

## SUMMARY

This research addresses the practice of Female Genital Mutilation/Cutting (FGM/C), also known as female circumcision. The practice is defined as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”<sup>1</sup> Over the last decades, discourse in relation to the elimination of FGM/C is positioned within the scope of international and regional human rights law. The practice is considered a form of Violence Against Women (VAW) and a human rights violation. A comprehensive human rights framework exists at both the international and regional levels that addresses VAW and harmful practices in general, and FGM/C in particular. Despite the various international and regional (quasi) legal norms addressing the practice of FGM/C, the prevalence rates have remained high in many of the countries where FGM/C occurs. This raises the question to what extent (and why) States comply, or in the case of FGM/C, appear not to comply, with the human rights framework that is designed to eliminate the practice. Senegal is selected as a case study. The central question of this research was the following: *Which factors explain compliance and/or non-compliance with the human rights framework in relation to the practice of Female Genital Mutilation/Cutting in Senegal?*

This research is structured in four parts, namely (I) theoretical framework; (II) human rights framework; (III) empirical analysis; and (IV) conclusions.

Part I of this research consisted of the theoretical framework (Chapter II). Since the 1950s, legal theorists and political scientists have had extensive debates on the importance of international law and developed theories on the question why States comply with (or violate) international law, with the aim to gain a deeper understanding of the role of international law in shaping state behaviour. Henkin’s famous claim “it is probably the case that almost all nations observe almost all principles of international law and almost all of their obligations almost all of the time”<sup>2</sup> set the stage for new compliance scholarship in the end of the 1970s. Since then, both International Law (IL) and International Relations (IR) scholars have developed a wide variety of theories, in an effort to explain State compliance with international law. In Chapter II, these compliance theories were analyzed by means of a literature review, with the aim to identify

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<sup>1</sup> World Health Organization, *Eliminating Female Genital Mutilation: An Interagency Statement*, WHO Library, 2008, p. 4.

<sup>2</sup> L. Henkin, *How Nations Behave: Law and Foreign Policy*, New York, Columbia University Press, 2<sup>nd</sup> edition, 1979, p. 47.

the factors that these theories ascribe compliance or non-compliance with international law in general and the human rights framework in particular.

First of all, four IL theories and four IR theories that are generally regarded as the “dominant strands” (or “leading schools”) in IL and IR literature were examined (see table 7.1). IL and IR theories are often based on contradictory premises. In general, traditional IL scholars *believe* or have *faith* that international law matters and have built their theories on an assumption of a general propensity of States to comply with international law. These assumptions are probably rooted in predominant positivism of the traditional IL discipline. IR scholars are far more sceptical and assume the ample opposite. They have pessimistic expectations on the role of international law to change behaviour of States. However, the chasm between the two disciplines has narrowed as IL and IR theorists have begun to share insights in the late 1990s. The research agendas in IL and IR have converged around the ‘compliance question’.

Table 7.1 Dominant strands in compliance theory

International Law (IL)	International Relations (IR)
Henkin’s compliance theory	Realism
Chayes and Chayes’ managerial theory	Institutionalism
Franck’s legitimacy theory	Liberalism
Koh’s transnational legal process theory	Constructivism

Second of all, in this period of new interdisciplinary scholarship, alternative compliance theories have been developed that shed new light on the ‘compliance question’. A new generation of IL and IR scholars have advanced the traditional IL and IR theories and shared distinct perspectives on international law in general and the human rights framework in particular. Seven theories that are in the current IL and IR literature accepted as alternatives to the “dominant strands” were examined in Chapter II as well, including: (i) Guzman’s reputational theory; (ii) Downs, Rocke & Barsoom’s enforcement theory; (iii) Goldsmith & Posner’s limit theory; (iv) Risse, Ropp & Sikkink’s spiral model; (v) Goodman & Jinks’ State socialization theory; (vi) Brunnée & Toope’s interactional theory; and (vii) Moore’s signaling theory.

After careful analysis of all these compliance theories, a distinction was made between two groups of theories: (i) theories based on interest; (ii) and theories based on norms. It was found that these new approaches are largely in consistence with the considerable body of existing work of IL and IR scholars. Recent scholars draw on, and their theory is often a derivative of the traditional IL and IR theories. Several factors have been identified that explain compliance and non-compliance with international (human rights) law, which are listed in table 7.2 below.

