THE UPR PROJECT AT BCU

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The Centre for Human Rights established the UPR Project in 2018 as part of our consultancy service. We engage with the Human Rights Council's review process in offering support to the UPR Pre-sessions, providing capacity building for UPR stakeholders and National Human Rights Institutions, and the filing of stakeholder reports in selected sessions. The UPR Project is designed to help meet the challenges facing the safeguarding of human rights around the world, and to help ensure that UPR recommendations are translated into domestic legal change in member state parliaments. We fully support the UPR ethos of encouraging the sharing of best practice globally to protect everyone's human rights. The UPR Project at BCU engages with the UPR regularly as a stakeholder and is frequently cited by the OHCHR. You can read more about the UPR Project here: www.bcu.ac.uk/law/research/centre-for-human-rights/projects-and-consultancy/upr-project-at-bcu

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INTRODUCTION

1. There are nine core international human rights treaties,[1] of which Somalia is a party to six.[2] This includes the Convention on the Rights of the Child (CRC), which Somalia ratified in 2015. Disappointingly, Somalia is yet to sign or ratify the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

2. In this submission, we focus on female genital mutilation (FGM), as it is estimated that 98-99% of women and girls aged between 15 and 49 years of age have undergone FGM in Somalia.[3] We make recommendations to the Government of Somalia on key issues, implementation of which would see the State move towards achieving Sustainable Development Goal 5 which aims for "gender equality and empowering all women and girls".

3. We encourage Somalia to commit to improving its human rights protection and promotion by engaging meaningfully with the fourth cycle of the UPR in 2026. This includes giving full and practical consideration to all recommendations made by Member States, effectively implementing the recommendations Somalia accepts, and actively engaging with civil society throughout the process.

FEMALE GENITAL MUTILATION

A. International, Regional, and Domestic Legal Frameworks

UN Human Rights Standards

1. Female genital mutilation (FGM) is defined by the World Health Organisation (WHO) as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons".[4] There are four types of FGM:

> **"Type 1:** this is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).
> **Type 2:** this is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
> **Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area."[5]

2. FGM breaches a wide range of international human rights protections,[6] in particular women's and children's rights. The CRC protects the rights of children and, specifically, Article 24(3) provides that State parties should "take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".[7] Somalia signed the CRC on 9 May 2002 and ratified it on 1 October 2015.[8] Similarly, CEDAW seeks to eliminate all forms of violence against women, including FGM.[9] While Somalia has neither signed nor ratified CEDAW, recent joint recommendations issued by the CRC and CEDAW implementation bodies highlighted the adverse impact of FGM on human rights protection.[10]

3. In addition, the International Covenant on Economic, Social and Cultural Rights (ICESCR), which Somalia ratified in 1990, urges State parties to "recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".[11] As the WHO Constitution has clarified, "[h]ealth is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[12] FGM is a clear violation of the provisions of ICESCR as it affects the physical, mental, and social wellbeing of the victims.

4. A recent study has found that, globally, "[e]very 12 minutes, a girl dies as a direct result of female genital mutilation/cutting (FGM/C). That's 5 girls in an hour, 120 girls a day, 44,320 girls every year".[13] FGM ranks as the fourth leading cause of death among women and girls in practising countries in Africa.[14] However, despite it being common knowledge that this practice is extremely harmful to women and girls, there has been a strong reluctance in Somalia to eradicate the practice, due to it being deeply rooted in ethnic, societal, and religious norms and customs.[15]

African Union Human Rights Standards

5. Somalia is a member of the African Union ('AU'), and is a party to the African Charter on Human and Peoples' Rights ('Banjul Charter') which guarantees everyone's right to "enjoy the best attainable state of physical and mental health".[16] However, while Somalia signed the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa ('Maputo Protocol') in 2006, it is among 10 of the 55 AU states that have not ratified the Protocol.[17] The Maputo Protocol, which entered into force in November 2005, provides in Article V that "state parties shall take all necessary legislative and other measures" to eliminate "all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards". This includes "prohibition, through legislative measures backed by sanctions, of all forms of female genital mutilation, scarification,

medicalization and para-medicalisation of female genital mutilation and all other practices in order to eradicate them".[18]

