LANDINFO
Country of Origin Information Centre

Report

Sudan

Female Genital Mutilation (FGM)

26 August 2021

Translation provided by the Office of the Commissioner General for Refugees and Stateless Persons, Belgium

For information on all of the reports published by Landinfo, please contact:

Landinfo
Country of Origin Information Centre

Fredrik Selmers vei 6
P.O Box 2098 Vika
NO-0125 Oslo
Tel: +47 23 30 94 70
E-mail: landinfo@landinfo.no

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Summary

Female genital mutilation (FGM) is very widespread in Sudan. As of 2014, 87 % of girls and women aged 15-49 years report to have undergone FGM. The past several decades have shown a slight decline in the overall share of girls getting circumcised. According to an estimate, based on the newest data, the decline has become steeper since the turn of the century. At the same time, attitudes towards FGM have generally become more negative. However, FGM is still considered by many Sudanese as a culturally significant practice. Failing to circumcise girls might lead to social marginalization and exclusion in some parts and communities of Sudan.

Contents

1 Introduction

This report provides a brief description of the prevalence of female genital mutilation (FGM) in Sudan, how genital mutilation is practised and the local justifications for the intervention. The report then describes some key trends over time in terms of prevalence, support for the practice among the population and lessons learned from the state bans on FGM. Finally, the report summarises what we know about the decision-making processes in the run-up to the intervention and the social consequences of refraining from it.

Landinfo uses the term (female) genital mutilation when referring to the practice on a general level. This term is used by the World Health Organisation (WHO), in Norwegian legislation and by human rights organisations. However, we use the word "circumcision" when referring to matters related to local reasons for the custom, or "circumcised" when referring to the girls and women involved.[1] In Sudan, there are several terms to describe the intervention, the most common of which are *khifad*, meaning "reduction", and *tahur*, meaning "clean" or "purification".

The report does not present a comprehensive description of the prevalence of FGM in all areas or among all communities in Sudan, but focuses on Darfur and the metropolitan area, as the majority of the immigration cases in Norway are related to these areas.

1.1 Sources

To describe the prevalence of and overall trends related to attitudes to FGM in Sudan, the report is based on the latest UNICEF *Multiple Indicator Cluster Survey* 2014 (MICS 2014). As the statistical analyses in MICS 2014 are limited to a few issues, we also use a UNICEF-funded statistical secondary analysis of the data in MICS 2014, written by Macoumba Thiam (2016).

In addition to these major statistical studies, Landinfo has consulted qualitative and anthropological research on local norms, decision-making processes and practical aspects related to female circumcision.

Landinfo has also been in contact with resource persons working with or researching FGM in Sudan.

[1] For more on the discussion of the use of concepts, see Johnsdotter and Johansen (2020, p. 8-11).

2 Prevalence

2.1 Geographical prevalence

The most recent figures available on the prevalence of female genital mutilation were published in MICS 2014 and show at the national level that 87% of women aged 15-49 report being circumcised (MICS 2014, pp. 214-215).[2]

There is some geographical variation in the prevalence of FGM in Sudan. The reasons for the variations are complex but are in essence due to different practices among ethnic groups in Sudan. For example, genital mutilation is an almost universal practice among the population of the Nile Valley and the eastern areas along the Red Sea, but has traditionally not been practised, or to a lesser extent, among several population groups in Darfur, the peoples of the Nuba Mountains and in Southern Sudan. This picture has changed, and is still changing, as internal migration and cultural influences from the Nile Valley have meant that groups who have not traditionally practised the custom have now begun to do so (see Chapter 3).

Tabell 2.1 Percentage of circumcised women aged 15-49 (MICS 2014)

Northern	98%	Blue Nile	68%
Nile	96%	North Kordofan	98%
Red Sea	89%	South Kordofan	89%
Kassala	79%	West Kordofan	81%
Gadarif	79%	North Darfur	98%
Khartoum	88%	West Darfur	61%
Gezira	87%	South Darfur	88%
White Nile	94%	Central Darfur	45%
Sinnar	84%	East Darfur	97%

[2] Figures from quantitative studies in this report are rounded to the nearest whole number.

3 FGM, ethnicity and migration

There is great ethnic diversity in Sudan, and as shown above it includes communities that have traditionally practised FGM and communities that have done so to a lesser extent.

