEPARTMENT OF HOMELAND SECURITY (U.S.)

DSM-V

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, VERSION FIVE

FGCS

FEMALE GENITAL COSMETIC SURGERIES

FGM/C

FEMALE GENITAL MUTILATION/CUTTING

GBV

GENDER-BASED VIOLENCE

ICE

IMMIGRATIONS AND CUSTOMS ENFORCEMENT

IPV

INTIMATE PARTNER VIOLENCE

LGBTQ+

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING

OLLUSA

OPERATION LIMELIGHT UNITED STATES OF AMERICA

U.S.

UNITED STATES

VAWG

VIOLENCE AGAINST WOMEN AND GIRLS U.S.- UNITED STATES

Introduction

The concept of intersectionality, defined as “multiple, interlocking systems of political identities and racial, sexual, and patriarchal oppression,” was first introduced by the Combahee River Collective.² This Collective, active from 1974 to 1980, was a Black lesbian feminist socialist organization. The intersectionality framework reveals systems of discrimination or disadvantage that overlap and synergistically amplify oppression. An intersectional approach to all social movements is crucial to addressing the oppressions that impact marginalized communities.

This initial idea of intersectionality became “codified as an analytical framework” by Professor Kimberlé Williams Crenshaw; she demonstrated that where we ignore intersectionality, we fail to see the interconnectedness of systems of oppression and, consequently, perpetuate injustice.² Crenshaw’s theory of intersectionality is supported by the fact that human well-being is often a result of intersecting factors within the immediate social, political and ecological environment. In the United States (U.S.), for instance, several pockets of Black, Indigenous and People of Color (BIPOC) include FGM/C-affected communities, who suffer disproportionately from the confluence of discrimination with other socio-political, economic, environmental, linguistic, and cultural barriers—all of which can be collectively described as social determinants of health.³

In accordance with Crenshaw’s theory, an effective approach to supporting survivors of FGM/C, particularly survivors in marginalized communities, as well as preventing the continuation of this harmful practice would include adapting an intersectional approach; this begins with recognizing the various identities and confluences of oppressions that uniquely affect survivors and their communities.



Themes Intersecting With FGM/C

Religion

Race

Bodily Autonomy

Queer Gender & Sexuality

Feminism

Law & Policy

Climate Change

Religion

"... religion is often misused in regards to FGM/C... as a weapon against survivors... and almost protecting those committing this harm"

*-Sameera Qureshi,
Sahiyo's Religion and FGC Panel*

"... women [in the conservative Christian community] came to me and said 'this [FGM/C] has happened to me,' but they faced a fear of the backlash in what the community would do to them if they tell their story and not to mention, what their husbands were going to do..."

*- Jenny,
Sahiyo's Religion and FGC Panel*

As a deeply rooted aspect of the human experience, religion has served as both sanctuary and oppressor for millions. The foundational nature of religious practices (like daily prayer and seasonal fasting) in some tightly-knit communities where FGM/C occurs has led to the misconception that the practice results primarily from religious beliefs.^{5,6,7} More specifically, as stated in a 2019 End FGM European Network publication, FGM/C is falsely assumed to be an Islamic practice, fueling incidents of Islamophobia in several Western countries.⁸ This narrative has been addressed and demystified, as we now know that FGM/C predates all Abrahamic religions.^{9,10} Nevertheless, as seen in key findings from research conducted by Sahiyo (within the Bohra community), FGM/C in some Muslim communities results from an almost inseparable overlap of religion and community social norms.¹¹ This is also seen in a 2019 statistical profile on FGM/C in Indonesia, published by the United Nations Children’s Fund (UNICEF): “a *fatwa* (religious edict) issued by the Indonesian Ulema Council (Majelis Ulama Indonesia – MUI) in 2008 recommends that female Muslims undergo FGM since it is considered a rule and symbol of Islam.”¹² Some fatwas from the Indonesian council have been considered controversial, and this was no exception.¹³ Given the source of this statement (a respected and influential clerical body in Indonesia), the false belief is perpetuated, even though there is proof that the Qur’an does not support FGM/C. Therefore, those opposed to the practice are immediately disadvantaged when they reject it, including challenges to financial and social success within their community.

A *Washington Post* article from February 2022 details an incident of FGM/C-related anti-Muslim bias. In this case, a babysitter on San Juan Island in Washington was changing a diaper when she noticed what she believed to be an abnormality in the child’s genitals. Without the parent’s consent, she invited the opinion of a friend who, in turn, inspected the child’s vagina for said abnormality.¹⁴ During what became an investigation by government agencies, the babysitter cited the parent’s Muslim and Turkish heritage as her cause for



assuming FGM/C was performed on the child. However, the investigation concluded that this was not a case of FGM/C. For the young family, the violation of trust and subsequent fear of Islamophobia have negatively impacted their well-being. This story sheds light on negative stereotypes and misconceptions that allow individuals (like the babysitter) to enact harmful discriminatory behaviors.

The layered nature of this critical intersection theoretically yields two results: experiencing Islamophobia outside of one’s community, and potential ostracization from within. As seen in literature, Islamophobia and community-mandated FGM/C converge on Muslim women, who are already inundated with “prejudice and harassment more frequently than their peers.”¹⁵ This inevitably results in layered stigmatized experiences, which further limits access to care for a survivor of FGM/C.

Despite Islamophobia being a primary outcome of the intersection of religion and FGM/C, other major world religions have encouraged this practice among their congregants in the name of religion. One such study on Jewish and Christian views of FGM/C discusses its prevalence in a minority group of Ethiopian Jews known as Falashas, or Beta Israel.¹⁶ The author posits a reason for ritual FGM/C among Falashas: “...as a persecuted and isolated Jewish enclave for thousands of years, the Falashas did not have access to either definitive Jewish texts or informed rabbinical sources.”¹⁶ This implies a long ingrained culture of oppression that has lost touch with the larger body of organized religion. Furthermore, people from Christian groups in Egypt, Nigeria, Tanzania, and Kenya have reported experiencing FGM/C as a religious practice promoting female sexual purity.^{16,17} Much like the Qur’an, FGM/C is not mentioned as a practice in the Torah or Christian Bible. Still, FGM/C continues to plague communities on the basis of religion.

Race

"... in certain communities, there is an inherent, underlying racism that separates so-called 'African FGM/C' from 'Asian' or 'other medicalized FGM/C'... we see that as a way to justify the 'least severe forms' of FGM/C..."

*– Mariya Taher,
Law, Justice and Development Webinar, World Bank*

"At the end of the day, female genital mutilation, issues of racism, it's all about power and power to reclaim it."