6. Furthermore, in 2019, the Assembly of the of Heads of State and Government established an institutional framework against FGM when it empowered the African Union Commission (AUC) to implement an AU Initiative on Eliminating Female Genital Mutilation, appointing Roch Marc Christian Kaboré – the former President of Burkina Faso – as the AU Champion on Eliminating Female Genital Mutilation.[19] Known as the Saleema Initiative, it applies to all AU Member States, including Somalia, and its main goal is "to galvanise political commitment and accelerate action towards zero female genital mutilation cases by 2030 in Africa".[20] All Member States are expected to address "cross border practice" of FGM, in addition to "implementing strong legislative frameworks, allocating domestic financial resources, promoting use of evidence and data, regular reporting, and the engagement of civil society and community groups" in the fight against FGM.[21] In order to promote implementation, the Saleema Initiative establishes a "triangular feedback-loop" accountability framework which engages the AU accountability mechanisms, voices from rights-holders, and the voices of duty bearers.[22] Despite this, the Saleema Initiative appears to have had limited impact in Somalia, where rates of FGM increased during the COVID-19 lockdowns.[23]

Domestic Law

7. Somalia, which has suffered years of internal crisis, enacted the Provisional Constitution of the Federal Republic of Somalia in 2012, as amended in 2016.[24] Article 15(4) of the Constitution stipulates that "circumcision of girls is a cruel and degrading customary practice, and is tantamount to torture" and that "the circumcision of girls is prohibited". However, while the Constitution explicitly prohibits FGM, there is a lack of enforcement in practice.

8. The Constitution provides other, related protections, including that "every person has the right to personal liberty and security" which includes "the right to personal security, which shall be safeguarded through the prohibition of ... all forms of violence, including any form of violence against women, torture, or inhumane treatment".[25] It also guarantees the inviolability of the physical integrity of every person, by prohibiting the subjection of any person to "medical or scientific experiments without their consent".[26] In addition, article 29(2) provides that "every child has the right to be protected from mistreatment, neglect, abuse, or degradation". It can be argued that the practice of FGM also violates these constitutional provisions, although they do not provide a protective measure for victims of FGM in practice.

9. In addition to the constitutional ban on FGM, Somalia's criminal laws also prohibit it, though not explicitly. For example, Article 440 of the Somali Penal Code makes it a

criminal offence to cause harm to another person's body. While FGM is not specifically mentioned in this law, it can still be considered an offence under this provision, since FGM clearly causes physical harm to the victim.

10. Despite existing domestic provisions prohibiting FGM, Somalia continues to have one of the highest prevalence rates globally and the procedure is most commonly performed on girls between infancy and the age of 15.[27] This alarming trend underscores the urgent need for stronger political commitment and sustained community engagement to effectively implement and enforce laws prohibiting FGM.

B. Implementation of Recommendations from Cycle Three in 2021

11. In 2021, Somalia received 273 recommendations, of which it accepted 246 and noted 27. Somalia should be commended for accepting over 90% of recommendations, although it is equally important that it implements those that were supported.[28] 19 recommendations were made specifically on FGM, under four themes: legislative reform, adopting measures related to FGM, raising awareness of the practice, and eradicating FGM.[29] All recommendations were supported by Somalia and an analysis of their implementation status is considered below.