Table 7.2 Factors explaining compliance and non-compliance

Compliance	Non-Compliance
Self-interest	Self-interest
Legitimacy and fairness	Legitimacy and fairness
Transparent treaty language	Ambiguity in treaty language
Reputation	Lack of national capacity
Power and coercion	Lack of deterrence
Punishment and sanctions	Pressure of influential parties
Political personalities	Inadequate legal advice
<i>Pacta sunt servanda</i>	Outdated treaty norms
Reduce transaction costs	Failing treaty negotiation process
Symbolic validation, ritual and pedigree	Time lag between commitment and compliance
Coherence	Clash with local customs
Communitarianism	Unauthorized act
Internalization of rules	
Pressure of domestic interest groups	
Imitation of others	
Signaling	
Acculturation	
Reciprocity	

Part II of this research consisted of the human rights framework (Chapter III and IV). Chapter III provided more background information on the practice FGM/C. It was essential to explain in depth what the practice of FGM/C exactly entails, in order to be able to link the phenomenon to the different human rights that are being violated and the applicable human rights framework.

Chapter III showed that there are four different types of FGM/C. The most severe type is infibulation, which involves the narrowing of the vaginal opening through the creation of a covering seal. UNICEF estimates that 125 million girls and women have undergone FGM/C, and an estimated 30 million girls are at risk of undergoing FGM/C over the next decade if current trends persist. However, the practice might be much more common than the figures of UNICEF show, because small-scale local research has increasingly collected evidence, showing that FGM/C is practiced in countries in Asia,<sup>3</sup> the Middle

<sup>3</sup> Including Brunei, India, Indonesia, Malaysia, Maldives, Pakistan, Philippines, Singapore, Sri Lanka, Tajikistan and Thailand.

East<sup>4</sup> and Latin America.<sup>5</sup> The practice became also a concern among migrant communities in Europe, the United States, Canada, Australia and New Zealand. The practice occurs at all ages, but FGM/C is mostly carried out on girls between birth and age of 15. According to UNICEF, in half of the countries with available data on FGM/C, the majority of girls underwent FGM/C before their fifth birthday. Occasionally, adult women are also subjected to FGM/C (for example a few days before marriage, after marriage, or after their first pregnancy). The age at which girls and women undergo FGM/C varies substantially from country to country, and even within countries, depending on local traditions and circumstances. Traditional practitioners mostly carry out FGM/C. The practice is often seen as a “women’s business”, because the cutting is done by older women, primarily organized by (grand)mothers and practiced on young girls. The ‘medicalization’ of FGM/C – the practice being performed by doctors or other members of the health profession – is increasing in some countries, although the WHO has consistently condemned it. FGM/C is usually performed in rural areas in the girl’s home, traditionally without (proper) anaesthesia. Non-sterile cutting devices are likely to be used (on several girls at once), including: scissors, razor blades, knives, sharpened rocks or broken glass. The practice of FGM/C does not have any health benefits and can cause serious adverse immediate and long-term effects on the girl’s and women’s physical, sexual and emotional health, since it involves removing and damaging healthy female genital tissue. There is no clear-cut answer to the question why people practice FGM/C, since the reasons and justifications for the practice of FGM/C are numerous, intertwined and related to each other. The most commonly cited for the continuation of the practice are ‘custom’ and ‘tradition’. FGM/C is often deeply rooted in local culture and has been passed from one generation to another. Communities want to preserve their cultural identity and therefore uphold traditions like FGM/C. Another common justification for FGM/C is related to women’s sexuality. It is believed that uncut women will not be able to control their sexuality. FGM/C therefore safeguards a woman’s morality, sexual “purity” and ensures a lack of desire. It prevents a woman from engaging in promiscuity and discourages her from sinful and deviant sexual behaviour. Since in many practicing communities family honour depends on a girl’s virginity or sexual restraint, an uncut girl will bring shame on herself and her family, and she will subsequently find difficulties in getting married. Although FGM/C is practiced across religions, it has required a particular religious dimension. Significant proportions of practicing communities (especially in Asia and the Middle East) believe that FGM/C is a Muslim obligation, although no reference to FGM/C can be found in the Quran. The practice of FGM/C is also justified on the grounds of hygiene and aesthetics. Some practicing communities are of the opinion that the female genitalia are dirty, bugly and unsightly. Uncut women are regarded as unclean. For that reason the female genitalia must be cut to enhance a women’s appearance and to facilitate cleanliness. Local terms used to refer to the practice are often

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<sup>4</sup> Including Bahrain, Iran, Israel, Jordan, Kuwait, Oman, Palestinian Territories, Saudi Arabia, Syria, United Arab Emirates and Qatar.