*–Aissata Camara,
Critical Intersection: Anti-Racism & Female Genital Cutting Webinar*

It is a common misconception that type III FGM/C (infibulation) is “African FGM/C,” while type I (clitoridectomy) and type II (excision) are less harmful and associated with Asian countries. Only 10% of global FGM/C cases are type III.²⁰ However, this misconception has caused a setback in receiving government funding for anti-FGM/C movements in countries like Indonesia, Singapore, and Malaysia, as some funders have bought into the narrative that some types are less deserving of attention than others.¹⁸ FGM/C misconceptions based on race are, however, not limited to countries with the highest prevalence of the practice.

Because the highest incidence and prevalence of FGM/C is in Sub-Saharan Africa, the Middle East, and Southern Asia, it is easy to assume that it does not exist in Western countries like the U.S. and Canada. This notion often comes from a place of Western superiority and a lack of cultural competency, as well as cultural humility. However, anecdotal evidence suggests a prevalence of FGM/C among white, southern Christian communities in the U.S. As of the writing of this review, there are no peer-reviewed studies on the experiences of FGM/C among white women in the U.S., although survivors from this group have spoken up and sought care for adversity resulting from the cut.²¹ Given this aspect of intersectionality, Western superiority affects not only those of the “other” identity, but also white women whose stories, at the moment, remain personal anecdotes unsupported by peer-reviewed research.

Furthering the intersection of race, racism, and FGM/C is the subjective view of who can consent to the practice. Bettina Shell-Duncan, Ph.D., calls for a deeper look into the factors influencing Western saviorism, as it undermines a person’s agency to consent to genital alteration.²² Shell-Duncan argues that one such factor is the practice of female genital cosmetic surgeries (FGCS), a procedure in “modern” or Western societies. At their core, FGM/C and FGCS are connected by the

desire for high aesthetic value and acceptance (if FGM/C is carried out on an adult). At face level, FGM/C is viewed as a “barbaric” practice originating from communities of color. Therefore, as seen in Western countries, FGM/C is illegal, and FGCS is just another medical procedure in an office of cosmetic gynecology. While not explicitly stated, a member of an FGM/C-practicing community seemingly “must be protected” and “cannot consent” to genital alteration due to their identity. On the other hand, those who come from non-FGM/C practicing communities and elect to undergo FGCS are not considered a group to be protected by virtue of their Western (and often white) identity.

Social movements for racial justice are also pertinent to intersectionality with FGM/C. Movements like Black Lives Matter (BLM) were birthed in response to a history of systemic, institutionalized, individual, and internalized racism that have led to countless untimely deaths of Black lives in the U.S.^{23,24} While the official BLM movement started in 2013, it became a household term between 2015 and 2017 amid a presidential election that resulted in the Trump administration. While this movement gathered momentum, Islamophobia was on the rise; in 2017, President Trump issued a travel ban under the guise of homeland security, and repeatedly referred to it as a Muslim ban.²⁵ Indeed the travel ban was rooted in Islamophobia, creating a connection with the theme of religion (see “Figure 2. Themes intersecting with FGM/C and their connections”). Upon arrival in the U.S., individuals and families are racialized as BIPOC Americans, further affecting one’s sense of belonging and experiences of perceived or real discrimination. Within this tumultuous space, survivors of FGM/C with identities included in the BLM movement were affected by the travel ban. Concurrently, in discussing FGM/C, the Trump administration furthered the narrative of xenophobia by phrasing the practice as a problem recently introduced to the U.S. by immigrants.²⁶ This undermined the experiences of FGM/C

survivors whose stories have nothing to do with diasporic traditions. Additionally, FGM/C has its place in U.S. history as clitoridectomies (or type I FGM/C), which were prescribed by medical professionals when females deviated from what was considered to be standard expressions of female sexuality.^{27,28} That is, clitoridectomies have been performed in the U.S. when females masturbated or participated in lesbian relationships.



Finally, in her work on cultural and political paradigms of FGM/C, Ruhina Jesmin takes a critical look at the novel, *Possessing the Secrets of Joy* by Pulitzer Prize-winning author Alice Walker.²⁹ Jesmin uses the theory of intersectionality to identify the interlocking nature of race, sex, migration, and politics as they relate to the FGM/C experience of the protagonist. In the novel we meet Tashi, an African woman who lives with the physical and psychological consequences of her genital cutting. She encounters Western society through the legal system and a psychiatrist calling her a “Negro woman,” a novel term to the ears of a recently immigrated African of her time. Jesmin argues that the “otherness” experienced after migration is the foundation for political racism and sexism that places the Black woman at the bottom of the social totem pole. FGM/C is the tool through which this otherness is further cemented into Tashi’s identity. The “socio medical ‘othering’ of Black women’s bodies” can also lead to treatment as “exotic curiosities” and may be exacerbated even more so “when their bodies have been shaped by the culturally unfamiliar practice of FGM/C.”²

Bodily Autonomy

"...you cannot tackle or address FGM if you are not talking about race, gender, and sexuality, because those three are quite key, very key to this conversation."

*–Leyla Hussein,
Critical Intersection: Anti-Racism & Female Genital Cutting Webinar*

"Not knowing what happened to my body at such a young age led to a dissonance between body and being. If I can't even understand what my body went through, how do I gain a sense of bodily autonomy?"