Legislative Reform

12. Seven recommendations focused upon legislative reform as a method of preventing FGM.[30] Suggestions included "adopting laws" to criminalise FGM (**Sudan** para 132.195) and enacting "an institutional framework and legal mechanisms dedicated to combating" the practice (**Togo** para 132.197). **Finland** (para 132.204) recommended that such legislation should be "in line with international law". **Burkina Faso** (para 132.199) specifically urged the government to "[a]dopt the draft law on female genital mutilation in line with its National Development Plan 2017–2019" and **Canada** (para 132.236) asked Somalia to amend "the Penal Code to ban female genital mutilation". **These recommendations have been implemented in part.** FGM across the entire country has not yet been criminalised, although there have been multiple successes across certain states. In 2024, Somaliland adopted an anti-FGM policy and Galmudug became the first state to criminalise FGM. In 2025, Jubaland also passed an anti-FGM law.[31] As Storey has argued, however, while criminalising FGM through legislation is important, this alone will not eradicate the practice. Instead, a human rights-based, multifaceted approach must be applied, which considers the cultural context, "to avoid challenges in implementing an eradication strategy".[32]

Adopting Measures Related to FGM

13. Seven recommendations[33] suggested actions such as adopt "measures" (**Côte d'Ivoire** para 132.201; **Greece** para 132.207; **Latvia** para 132.212) or "[a]ddress" FGM

(**Zambia** para 12.198). Whilst such recommendations are welcomed, it is crucial that they remain specific and measurable in order to assess the level of implementation. Broad recommendations, whilst easy to accept, lack any impetus to bring about real change.[34] It is recommended that States adopt a SMART approach to recommendations as recognised by UPR Info.[35]

Raising Awareness of and Eradicating FGM

14. One recommendation asked Somalia to "[i]mplement awareness-raising and educational campaigns against female genital mutilation" (**Croatia** 132.192). Four recommendations focused on eradicating FGM.[36] **Japan** (para 132.193) and **Norway** (para 132.220) suggested that FGM should be abolished in "law and practice". **Portugal** (132.222) provided additional detail, asking Somalia to eliminate FGM whilst also "ensur[ing] support to the victims, including medical and social support, and access to remedies and full reparations". **While some action has been taken, these recommendations have not yet been fully implemented.**

15. These recommendations address the core challenges associated with eradicating FGM in Somalia. For example, whilst we agree that awareness campaigns and broader education is vital to the eradication of FGM, such action should not be taken *instead of* seeking the implementation of legislation. Awareness campaigns should be part of the broader, human-rights based approach to elimination of FGM, including but not limited to, criminalisation through legislation; support from healthcare professionals; education and awareness raising, particularly in rural areas; support from men in the community, including traditional and religious leaders; alternative rituals; and, action from civil society organisations.[37]

C. <u>Further Points for Somalia to Consider</u>

FGM and Obstetric Health in Somalia

16. Somalia has one of the highest maternal mortality rates in the world,[38] with a maternal mortality ratio of 621 deaths per 100,000 live births, according to recent health data.[39] FGM is recognised as a significant contributing factor to this alarming figure, as it can lead to a range of obstetric complications, particularly during labour and delivery. One of the most critical complications is birth dystocia (difficult or obstructed labour) often caused by scarring, narrowing, or deformation of the vulva and vaginal canal resulting from FGM procedures.[40] These anatomical changes increase the risk of prolonged labour, haemorrhage, and the need for emergency obstetric interventions, often in contexts where access to emergency care is limited.[41] In addition to posing a direct risk to maternal survival, these complications also have long-term consequences for women's health and well-being, including increased risk of fistula and chronic infection.[42]

17. The complications women in Somalia endure during pregnancy and childbirth because of FGM extend beyond the mother and can significantly affect neonatal outcomes. A recent study[43] in Somalia of 268 women (134 with FGM, 134 without) found that newborns of mothers who had undergone FGM had almost twice the risk of requiring neonatal intensive care compared to newborns of mothers without FGM. In addition, the risk of stillbirth increased significantly in the group of women with FGM. Studies in other countries corroborate this pattern.[44] For example, in The Gambia, women who had undergone FGM were found to have higher rates of perinatal death, neonatal resuscitation, and other newborn complications.