<sup>5</sup> Including in Colombia.

synonymous with purification or cleanliness. Finally, many myths and false beliefs are associated with the practice of FGM/C. A common explanation for the continuation of FGM/C is social pressure within communities. FGM/C is often referred to as a social norm and the social convention theory offers explanations why this practice is strongly resistant to change. Because of the social structures within the community, it is difficult for individuals to stop the practice of FGM/C on their own, without the support from the whole community. Parents love their children and carry out FGM/C in order to ensure the marriageability of their daughters. Elimination of FGM/C requires, according to the social convention theory, a process of social change. After all, FGM/C is a very complex and multifaceted practice.

Chapter IV showed that initially, the UN was reluctant to take action in the field of FGM/C and placed the practice outside the scope of international human rights law. However, this changed in the 1990s with the global movement against Violence Against Women (VAW). The legal analysis conducted in Chapter IV had the aim to describe which rights are being violated and to provide an overview of the obligations and recommendations for States in relation to the elimination of FGM/C. The Chapter showed that FGM/C violates a number of recognized human rights protected by international and regional human rights instruments, including the right to be free from gender-discrimination, the right to the highest attainable standard of health, the right to life (when the procedure results in death), the right to freedom from torture or cruel, inhuman or degrading treatment or punishment and the rights of the child. These human rights are enshrined in various human rights treaties that are legally binding upon States that have ratified them. Among others, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), the African Charter on Human and Peoples' Rights (ACHPR), also known as the "Banjul Charter," the Protocol to the ACHPR on the Rights of Women in Africa ("Maputo Protocol") and the African Charter on the Rights and Welfare of the Child (ACRWC) are important. These human rights instruments contain provisions under which FGM/C constitute a violation of human rights, and oblige States parties to take measures to prevent and eliminate the practice. In addition to these hard law instruments, the practice of FGM/C has been specifically addressed in many soft law instruments, including in Declarations, Programmes and Plans of Action, General Recommendations (GR) and General Comments (GC) of Treaty Monitoring Bodies, and non-binding resolutions. Chapter IV also illustrated that conflicts between human rights can arise when supporters of FGM/C invoke the right to culture, minority rights and the right to religious freedom. However, these three human rights are not absolute and the human rights framework allows for limitations of these rights. States have a due diligence obligation to prevent, protect, investigate, prosecute and punish those responsible, including private individuals for human rights violations. Although private individuals practice FGM/C (rather than State officials), States are still responsible for these private acts, if they fail to act with due diligence to prevent, investigate and, in accordance with national legislation, punish acts of VAW in general and FGM/C in particular. States have a duty to take action in order to eliminate FGM/C.

Part III of this research consisted of the empirical analysis (Chapter V). Although the human rights framework has been developed at the international level, the work on eliminating FGM/C must be done at the national level. A case study has been conducted at the national level in Senegal evaluating the extent of compliance with the human rights framework in relation to the practice of FGM/C. Senegal signed and ratified all the human rights treaties that are important in relation to the practice of FGM/C and has not made any reservations to these treaties. At first glance, the extent of compliance might seem rather promising: the Senegalese Constitution establishes the enjoyment of rights without discrimination, an impressive institutional framework has been established consisting of many National Human Rights Institutions (NHRIs) that are involved in the promotion and protection of human rights, a national law criminalizing FGM/C is adopted in 1999, National Action Plans (NAPs) and many other policies have been adopted aimed at preventing and eliminating FGM/C, and CSOs are actively involved as regards to awareness raising at the community level. However, further analysis showed that Senegal is only to a limited extent in compliance with the human rights framework that is designed to eliminate the practice of FGM/C.

First of all, Senegal is under the obligation to submit periodic reports to the respective Treaty Monitoring Bodies (TMBs) on how the rights are being implemented, but the country is not fully in compliance with this obligation. Problematic are the considerable amount of outstanding and overdue reports. However, when periodic reports were submitted to the TMBs, Senegal was in compliance with the recommendation to include in their reports information about the legislation in force against FGM/C, measures taken to eliminate FGM/C, statistics on the incidence of FGM/C in the country and the progress made in this respect.

Senegal is in compliance with the obligation to embody the principle of equality of men and women in the national constitution. The Senegalese Constitution establishes the enjoyment of rights without discrimination. However, there are major vacuums and gaps in the national laws when the Constitution is applied. Some national laws in Senegal remain deeply discriminatory against women, in particular in matters relating to the family.