*– Saza Faradilla,
personal communication, November 2022*

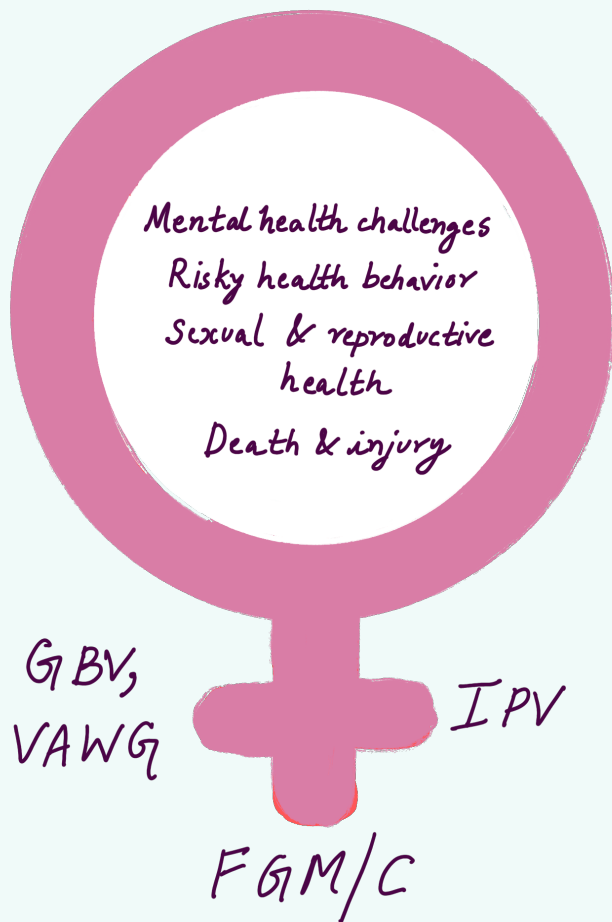


Figure 1. Similarities in outcomes of GBV/VAWG, IPV & FGM/C

The rise of the #MeToo movement (first online and then through mainstream media) has opened doors for various conversations about bodily autonomy. For instance, on the International Day of Zero Tolerance for FGM in February 2020, U.S. Diplomat, Maryum Saifee published a personal essay highlighting the intersectionality of FGM/C and the #MeToo movement.³⁰ In this article, Saifee argues that the view of FGM/C as an “exotic cultural ritual” undermines the practice’s mentally and physically invasive nature. Furthermore, the fact that millions of survivors have been silenced from speaking out about their FGM/C experiences makes this an essential addition to the movement. #MeToo is a space for storytelling, empowerment, social justice, and mutual support—all proven to be necessary for the well-being of the FGM/C survivor. A lack of bodily autonomy is concurrent with the silence imposed on FGM/C survivors.

A 2021 United Nations Population Fund (UNFPA) report states that bodily autonomy is “the power and agency to make choices about your body, without fear of violence or having someone else decide for you.”³¹ The report provided staggering statistics on females being denied bodily autonomy, whether through inaccessible contraception, forced marriages, rape (both marital and otherwise), and FGM/C, among several other challenges. This intersection with FGM/C is salient, as the female, purely by her sex, is disproportionately affected by these barriers to health and wellbeing. It is also important to note that several survivors of FGM/C were robbed of bodily autonomy at a young age—long before they were aware of their right to it.

The survivors of FGM/C are subject to polyvictimization, according to a 2020 study by Im, Swan, and Heaton.³² This term refers to the experience of multiple types of abuse, whether over a short or elongated period of time.³³ In what is described in the article as a “multifaceted trauma sequelae,” many survivors present adverse mental and physical health outcomes that begin with FGM/C in childhood and are exacerbated by other forms of abuse. This finding is also supported in a study by Chen et al., who conducted a retrospective analysis among a cohort in New York.³⁴ They found high numbers of polyvictimization, as many FGM/C survivors also reported emotional abuse, sexual abuse, forced marriage, child marriage, and sex trafficking.

Additionally, Johnson-Agbakwu et al. found that among diasporic Somali communities in the Southwestern U.S., distress from vivid recollection of FGM/C can be triggered by difficulties in navigating services like the health care system.² They argue that the under-preparedness of the health care system in caring for FGM/C-affected communities combined with issues common in Black communities can be significant amplifiers of this distress.

Finally, several studies frame FGM/C as a specific form of gender-based violence (GBV), intimate partner violence (IPV), and violence against women and girls (VAWG).³⁵⁻³⁷ One study called it “socially sanctioned violence against women.”³⁸ It is important to note that the “socially sanctioned” view poses a threat to efforts to end FGM/C, as several communities rank cultural preservation over women’s rights and well-being. Nevertheless, data on the mortality and morbidity caused by GBV, IPV, and VAWG are comparable to those of survivors of FGM/C (see Figure 1). When left unaddressed, these effects on mortality and morbidity unfold, irrespective of religion, time, or place; their point of intersection is the person stripped of bodily autonomy.

Queer Gender & Sexuality

"I realized that female genital mutilation is not just about maintaining sexual abstinence but also ensuring that I conform to cis-heteronormative standards of femininity."

-Dena Igusti, "She/They"

On Being a Non-Binary Survivor of Female Genital Mutilation



In regards to expressing and experiencing queer gender and sexuality, intersections with FGM/C are relatively new and therefore lacking in the literature. Survivors of FGM/C who are members of the LGBTQ+ community also belong to a marginalized minority that is not adequately represented in anti-FGM/C discourse. The queer survivor of FGM/C who does not conform to cisgender-heteronormative femininity is faced with the FGM/C narrative that says survivors are cisgender women oppressed by patriarchy. Dena Igusti, a non-binary survivor of FGM/C, expresses this sentiment as they discuss their experience of FGM/C, she/they pronouns, and the journey to healing every part of their identity, despite a global anti-FGM/C moment that caters to one part of their identity.³⁹

Igusti's essay highlights a multifaceted challenge in providing safe spaces for survivors to wrestle with what intersectionality means for them. Igusti says, "While I can still be non-binary and use she/her pronouns, the 'she' I'm called by my friends is different than the 'she' called by my mother. It's different than the 'she' I'm called by the woman who cut me. It's different than the 'she' I write when I signed

up for FGM/C therapy." Igusti alludes to a life of navigating perceptions while owning the emerging nature of their identity. This takes time, and the anti-FGM/C movement must make space for the queer survivor's journey. An additional intersection of FGM/C and queerness is the conflation of FGM/C with gender-affirming care in U.S. legislation. On April 4, 2023, Idaho Governor Brad Little signed into law Idaho House Bill 71, which aimed to modify the state's anti-FGM/C law to ban gender-affirming surgery and transgender healthcare for minors.⁴⁰ The proposed bill originally removed almost all mentions of 'female genital mutilation' from the pre-existing legislation and shifted towards prohibiting gender-affirming care, including gender-affirming surgeries, puberty-blocking medication, and hormone therapy, making these forms of healthcare a felony.^{41,42} Though the bill passed as an amendment, rather than an alteration of the pre-existing FGM/C law, it undermines the nuances surrounding FGM/C, transgender healthcare, and gender dysphoria. Another bill introduced by the Texas Senate similarly proposed an amendment to their current anti-FGM/C law to ban gender-affirming healthcare; this bill did not advance, though another bill aiming to ban transgender healthcare for minors in Texas recently advanced through the State's House.^{43,44} These attempts to equate trans-care to FGM/C have not gone unnoticed.⁴⁵

There are notable implications of these bills, including those that did not pass. Firstly, these bills fail to consider the distinguishing factor of consent in gender-affirming care and the practice of FGM/C. Historically speaking, gender-affirming care has begun with the patient's consent and, in the case of a minor, consent and assent from the parent/legal guardian and patient after a long period of reflection and consultations with health providers, respectively.⁴⁶ Conversely, the history of FGM/C (both globally and locally) has involved deception and severe restrictions on bodily autonomy. A vast majority of those who experience FGM/C have no say in the timing or nature of the cut.