18. This stark intersection between FGM and maternal mortality and neonatal outcomes underscores the urgency of integrating FGM prevention into national strategies. It also highlights the need for targeted public health education, improved access to reproductive healthcare services, and robust enforcement of anti-FGM legislation to safeguard women's health and rights in Somalia.

FGM and Education in Somalia

19. Education and literacy are considered essential tools for changing attitudes towards traditional practices such as FGM.[45] Evidence from qualitative research in Somalia[46] indicates that education plays a significant role in shaping women's perspectives on FGM. Women with higher levels of formal education were more likely to question religious justifications for the practice and to support its full abandonment. While education alone did not guarantee rejection of FGM, it facilitated greater critical engagement with dominant social norms and opened space for dialogue within families and communities. However, the study also found that awareness-raising and educational efforts must be context-sensitive and supported by broader community engagement to be effective.

20. In terms of a wider approach to education, UNICEF supports "national media campaigns with the aim of promoting behavior change and raising awareness of FGM using radio and television".[47] Community-based education campaigns, combined with training for healthcare providers, are indispensable in the fight against FGM,[48] and it is important that the Somali government invests more into education campaigns. Another invaluable resource of education and support is civil society in Somalia. Civil society organisations (CSOs) have invested greatly in projects and strategies to tackle the issue of FGM, for example, the African Women's Organisation works to educate communities on FGM, including in Somalia.[49] However, the capacity of CSOs to support the eradication of FGM is constrained by limited financial resources and unequal access to information. Strengthening their impact requires coordinated national and international support to ensure these frontline actors are adequately resourced and empowered to drive sustainable change.

D. Recommendations for Action by Somalia

We recommend that, before the next Cycle of UPR, the Government of Somalia should:

i. Fully engage with the recommendations made during the UPR regarding FGM, providing clear responses to recommendations and setting out specific plans for implementation.
ii. Ratify the Maputo Protocol and ensure its provisions are implemented in practice, for example, through passing and applying domestic legislation.
iii. Commit to African Union cross-border FGM regional cooperation and knowledge sharing, providing a clear and achievable plan for ensuring effective implementation.
iv. Integrate FGM prevention and management into maternal health services to reduce obstetric complications and improve maternal and neonatal outcomes.
v. Develop education provisions for all people in Somalia regarding FGM. This should include, but is not limited to, formal education and training, and other, alternative sources of media.
vi. Establish opportunities to work with CSOs that are offering projects and strategies to tackle FGM, providing financial support where possible.

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[1] UN OHCHR, 'The Core International Human Rights Instruments and their Monitoring Bodies' <www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx>.
[2] *See,* OHCHR, 'Status of Ratification Interactive Dashboard' <https://indicators.ohchr.org>.
[3] The Federal Republic of Somalia, 'The Somali Health and Demographic Survey 2020' <https://reliefweb.int/report/somalia/somali-health-and-demographic-survey-2020> (accessed 1 October 2025); UNPFA, "Beyond the Crossing: Female Genital Mutilation across Borders- Ethiopia, Kenya, Somalia, Tanzania and Uganda" (2019) <www.unfpa.org/sites/default/files/pub-pdf/Beyond_the_Crossing_Female_Genital_Mutilation_Across_Borders_Final.pdf>.
[4] World Health Organization, 'Female Genital Mutilation' <www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.
[5] ibid.
[6] For an overview, see Alice Storey 'The United Nations' Universal Periodic Review and Female Genital Mutilation in Somalia: The Value of Civil Society Recommendations' (2025) 25 African Human Rights Law Journal 302-331.
[7] Convention on the Rights of the Child (adopted 20 November 1989, entered into force on 2 September 1990) UNGA Res 44/25. Article 24(3).
[8] OHCHR, 'View the Ratification Status by Country or by Treaty' available at https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?Treaty=CRC&Lang=en (accessed on 01 August 2025). At the date of writing, the US is the only country that has not ratified the CRC.
[9] Convention on the Elimination of All Forms of Discrimination against Women, UNGA Res 34/180, 18 December 1979, UN Doc A/RES/34/180, Articles 1 and 2; UN Committee on the Elimination of Discrimination Against Women, CEDAW General Recommendation No. 14: Female Circumcision (1990) A/45/38 and Corrigendum; CEDAW General Recommendation No. 19: Violence against Women Adopted at the Eleventh Session of the Committee on the Elimination of Discrimination against Women (1992) (contained in Document A/47/38); CEDAW General Recommendations Adopted by the Committee on the Elimination of Discrimination Against Women Twentieth session (1999) General recommendation No. 24: Article 12 of the Convention (Women and Health) A/54/38/Rev.1.