Senegal is in compliance with the obligation to prohibit FGM/C. In 1999, the National Assembly passed law No. 99-05 modifying the Penal Code. Art. 299bis of the Penal Code criminalizes all forms of FGM/C, including the medicalization of the practice. The penalty is six months to five years imprisonment. The maximum penalty will be applied if FGM/C is "carried out or promoted by a person in the medical or paramedical field." However, Senegal is not in compliance with the recommendation to ensure the effective enforcement and implementation of this law, since FGM/C is still practiced in Senegal with impunity. The amount of court cases is not representative for the incidence of FGM/C in Senegal, because people refuse to report FGM/C cases to the police. Only a handful of individuals have been prosecuted for FGM/C since the adoption of the law. Senegal did not establish a national mechanism for the implementation and monitoring of legislation and law enforcement, nor were 'adequate resources' made available for the implementation of legislative frameworks aimed at eliminating FGM/C.

Senegal is in compliance with the recommendation to develop appropriate measures, including National Action Plans (NAPs), strategies, policies, rules and regulations aimed at preventing and eliminating FGM/C. The Senegalese government developed two NAPs, a medical policy and a religious policy in 2013. Although these policies (especially the NAPs) have much potential in relation to coordination of actions in the field of FGM/C in Senegal, they are not well implemented. Senegal is not in compliance in relation to the implementation of the national legislative frameworks on FGM/C. Adequate accountability mechanisms at the national and local levels to monitor adherence to and implementation of these policy documents are not in place. No resources were allocated to the implementation of policies and programmes by the Senegalese government: the UNFPA-UNICEF Joint Programme allocated financial resources to the implementation of the NAPs instead.

Senegal is partly in compliance with the recommendation to collect and disseminate basic data about prevalence, trends, attitudes and behaviour regarding FGM/C. The Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) collected data in Senegal on the prevalence of FGM/C, the types of FGM/C practiced, the girl's age at the time of the procedure, the type of practitioner who performed the practice and the beliefs and opinions about FGM/C. Senegal also collected data on the cases and enforcement of legislation with a study of Professor Ndiaye to get a more accurate picture of the status of implementation of Law No. 99-05 of 29 January 1999. However, FGM/C remains poorly documented in Senegal and expressed the need for further research and data collection on FGM/C in Senegal.

Senegal is not in compliance with the obligation to provide necessary support to victims of FGM/C, nor with the obligation to protect women who are at risk of being subjected to FGM/C. There are no adequate social and/or psychological support services specifically designed for girls and women who have been subjected to FGM/C and those at risk. There is a serious lack of support services for (potential) victims of FGM/C.

Senegal is not in compliance with the obligation to create public awareness in all sectors of society regarding FGM/C through information, formal and information education, and outreach programmes. Awareness about FGM/C at the community level is raised by Civil Society Organisations (CSOs) and efforts of International Organizations (IOs), not by the Senegalese government. Respondents were critical on the role of the government in this regard. Representatives of civil society referred often – quite frustrated – to meetings or workshops organized by the government to talk about FGM/C “in wonderful hotels in Dakar or Saly” while they could not see how this would directly help the communities on the ground. In addition, according to the respondents, the government does not recognize the role that CSOs play in the movement to eliminate FGM/C, nor does the government give CSOs all necessary (financial) support and encouragement. Many respondents (including representatives of the government, international organizations, and civil society) explained that awareness of FGM/C is not integrated in the curricula of (medical, legal, social work) students. There are no training programmes for health professionals (doctors, nurses, midwives, psychologists) to detect, manage and counsel FGM/C. Non-formal and informal educational activities and trainings on FGM/C are sporadically provided in the relevant sectors. The government does

not promote gender-sensitive, empowering educational processes. If initiatives are taken in this regard, the initiative is taken by UN agencies or CSOs.

Senegal is partly in compliance with the recommendation to engage a wide range of stakeholders. Many actors are involved in the action taken against FGM/C. However, this is not because the government engages these stakeholders, but it is mostly because of the work of the UNFPA-UNICEF Joint Programme and CSOs themselves. CSOs try to involve community leaders, religious leaders, men and boys in their advocacy and awareness-raising campaigns.