Furthermore, not all transgender people experience gender dysphoria. In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), the American Psychiatric Association (APA) defines gender dysphoria as psychological distress caused by a mismatch between a person's gender identification and their assigned sex at birth.⁴⁷ While the etiology is not fully known, individuals with gender dysphoria often require assistance navigating their gendered selves. Assistance may include gynecological, urological, and mental health services, as well as hormonal and/or surgical treatments.⁴⁸ By contrast, FGM/C stands as a form of culturally and socially sanctioned abuse that serves as a rite of passage in several communities—irrespective of the survivor's desires. Data shows that challenges to the FGM/C survivor's mental health result from the practice, not vice versa.^{49,32} Furthermore, where data has provided proof of health benefits to gender-affirming surgeries, there are no identifiable health benefits of FGM/C.^{50,51}

Feminism

"...rather than to begin with women's sexual liberation, which played a prominent part in Western second-wave feminist agenda, African feminists have approached FGC by strengthening women's social, economic, and political standing in society in order to give women themselves the weapons to fight FGC."

*– Emmaleena Käkelä,
Rethinking Female Genital Cutting: From a Culturalist to a Structuralist
Framework for Challenging Violence Against Women*

Feminism is founded on the call for equality relative to the sexes; on economic, political, and social fronts as inequality has placed most positions of power and privilege in the hands of the traditional male. While this concept is far from straightforward, an intersection with the practice of FGM/C further complicates the matter.

One such complication was explored by Diana Meyers in 2003: "Feminist studies of female genital cutting (FGC) provide ample evidence that many women exercise effective agency with respect to this practice, both as accommodators and as resisters."⁵³ Indeed, the oppressive nature of this practice draws resisters' attention, potentially through a perceived moral duty to cease oppression. Sometimes resisters (within or outside an FGM/C-practicing community) are met with accommodators—fellow women—who defend the practice as a source of empowerment and a way to establish social customs and one's success in their community.^{54,55} Given these reasons, both the accommodator and resistor might argue that she is practicing feminism.



A second complication found within this intersection is the ways in which feminism can aid in global systems of oppression. When societies fail to account for globally representative feminist movements that emerge from the varied plights of women around the world, marginalized women can suffer further. A dominant discourse on FGM/C rooted in second wave Western feminism often perpetuates images of women in FGM/C practicing communities as thoroughly oppressed (sexually and otherwise) victims who are incapable of self-determination, unable to think clearly, and ruled by traditions defined by men.⁵⁶ Postcolonial African feminist scholars critiqued this framework for being patronizing, arrogant, and failing to recognize the varied plights of women around the world.⁵⁷ Instead, many characterized FGM/C as "a symptom rather than a cause of women's subordination" and urged for the consideration of injustices experienced by women within the broader socioeconomic and political contexts.⁵⁸ More recent scholarship has advanced a discourse which centers the lived experiences of FGM/C affected women across intersecting axes of power, privilege, and oppression, and across socio-historical divides.^{2,58,59} This intersectional view takes the anti-FGM/C narrative from the saviorism of Western feminism that has assumed responsibility for the "Third World" person who is "still not conscious of her rights."⁶⁰ Author Emmaleena Käkelä discusses this intersection in an article on the restructuring of FGM/C. She argues for a form of cultural relativism, where the people of an FGM/C-practicing community dictate for themselves how the practice must end, what alternative rites of passage can be instituted, and how best to honor their culture while protecting the health and wellbeing of the would-be survivor of FGM/C.⁵²

Law & Policy

“...knowledge of the law and the implementation of laws criminalizing FGM are efficient tools of empowerment for women and girls and a strong message from society that certain behaviors are no longer tolerated.”

– Paul Komba et. al.,

What did the judge say? A comparative analysis of selected FGM case law in high-income & low-income countries

“In a country with deep cultural ties to FGM and no ban on the practice, law enforcement has no place, and officers are afraid to intervene... they can’t enforce what does not exist. Critical attention must be given to raising awareness and engaging men and boys in the conversation around FGM”

– Dr. Nina Smart,

personal communication, November 2022

In a now redacted statement from 2010, the American Academy of Pediatrics (AAP) suggested that a “ritual nick” might satisfy the symbolism of FGM/C among practicing communities.⁶² This statement was published despite acknowledging that several other academic institutions and advocacy groups were against any form of the practice. After facing immense backlash, the AAP now recommends that no physician carry out any form of the practice on infants and adolescents.⁶³ This incident involving the AAP indicates how policies can leave room for further violations against the marginalized, even with the presence of H.R.941 – Federal Prohibition of Female Genital Mutilation Act of 1995 within the U.S.⁶⁴

Since then, the intersection of law, policy, and FGM/C has been marked by a significant legal case, namely *The U.S. v. Nagarwala*, where the (now 28-year-old) anti-FGM statute was considered too weak to defend.⁶⁵ Despite the number of young female lives altered by FGM/C performed in a clinic in Livonia, Michigan, the 1995 FGM act was ruled unconstitutional since it had no bearing on interstate commerce.^{65,66} This loophole was considered a blow to public health and anti-FGM/C efforts. However, this case brought to light the limits of the original statute and led to H.R.6100– 116th Congress (2019–2020), also known as the STOP FGM Act of 2020.⁶⁷

In an unpublished study of FGM/C-specific laws in high-income and low-income countries, authors Komba et al. found that the literature on anti-FGM laws responded in one of two ways.⁶¹ On one layer, criminalization was criticized as a catalyst for pushing the practice underground, and they theorized that the practice would become harder to prosecute. Advocates have noted that criminalization makes the practice more dangerous, as immediate side effects (like sepsis and excessive hemorrhage) are left untreated due to fear of legal action when the female is taken to the hospital. On another layer, Komba et al. note that “simultaneous domestic, regional, and international legislative measures” address

the multifaceted nature of FGM/C practice.⁶¹ The study did not delineate which of these layers is more prevalent in high- vs. low-income countries. Nonetheless, they found that sanctions disproportionately affect women. This observation underscores the intersectionality at play, drawing similarities to the disproportional nature of GBV.

To prevent further instances of FGM/C in the U.S., the department of Immigrations and Customs Enforcement (ICE) has instituted an FGM/C outreach and education program called Operation Limelight USA (OLLUSA).⁶⁸ Since its inception, it has provided at least 14 airports with information on the “health, criminal, and immigration consequences” of FGM/C with the intention of communicating this to thousands of passengers. However, anti-FGM/C activists in the U.S. have not met this initiative with open arms. In a listening session hosted by the U.S. Department of Homeland Security (DHS) and attended by several anti-FGM/C advocates, several attendees cited racial profiling as an undertone of how agents of OLLUSA selected passengers for anti-FGM education. This, advocates stated, had stoked fear among immigrant travelers. Some travelers now feared that preconceived notions against them would warrant persecution or that they now had a target on their backs for continuous DHS monitoring. Government officials present in the meeting took this point into consideration. They stated that their efforts are primarily to protect would-be survivors of FGM/C, and they will continue to host listening sessions with anti-FGM/C advocates.