[10] Storey (n 6) 308.
[11] International Covenant on Economic, Social and Cultural Rights, 16 December 1966, United Nations, Treaty Series, vol. 993, p. 3, Article 12.
[12] World Health Organization, 'Constitution' <www.who.int/about/governance/constitution> Preamble.
[13] Orchid Project 'A Life Cut Short by FGM/C' (06 February 2025) <www.orchidproject.org/a-life-cut-short-by-fgm-c> accessed 1 October 2025.
[14] ibid.
[15] Mehriban N., Zafar Ullah A.N., Haque M.I., Harun M.G.D., Isse D.M., Muhammad F., et al., 'Knowledge, Attitudes, and Practices of Female Health Care Service Providers on Female Genital Mutilation in Somalia: A Cross-sectional Study (2023) Womens Health 19.
[16] Organization of African Unity (OAU), African Charter on Human and Peoples' Rights ("Banjul Charter"), 27 June 1981, CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982), Article 16.
[17] Solidarity for African Women's Rights, '#Maputo@22: Our Rights are Non-negotiable' (News and Updates, 11 July 2025) https://soawr.org/2025/07/11/maputoat22-our-rights-are-negotiable/.
[18] African Union, 'Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa ("Maputo Protocol") <https://au.int/sites/default/files/treaties/37077-treaty-charter_on_rights_of_women_in_africa.pdf>
[19] African Union, 'Galvanizing Political Commitment Towards the Elimination of Female Genital Mutilation in Africa' (Assembly/AU/Dec.737 (XXXII)) <https://au.int/sites/default/files/decisions/36461-assembly_au_dec_713_-_748_xxxii_e.pdf>.
[20] African Union, 'African Union Initiative on Eliminating Female Genital Mutilation Programme and Plan of Action 2019 – 2023' https://au.int/sites/default/files/newsevents/workingdocuments/41106-wd-Saleema_Initiative_Programme_and_Plan_of_Action-ENGLISH.pdf, 13.
[21] ibid 10.
[22] ibid 18.
[23] Storey (n 6).
[24] Antonios E. Kouroutakis 'The Constitution of Somalia on Paper and the Constitutional Reality' in Pedone (ed) Constitutions et lois fondamentales arabes (2018).
[25] The Provisional Constitution of the Federal Republic of Somalia, art 15 (1) & (2).
[26] ibid, art 15(3).
[27] ActionAid UK, 'Female Genital Mutilation' (22 January 2025) <www.actionaid.org.uk/our-work/vawg/female-genital-mutilation>.
[28] Storey (n 6).
[29] ibid 22.
[30] UNHRC 'Report of the Working Group on the Universal Periodic Review: Somalia' (11 July 2011) UN Doc A/HRC/18/6, Sudan (para 132.195); Sweden (para 132.196); Togo (para 132.197); Burkina Faso (para 132.199); Chile (para 132.200); Finland (para 132.204); and Canada (para 132.236) (Report of the Working Group Cycle Three).
[31] See: www.unicef.org/somalia/blog/breaking-silence-somalias-legislative-journey-end-female-genital-mutilation.
[32] Storey (n 6).
[33] Report of the Working Group Cycle Three (n 30) Zambia (para 132.198); Côte d'Ivoire (para 132.201); France (para 132.205); Greece (para 132.207); Italy (para 132.211); Latvia (para 132.212); and Liechtenstein (para 132.215).
[34] Amna Nazir, 'The Universal Periodic Review and the Death Penalty: A Case Study of Pakistan' (2020) 4(1) RSIL Law Review 126, 153; Alice Storey, 'Challenges and Opportunities for the UN Universal Periodic Review: A Case Study on Capital Punishment in the USA' (2021) 90 UMKC L Rev 129, 148-49.
[35] See UPRinfo, 'For impact on the ground the UPR needs SMART recommendations' <www.upr-info.org/en/news/for-impact-on-the-ground-the-upr-needs-smart-recommendations> (21 October 2015).
[36] Report of the Working Group Cycle Three (n 30) Japan (para 132.193); Poland (para 132.194); Norway (para 132.220); and Portugal (para 132.222).
[37] Storey (n 6).
[38] See: https://pubmed.ncbi.nlm.nih.gov/31599213/.
[39] World Health Organization 'Somalia' <www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2023/improving-maternal-health-outcomes-by-addressing-female-genital-mutilation-and-gender-based-violence-in-somalia> accessed 1 October 2025; World Health Organization. Trends in maternal

mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division <www.who.int/publications/i/item/9789240068759> accessed 1 October 2025.

[40] Erin R, Ahmed, Z., 'One Year Obstetric Experience with Extreme Complications in a Tertiary Center in Somalia. Gynecol Obstet Reprod' (2022) Med 2022;28(3):216-22; Ndiaye P, Diongue M, Faye A, Ouedraogo D, Tal Dia A. Mutilation Génitale Fémminine et Complications de l'ac-couchement dans la Province de Gourma (Burkina Faso) [Female genital mutilation and complications in childbirth in the province of Gourma (Burkina Faso)] (2010) Sante Publique 2010;22(5):563-70.

[41] See: https://somalia.unfpa.org/en/publications/community-knowledge-attitudes-and-practices-fgmjubaland.

[42] ibid.

[43] Deniz Kulaksiz et al, 'A prospective cohort study of the relationship of female genital mutilation with birth outcomes in Somalia' (2022) BMC Women's Health, 22:202.

[44] Kaplan A, Forbes M, Bonhoure I, Utzet M, Martín M, Manneh M, et al, 'Female Genital Mutilation/Cutting in The Gambia: Long-term Health Consequences and Complications during Delivery and for the Newborn (2013) International Journal of Womens Health 2013;5:323–31; See: https://www.fgmcri.org/media/uploads/Academic%20Papers/armitage_gambia_2018.pdf.

[45] Eider Muniategi Azkona, Antonio Sianes and Isabel Lopez Cobo, 'Facing FGM/C Through Intercultural Education: A Methodology for Secondary School Communities' (2014) 132 Procedia Soc Behav Sci 557.

[46] Zamzam I. A. Ali, Mervat Alhaffar and Natasha Howard, '"I just Wanted to be like Everyone Else…": Qualitative Exploration of Women's Perspectives on Female Genital Mutilation/Cutting and its Potential Abandonment in Somalia' (2025) 5(7) PLOS Glob Public Health 12.

[47] UNICEF, 'Eliminating Female Genital Mutilation' (2021) <www.unicef.org/media/122636/file/FGM-Annual-report-2021-USG.pdf> 32.

[48] Abdilaahi Yusuf Nuh, 'Attitudes towards the Practice of Female Genital Mutilation/Cutting in Somaliland: Evidence from the Somali Demographic Health Survey 2020' (2025) 25 (1196) BMC Public Health 10, <https://doi.org/10.1186/s12889-025-22371-6>

[49] African Women Organisation: <www.support-africanwomen.org/en/>.