Senegal complied with the recommendation to explore alternatives to FGM/C and to support and provide alternative training and education possibilities for cutters, in order to convert them to an alternative profession. In cooperation with the Ministry of Women, Family and Children, a Senegalese CSO started a pilot project. However, this 'alternative source of income approach' proved to be an unsuccessful strategy in Senegal. Therefore, training programmes or alternative livelihoods for local practitioners of FGM/C are not (any more) provided in Senegal.

Thus, there are major gaps between the *de jure* and *de facto* compliance in Senegal. Despite the efforts of the Senegalese government, which must be acknowledged, the extent of compliance with the human rights framework in relation to FGM/C in Senegal is limited and a lot of work remains to be done. Enacting laws and adopting policies is the beginning, but not the end. There is a clear need to intensify, expand and improve efforts in relation to FGM/C in order to achieve greater compliance with the human rights framework. Although there is probably not a single country in the world that has a perfect human rights record, nor is in full compliance with the human rights framework in relation to FGM/C, the level of compliance in Senegal proved to be (disappointingly) limited.

Part IV of this research consisted of the conclusions (Chapter VI). In this Chapter, an answer to the central research question was formulated. The concluding chapter showed that, although Senegal has often been referred to as a "promising practice" in relation to the elimination of FGM/C, because it was the first country in which a series of public declarations of FGM/C abandonment were made, careful analysis of the DHS and MICS regarding Senegal shows that the national prevalence of FGM/C is not declining as rapidly as the UNFPA-UNICEF Joint Programme, the Senegalese government and Civil Society Organizations (CSOs) might have hoped for. The national prevalence of FGM/C among girls and women of reproductive age (15 to 49 years) remained fairly constant in the past decade. Between 2005 and 2014 the national prevalence of FGM/C declined in Senegal with 3.5% (from 28.2% in 2005 to 24.7% in 2014).

Chapter VI showed that there is no clear-cut answer to the 'compliance question' in relation to the practice of FGM/C in Senegal. A complicated mix of factors interact, work together and clarify why Senegal is partly in compliance and partly not in compliance with the human rights framework in relation to the practice of FGM/C. These factors include: (i) lack of national capacity and resources, (ii) lack of deterrence and the fear for punishment and sanctions, (iii) reputation; (iv) power and coercion; (v) political personalities; (vi) legitimacy

and fairness; (vii) temporal dimension; (viii) pressure of influential parties and/or the pressure of domestic interest groups.

First of all, there is a lack of human, financial and material resources at the Department of the Family (*Direction de la Famille*) of the Ministry of Women, Family and Children (*Ministre de la Femme, de la Famille et de l'Enfance*), which is the coordinating body of the Senegalese government to take action in the field of FGM/C. The weak capacity of the Department of the Family and the lack of ownership, coordination and cooperation at the national level (with other Ministries, but also with other actors in the field) contributes to non-compliance with the human rights framework. Not only at the Ministerial level this lack of capacity proved to be a problem, but also in relation to the National Human Rights Institutions (NHRIs) at the national level. The Senegalese authorities have established an impressive institutional framework consisting of many NHRIs that are involved in the promotion and protection of human rights, but there is no clear division of tasks or coordination between these institutions. In the second place, there is a lack of deterrence, since the UN and AU monitoring mechanisms are, to a large extent, powerless to punish Senegal when the State is not in compliance with the human rights framework. In the third place, reputational concerns are important in relation to the 'compliance question'. Senegal fears to damage its reputation, since it is a country that is proud to be an exception in the region with regard to the level of democracy and the absence of a military coup. In the fourth place, pressure from the international community (or 'powerful States') enhances compliance with the human rights framework in Senegal. The fifth factor that influences compliance is the role of political personalities. President Léopold Sédar Senghor, President Abdou Diouf and Ndèye Soukèye Gueye were mentioned as influential persons that either influenced the process of compliance positively and/or negatively. In the sixth place, considerations relating to legitimacy and fairness indeed play a major role in Senegal. Local customs clashed with human rights norms, which was for example clearly observable in relation to the adoption of Law No. 99-05 criminalizing FGM/C in 1999. In the seventh place, the temporal dimension of the social, economic, and political changes contemplated by regulatory treaties as a factor that lies at the root of non-compliance with the human rights framework in Senegal. A "period of transition" might have resulted in better compliance. In the eighth place, influential parties and/or domestic interest groups influence compliance positively and negatively in Senegal. First of all, the pressure and influence by *Marabouts*<sup>6</sup> is an important factor. Very often, the position of the *Marabout* is of greater significance than the Senegalese government or national law. *Marabouts* have also a big influence in relation to the practice of FGM/C, since they all are in favour of the practice and defend FGM/C as part of their religion and tradition. When Law No. 99-05 criminalizing FGM/C was debated in Parliament, the supreme *Marabout* of northern Senegal, Thierno Mountaga Tall, pronounced a *fatwa*<sup>7</sup> in which he

<sup>6</sup> A *Marabout* is a Muslim religious leader and teacher in West Africa, often a scholar of the Qur'an and a religious teacher.