Climate Change

"There's nothing that is being done at the moment. Very little, just a conversation at the global level, that is slightly prevalent at the national level, and there's nothing at the community level. It is still a theory. And these people are not yet connecting the dots between climate change and all the other impacts. And I am here as a front-line advocate, but I do not really understand the full degree of climate change and how we can mitigate it."

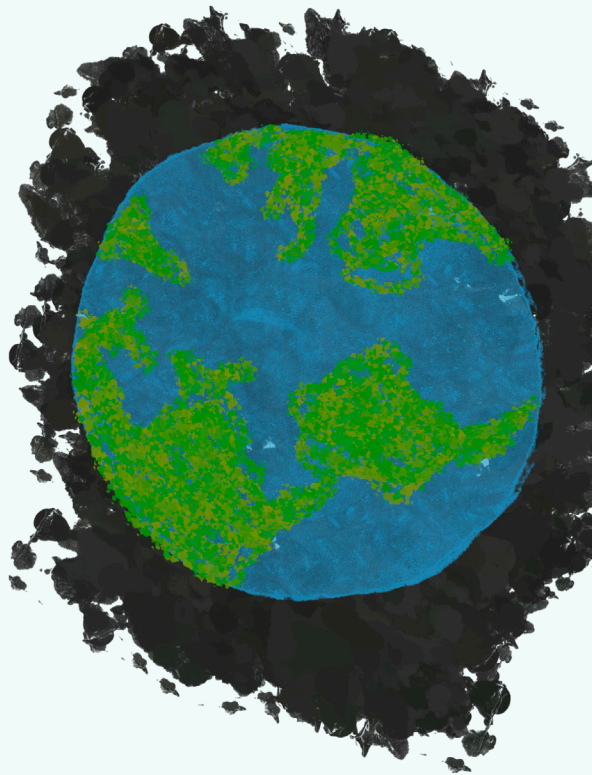
-Domtila Chesang,

The urgency of climate change: Reflecting on my conversation with activist Domtila Chesang

It has been noted in several instances of concentrated disadvantage that the poor and marginalized often suffer disproportionately from climate change. An example of this was seen in the 1995 Chicago heat wave that claimed 739 lives over a period of five days.⁷⁰ The same is evident in the ongoing COVID-19 pandemic, during which the poor and marginalized are disproportionately affected when harsh climate conditions and infection collide to widen the disparity gap.⁷¹ Therefore, the intersection of climate change and FGM/C is an essential area of research. A 2021 study by researchers in Kenya examined this intersection, noting that adverse climatic conditions have strained the livelihoods of the Maasai people, "making women and girls more susceptible to harmful practices."⁷² Through focus group discussions and thematic analysis, the study highlights the interplay of social, economic, and environmental factors, as well as how adversity in these areas encourages social norms that prioritize wealth at the expense of female community members. More specifically, how female children are systematically denied access to education, FGM/C practitioners monetize the practice, and child marriages serve as a financial means to provide for their families.

According to Kenyan activist Domtila Chesang, "girls are now at the centre of saving their families... It has become the only commodity apart from their livestock, because girls are not being extinct as livestock is. So the girls' existence in itself is becoming a threat because right now, it's becoming a solution to the communities."⁶⁹

This is not the first reported intersection of climate change and FGM/C. The Pulitzer Center and Minority Rights Group International published similar reports in 2020 and 2019, respectively.⁷³ Climate change depletes resources, and devastated families make decisions that put their daughters at risk of ill health and well-being. Therefore, efforts to end FGM/C must view environmental factors in light of their effect on social norms and basic survival among the most vulnerable.



Layers in Intersectionality

Figure 2 serves as a visual representation of the layers that connect the preceding themes on intersectionality regarding FGM/C. While this is not an exhaustive list, it shows each of the aforementioned themes is double-layered, nuanced, and connected. No theme stands alone in its influence on FGM/C. For example, the perceived capacity to consent for FGM/C is commonplace for the intersection of law and racism. This is seen in an aforementioned study by Shell-Duncan, where the author discusses the double standard of FGM/C & FGCS.²² Furthermore, social norms connect the seemingly disconnected themes of religion, climate change, sex, and bodily autonomy. Matanda and Lwanga-Walgwe (2022) propose

integrating “FGM prevention and care into the universal health package” as a form of intersectionality through mainstreaming. This suggests that FGM interventions are more comprehensive when combined with programs that address social and economic development.⁷⁴ Theoretically, this will have simultaneous effects on gender inequality and social norms. However, despite the themes outlined above, some individuals and advocacy groups are against the intersectional approach to ending FGM/C. Further research on potential challenges would provide advocates with a greater understanding of our current state and future capacity for ending the harmful practice of FGM/C.

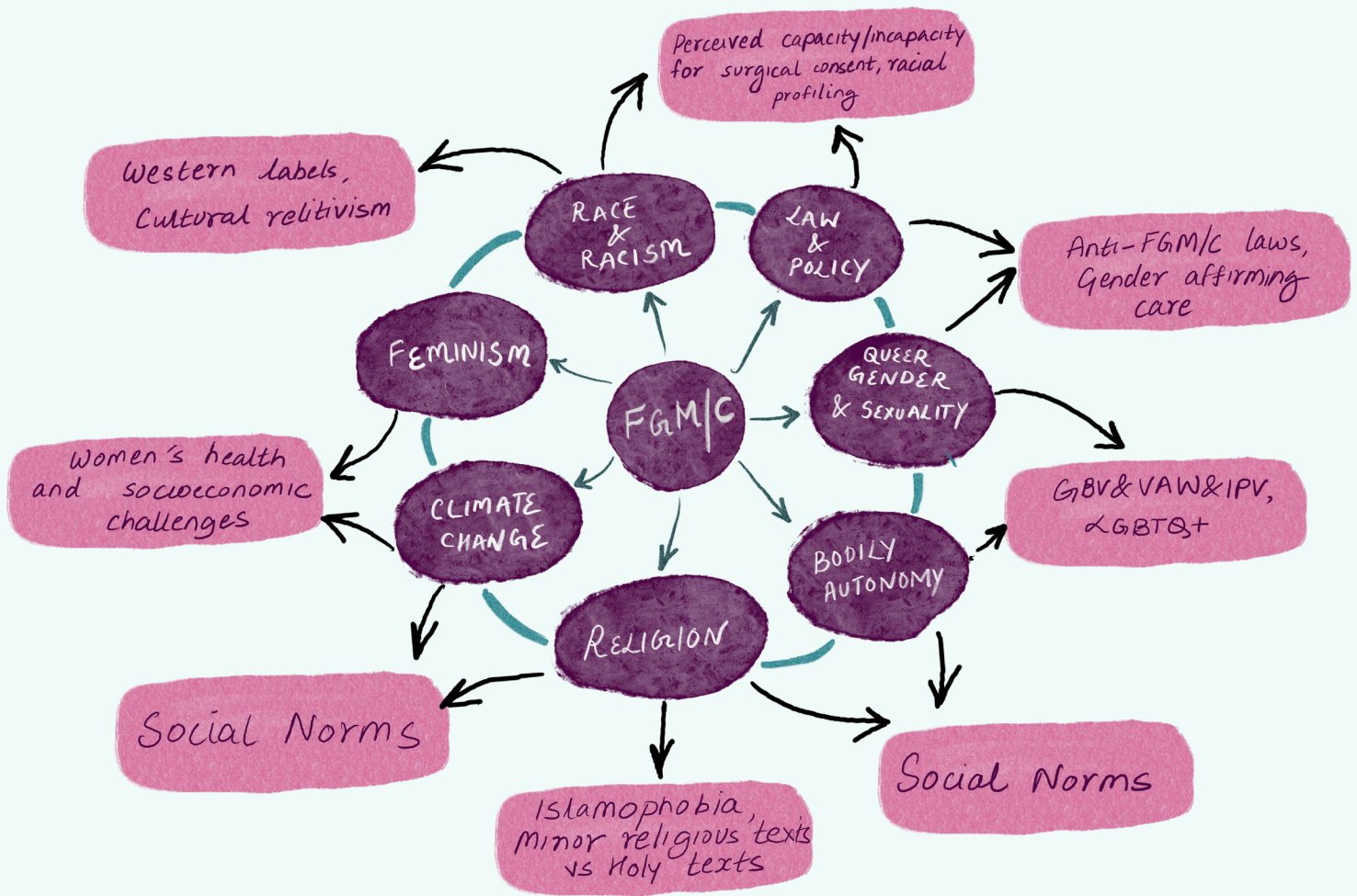


Figure 2. Themes intersecting with FGM/C and their connections

Future Reports

Examining the Current State of Critical Intersections: Female Genital Mutilation/Cutting and Social Oppressions served as a starting point for Sahiyo's own data collection for the *Examining Intersections Between FGM/C and other Social Oppressions Research Project*. This work is Part I of a series of reports that Sahiyo will be distributing over the next year. These reports discuss the implications of intersections of FGM/C with other social injustices and the potential paths towards collaboration amongst and between varying social movements. It is our hope that through this information, the FGM/C field will strengthen in its work to address the roots of inequity and inequality and lead to a stronger collaborative movement across various human rights issues.

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References

1. Sahiyo. Critical Intersections: Anti-Racism and Female Genital Cutting (FGC) [video file]. 2021. Available from: <https://www.youtube.com/watch?v=CUK438sfyQg>
2. Johnson-Agbakwu CE, Wariri O, Kyungu M, et al. Health outcomes and female genital mutilation/cutting: how much is due to the cutting itself? *Int J Impot Res*. 2023. doi: 10.1038/s41443-022-00661-6
3. Johnson-Agbakwu CE, Fox KA, Banke-Thomas A, Michlig GJ. Influence of Female Genital Mutilation/Cutting on Health Morbidity, Health Service Utilization and Satisfaction with Care among Somali Women and Teenage Girls in the United States. *Journal of racial and ethnic health disparities*. 2023;10(2):788-96.
4. Sahiyo. Upcoming Webinar: Exploring the Connections Between Religion and Female Genital Cutting. Internet Blog. Available from: <https://sahiyo.org/sahiyo-blog/upcoming-webinar-exploring-the-connections-between-religion-and-female-genital-cutting.html>.
5. Gardner I. With a Pure Heart and a Truthful Tongue: The Recovery of the Text of the Manichaean Daily Prayers. *J Late Antiquity*. 2011;4: 71-105.
6. Baker JO. An Investigation of the Sociological Patterns of Prayer Frequency and Content. *Sociol Relig*. 2008;69(2): 169-186. doi: 10.1093/socrel/69.2.169
7. Sabaté J. Religion, diet and research. *Br J Nutr*. 2004;92(2):199-201. doi: 10.1079/bjn20041229
8. End FGM EU Network. Addressing Common Myths and Misconceptions on FGM. Available from: <https://www.endfgm.eu/resources/end-fgm-network/addressing-common-myths-and-misconceptions-on-fgm/>.
9. Abadeer ASZ. Norms and Female Genital Mutilation/Cutting (FGM/C). Norms and Gender Discrimination in the Arab World. New York: Palgrave Macmillan US; 2015.
10. Shell-Duncan B, Bicchieri C, Zivot C. Reference guide: Factorial focus group analysis methods for studying social norm change. Population Council; 2019. doi: 10.31899/rh9.1092
11. Sahiyo. Sahiyo Activist Needs Assessment: Learning How to Support FGC Activists. Available from: <https://sahiyo.org/images/resource-pdf/assesment-report.pdf>
12. Afrianty D. Indonesia under Pressure over Female Genital Cutting. Indonesia at Melbourne. Available from: <https://indonesiaatmelbourne.unimelb.edu.au/indonesia-under-pressure-over-female-genital-cutting/>.
13. Assyaukanie L. Fatwa and violence in Indonesia. *Academia.edu*. 2009. Available from: https://www.academia.edu/68081304/Fatwa_and_Violence_in_Indonesia. [Accessed 14th March 2023]
14. Aliam H. Wrongly Accused of Genital Cutting, a Muslim Mom Won't Accept 'Case Closed.' *Washington Post*. Available from: <https://www.washingtonpost.com/national-security/2022/02/06/genital-mutilation-muslim-wrongly-accused/>.
15. Seelinger L. 9 Muslim Women Activists You Need to Know about Today & Every Day. *Bustle*. Available from: <https://www.bustle.com/p/9-muslim-women-activists-you-need-to-know-about-today-every-day-8604788>.
16. El-Damanhoury I. The Jewish and Christian view on female genital mutilation. *African Journal of Urology*. 2013;19(3). <https://doi.org/https://doi.org/10.1016/j.afju.2013.01.004>.
17. Klouman E, Manongi R, Klepp KI. Self-reported and observed female genital cutting in rural Tanzania: associated demographic factors, HIV and sexually transmitted infections. *Tropical Medicine and International Health*. 2005;10(1). <https://doi.org/10.1111/j.1365-3156.2004.01350.x>.
18. The World Bank. LJD Week 2021 | Intersectionality: Female Genital Mutilation and Racism. Available from: <https://www.worldbank.org/en/events/2021/10/24/intersectionality-female-genital-mutilation-and-racism>.
19. YouTube. WHO: Female Genital Mutilation (FGM). Available from: <https://www.youtube.com/watch?v=CUK438sfyQg>. [Accessed 4th May 2023].
20. World Health Organization. Prevalence of Female Genital Mutilation. Available from: [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/prevalence-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/prevalence-of-female-genital-mutilation).
21. Batha E. U.S. Woman Says Strict Christian Parents Subjected Her to FGM. Available from: <https://news.trust.org/item/20190401142012-hf8eu/>.
22. Shell-Duncan B. Social and structural factors influencing women's agency regarding female genital mutilation/cutting: an intersectional analysis – a reply to 'The prosecution of Dawoodi Bohra women' by Richard Shweder. *Global Discourse*. 2022; 12(1). <https://doi.org/10.1332/204378921x16345524513807>.
23. America's Health Rankings. Explore Premature Death Racial Disparity in the United States | 2021 Annual Report. Available from: https://www.americashealthrankings.org/explore/annual/measure/YPLL_Disparity/state/ALL.
24. Jones-Eversley SD et al. Premature Deaths of Young Black Males in the United States. *Journal of Black Studies*. 2020; 51(3). <https://doi.org/10.1177/0021934719895999>.
25. Bier DJ. A Dozen Times Trump Equated His Travel Ban with a Muslim Ban. *Policycommons.net*. Available from: <https://policycommons.net/artifacts/1323977/a-dozen-times-trump-equated-his-travel-ban-with-a-muslim-ban/1927262/>.