<sup>7</sup> A *fatwa* is a religious edict.

cited a Prophet's *Hadith*<sup>8</sup> from which he inferred that FGM/C "is a corollary to circumcision [...] and both operations are intrinsic elements of human nature."<sup>9</sup> Furthermore, *Marabouts* urged Muslim deputies to vote against the bill. Not only in relation to the adoption of the law, but also during court cases, *Marabouts* have influenced the outcome of cases. Second of all, the pressure and influence of civil society is an important factor in relation to the 'compliance question' in Senegal. Civil society in Senegal is very strong and CSOs have a powerful voice. CSOs in Senegal have put pressure on the government to ratify human rights treaties. More specifically, activists and CSOs brought not only FGM/C to the attention of the 'general public' in Senegal in the 1990s, but they also pushed for the adoption of the national law criminalizing FGM/C. CSOs have an important role to play in relation to the compliance question, since they actually do "most of the work" in the field of FGM/C in Senegal. A civil society representative explained: "In communities, NGOs are doing the implementation, instead of the State." Finally, although mentioned very often by several scholars as a factor that hampers compliance, ambiguity of treaty language does not influence compliance negatively in Senegal, since the Senegalese government knows exactly what is expected from them in relation to the elimination of FGM/C. Although the treaty language in the provisions of the CEDAW and CRC are general, arguably a bit vague and imposes broad obligations upon States, it was for the Senegalese State clear what the object and of the legally binding treaty obligations (and non-binding recommendations following from soft-law instruments) contain.

The propensity of Senegal to join international and regional human rights framework does not automatically mean that it will bring its human rights practice into compliance with the human rights framework. Becoming a party to a treaty is one step, but recognition of rights on paper is not sufficient to guarantee that these rights will be enjoyed in practice. This research showed that a discrepancy exist between the commitments of Senegal to comply with the human rights framework on the one hand and the actual behaviour of Senegal in relation to the practice of FGM/C on the other. Today, more than one million girls and women in Senegal are living with the consequences of FGM/C and hundreds of thousands of girls and women in Senegal run the risk of undergoing, and will undergo the practice in the (near) future. But does that mean that the commitments of Senegal in relation to the elimination of FGM/C should be regarded as "empty promises"? This research showed that Senegal's promises are not empty. It is a complicated process to generate the real change that is necessary to modify the *status quo*. It is a rather ambitious task for the Senegalese government, civil society and international organizations to eliminate the persistent practice of FGM/C in Senegal. The elimination of

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<sup>8</sup> *Hadith* are the collections of the reports claiming to quote what the Prophet Muhammad and other founders of Islam said on any matter.

<sup>9</sup> M. Ndoye, *Le Processus de Pénalisation de l'Excision au Sénégal: Enjeux et Perspectives pour les Droits Sexuels des Femmes*. Institut de Hautes Etudes et du Développement, Thèse de Doctorat No. 901, Genève, 2011, p. 134.

FGM/C has not, and will not be realized overnight,<sup>10</sup> and most probably not in one generation. The reason is that cultural norms, practices and traditions need to change, as well as patriarchal attitudes and deep-rooted stereotypes regarding the roles, responsibilities and identities of girls and women in the family and society.<sup>11</sup> However, if the factors that have been identified in this research will be addressed in the (near) future, Senegal will most probably be able to turn their promises into a lasting reality, and generate positive change to girls and women at risk of undergoing the practice of FGM/C.

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<sup>10</sup> E. Sepper, *Confronting the "Sacred and Unchangeable": The Obligation to Modify Cultural Patterns under the Women's Discrimination Treaty*, *University of Pennsylvania Journal of International Law*, Volume 30, No. 2, 2008, p. 627.

<sup>11</sup> United Nations Committee on the Elimination of Discrimination Against Women, *Concluding Observations, Senegal*, CEDAW/C/SEN/CO/3-7, 28 July 2015, para. 18.