26. Kodukula G. White House Press Release Falsely Links Gender Violence (and FGC) to Foreign Nationals. Sahiyo. Available from: <https://sahiyo.org/sahiyo-blog/white-house-press.html>. [Accessed 25th February 2023].
27. Rodriguez SW. Rethinking the history of female circumcision and clitoridectomy: American medicine and female sexuality in the late nineteenth century. *Journal of the history of medicine and allied sciences*. 2008; 63(3): 323–47.
28. Degler CN. What ought to be and what was: Women’s sexuality in the nineteenth century. *The American historical review*. 1974; 79(5): 1467–90.
29. Jesmin UHR. Cultural and Political Paradigms of FGM: An Intersection of Race and Sex in Alice Walker’s *Possessing the Secret of Joy*. *Meridian Critic*. 2020; 33. Available from: https://www.researchgate.net/publication/339592950-Cultural_and_Political_Paradigms_of_FGM_An_Intersection_of_Race_and_Sex_in_Alice_Walker's_Possessing_the_Secret_of_Joy.
30. Saiffee M. FGM’s #MeToo Moment. *Ms. Magazine*. Available from: <https://msmagazine.com/2020/02/04/fgms-metoo-moment/>.
31. United Nations Population Fund. Nearly Half of All Women Are Denied Their Bodily Autonomy, Says New UNFPA Report, My Body Is My Own. Available from: <https://www.unfpa.org/press/nearly-half-all-women-are-denied-their-bodily-autonomy-says-new-unfpa-report-my-body-my-own>.
32. Im H, Swan LET, Heaton L. Polyvictimization and mental health consequences of female genital mutilation/circumcision (FGM/C) among Somali refugees in Kenya. *Women & Health*. 2020; 60(6). <https://doi.org/10.1080/03630242.2019.1689543>.
33. Polyvictimization. The Critical Need to Understand and Address Polyvictimization. N.d. Available from: <https://polyvictimization.org/>.
34. Chen VH et al. Polyvictimization and Psychiatric Sequelae Associated with Female Genital Mutilation/Cutting (FGM/C). *J Immigr Minor Health*. 2022; 24(4). <https://doi.org/10.1007/s10903-022-01343-7>.
35. Lever H et al. Depression, Anxiety, Post-traumatic Stress Disorder and a History of Pervasive Gender-Based Violence Among Women Asylum Seekers Who Have Undergone Female Genital Mutilation/Cutting: A Retrospective Case Review. *Journal of Immigrant and Minority Health*. 2019; 21(3). <https://doi.org/10.1007/s10903-018-0782-x>.
36. Varol N et al. Female genital mutilation/cutting – towards abandonment of a harmful cultural practice. *Australian and New Zealand Journal of Obstetrics and Gynaecology*. 2014; 54(5). <https://doi.org/10.1111/ajo.12206>.
37. Fusaschi M. Gendered genital modifications in critical anthropology: from discourses on FGM/C to new technologies in the sex/gender system. *International Journal of Impotence Research*. 2023; 35(1). <https://doi.org/10.1038/s41443-022-00542-y>.
38. Lax RF. Socially Sanctioned Violence Against Women: Female Genital Mutilation Is Its Most Brutal Form. *Clinical Social Work Journal*. 2000; 28(4). <https://doi.org/10.1023/A:1005119906627>.
39. Igusti D. Muslim Women Deserve Better Than To Be Used as Political Pawns. *Womanly Magazine*. Weblog. Available from: <https://www.womanlymag.com/blog/Dena-Igusti>
40. Idaho Legislature Online. Amendment to H.B. 71. Available from: <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2023/legislation/H0071A2.pdf>. [Accessed 15th May 2023].
41. Idaho Legislature Online. House Bill No. 71. Available from: <https://legislature.idaho.gov/wp-content/uploads/sessioninfo/2023/legislation/H0071.pdf>. [Accessed 15th May 2023].
42. AP News. Bill to Ban Youth Gender Confirmation Surgery Introduced. Available from: <https://apnews.com/article/health-idaho-nampa-8f05d29ce8ea6cba2b7101e849112ae0>.
43. Texas Legislature Online. Texas Legislature Online – 88(R) Bill Stages for SB 249. Available from: <https://capitol.texas.gov/BillLookup/BillStages.aspx?LegSess=88R&Bill=SB249>. [Accessed 25th February 2023].
44. Madden M. Texas House advances bill banning transgender healthcare for minors. *KXAN*. Available from: <https://www.kxan.com/news/texas-politics/texas-house-to-try-third-swing-at-debating-bill-to-ban-transgender-healthcare-for-minors/>. [Accessed 15th May 2023].
45. Cariboni D, Bauer S. U.S. Bill Equates Trans Healthcare with ‘Genital Mutilation.’ *openDemocracy*. Available from: <https://www.opendemocracy.net/en/5050/female-genital-mutilation-fgm-texas-trans-healthcare/>.
46. Boskey ER et al. Ethical Issues Considered When Establishing a Pediatrics Gender Surgery Center. *Pediatrics*. 2019; 143(6). <https://doi.org/10.1542/peds.2018-3053>.
47. Parekh R. What Is Gender Dysphoria? *American Psychiatric Association*. Available from: <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>.
48. Piroozi B et al. Effect of female genital mutilation on mental health: a case-control study. *The European Journal of Contraception & Reproductive Health Care*. 2020; 25(1) <https://www.tandfonline.com/doi/full/10.1080/13625187.2019.1709815>.
49. Mulongo P, Martin CH, McAndrew S. The psychological impact of Female Genital Mutilation/Cutting (FGM/C) on girls/women’s mental health: a narrative literature review. *Journal of Reproductive and Infant Psychology*. 2014; 32(5). <https://doi.org/10.1080/02646838.2014.949641>.
50. Almazan AN, Keuroghlian AS. Association Between Gender-Affirming Surgeries and Mental Health Outcomes. *JAMA Surgery*. 2021; 156(7). <https://doi.org/10.1001/jamasurg.2021.0952>.
51. Bränström R, Pachankis JE. Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study. *American Journal of Psychiatry*. 2020; 177(8). <https://doi.org/10.1176/appi.ajp.2019.19010080>.
52. Käkälä E. Rethinking female genital cutting: from culturalist to structuralist framework for challenging violence against women. *Malmö: Malmö University Centre for Sexology and Sexuality Studies*; 2020.
53. Meyers DT. Feminism and Women’s Autonomy: the Challenge of Female Genital Cutting. *Metaphilosophy*. 2000; 31(5). <https://doi.org/10.1111/1467-9973.00164>.
54. Islam MM, Uddin MM. Female Circumcision in Sudan: Future Prospects and Strategies for Eradication. *International Family*

- Planning Perspectives. 2001; 27(2): 71. <https://doi.org/10.2307/2673817>.
55. Van Rossem R, Meekers D, Gage AJ. Women's Position and Attitudes towards Female Genital Mutilation in Egypt: A Secondary Analysis of the Egypt Demographic and Health Surveys, 1995–2014. *BMC Public Health*. 2015; 15(1). <https://doi.org/10.1186/s12889-015-2203-6>.
 56. Shell–Duncan B. From health to human rights: female genital cutting and the politics of intervention. *American Anthropologist*. 2008; 110(2): 225–236.
 57. Abusharaf RM. Revisiting feminist discourses on infibulation: Responses from Sudanese feminists. *Female "Circumcision" in Africa: Culture, Controversy, and Change*. Boulder, CO: Lynne Rienne; 2000.
 58. Werunga J, Reimer–Kirkham S, Ewashen C. A decolonizing methodology for health research on female genital cutting. *Advances in Nursing Science*. 2016;39(2):150–64.
 59. Patil V. From patriarchy to intersectionality: A transnational feminist assessment of how far we've really come. *Signs: Journal of Women in Culture and Society*. 2013;38(4):847–67.
 60. Mohanty CH. *Under Western Eyes: Feminist Scholarship and Colonial Discourses*. *Boundary 2*. 1984;12/13. <https://doi.org/10.2307/302821>.
 61. Komba P, Micali Drossos I, Granier L. What did the judge say? A comparative analysis of selected FGM case law in high-income & low-income countries. 2021. Northumbria University, UK: Senior Research Fellow. [Unpublished Manuscript].
 62. Macready N. AAP retracts statement on controversial procedure. *The Lancet*. 2010; 376(9734). [https://doi.org/10.1016/S0140-6736\(10\)61042-2](https://doi.org/10.1016/S0140-6736(10)61042-2).
 63. American Academy of Pediatrics. American Academy of Pediatrics Offers Clinical Guidance on Female Genital Mutilation or Cutting. *HealthyChildren.org*. Available from: <https://www.healthychildren.org/English/news/Pages/Clinical-Guidance-on-Female-Genital-Mutilation-or-Cutting.aspx>. [Accessed 25th February 2023].
 64. Congress.gov. H.R.941 – 104th Congress (1995–1996): Federal Prohibition of Female Genital Mutilation Act of 1995. Available from: <https://www.congress.gov/bill/104th-congress/house-bill/941>.
 65. Baldas T. Detroit's Female Genital Mutilation Case Takes a Big Legal Hit. *Detroit Free Press*. Available from: <https://www.freep.com/story/news/local/michigan/detroit/2019/09/19/congress-female-genital-mutilation-detroit-michigan-prosecution-doctors/2369275001/>.
 66. Cuevas M. Michigan Doctors Charged in First Federal Genital Mutilation Case in U.S. *CNN*. Available from: <https://www.cnn.com/2017/04/22/health/detroit-genital-mutilation-charges/index.html>.
 67. Congress.gov. H.R.6100 – Strengthening the Opposition to Female Genital Mutilation Act of 2020. Available from: <https://www.congress.gov/bill/116th-congress/house-bill/6100/text>
 68. U.S. Immigration and Customs Enforcement. Operation Limelight USA. Available from: <https://www.ice.gov/outreach-programs/operation-limelight>. [Accessed 25th February 2023].
 69. Sharma U. The urgency of climate change: Reflecting on my conversation with activist Domtila Chesang. *Sahiyo*. Available from: <https://sahiyo.org/sahiyo-blog/urgency-climate-change-reflecting-conversation-activist-domtila-chesang.html>
 70. Duneier M. Ethnography, the Ecological Fallacy, and the 1995 Chicago Heat Wave. *American Sociological Review*. 2006; 71(4). <https://doi.org/10.1177/000312240607100408>.
 71. Pereira M, Oliveira AM. Poverty and food insecurity may increase as the threat of COVID–19 spreads. *Public Health Nutrition*. 2020; 23(17). <https://doi.org/10.1017/s1368980020003493>.
 72. Esho T et al. Intersections between Climate Change and Female Genital Mutilation among the Maasai of Kajiado County, Kenya. *Journal of Global Health*. 2021; <https://jogh.org/documents/2021/jogh-11-04033.pdf>
 73. Wadekar N, Swanson W. Climate Change Pushes Girls in Northern Kenya back to Early Marriage and Female Genital Mutilation. *Pulitzer Center*. Available from: <https://pulitzercenter.org/projects/climate-change-pushes-girls-northern-kenya-back-early-marriage-and-female-genital>.
 74. Matanda D, Walgwe EL. A Research Agenda to Strengthen Evidence Generation and Utilisation to Accelerate the Elimination of Female Genital Mutilation. *UNICEF*. Available from: <https://www.unicef.org/documents/research-agenda-strengthen-evidence-generation-and-utilisation-gen-accelerate-elimination-fgm>.



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