Female circumcision has deep cultural roots in the Nile Valley,[3] where the custom may have been practised since antiquity. It is also home to the country's most powerful families and clans, who have dominated Sudanese politics for centuries and represent the "ideal Arabs" against whom other Sudanese have been measured and have measured themselves (Landinfo 2013, p. 6). In the context of the historical (and ongoing) "Arabisation" [4] (*taʿrib*) of Sudan, other communities have adopted identity markers and practices associated with the Nile Valley elite, including female circumcision, as a means of adopting a Sudanese identity (El-Tom 1998, p. 164-166; Sharkey 2007).[5]

The spread of the practice of FGM has taken place over a longer period of time. The Arab nomadic populations of western Sudan probably adopted the practice of infibulation (see Chapter 3.2) through increased contact with trading centres in central Sudan at the beginning of the 20th century (Hicks 1993, p. 220-221). Parts of the non-Arab populations of Darfur and the Nuba Mountains did not pick up the custom until much later in the mid-20th century (de Waal 2005, p. 196; El-Tom 1998, pp. 169).

Migration has been, and still is, the main driver for the spread of FGM from practising to non-practising populations in Sudan. On the one hand, migration from the culturally dominant areas of the Nile Valley has helped to spread and consolidate the practice in the rest of the country. On the other hand, migrants from areas with a low prevalence of female circumcision have taken up the practice after settling in northern Sudan. For example, migrants and IDPs from

[3] The Nile valley is in relation to Sudan an established term "referring to central areas of northern Sudan in the Nile Valley, [where] the great majority of the inhabitants identify as belonging to one or another of a dozen or more Arab tribal groups: they practice Islam, claim Arab descent and speak only Arabic (Ryle 2011, p. 75).

[4] Several Sudan scholars prefer to call this process "Sudanisation" because it promotes a particular Sudanese political and cultural identity, and includes communities that neither themselves nor by others are identified as Arab, including the Fur population of Darfur (de Waal 2005; Sharkey 2007).

[5] A telling example of this is that the circumcision of children in western Sudan has been referred to as *yaʿarribhum*, meaning "to make them Arabs" (El-Tom 1998, p. 164). This must be understood in a Sudanese context, as female genital mutilation is not an "Arab" phenomenon as such. For example, the practice has deep roots among the Beja population of the Red Sea who do not identify as Arabs, while the Rashayda, a group that migrated to the Sudanese Red Sea coast from the Arabian Peninsula in the mid-19th century, have historically not practised female circumcision (Al-Nagar, Tønnessen & Bamkar 2017, p. 8).

present-day South Sudan, to some extent, began to practice circumcision after settling in Khartoum from the 1980s onwards (Abusharaf 2009, p. 98-107).

In what follows, Landinfo will give a general account of what we know about the prevalence of FGM among the population of Khartoum and among some population groups in Darfur. The reason for this delimitation is that most of the immigration cases in Norway are related to these two areas.

3.1 Khartoum

Khartoum has for decades been a centre for migration from all the states of the country and today has a diverse population, including communities that have not traditionally practised female circumcision. There are no statistical studies that can say anything meaningful about the relationship between ethnicity and female mutilation in general in Khartoum. However, a qualitative study conducted among internal migrants in the metropolitan area suggests that some families from populations that have not traditionally practised circumcision have adopted the practice after moving to the capital (Abusharaf 2009, p. 98-107).

MICS 2014 (p. 216, 218) found that 88% of girls and women aged 15-49 in Khartoum reported being circumcised. At the same time, the study shows that the proportion of women who support continuing the practice is significantly lower in the capital (24%) than in the other states (national average 41%). In the secondary analysis of the statistical material from MICS 2014, Thiam (2016, p. 43) finds that the decline in the proportion of circumcised girls in the age group 0-14 years is somewhat higher in Khartoum than in the national average, and estimates that 61% of the girls in this group in Khartoum will be circumcised by the time they are 15 years old.[6] Since most circumcisions take place before the girl turns 15, most who reach this age without being circumcised are unlikely to be circumcised at a later age (Thiam 2016, p. 18).

Landinfo is not aware of any studies examining the reasons why support for female circumcision is significantly lower in the capital than in the rest of the country or why there appears to have been a significant decline in the proportion of girls circumcised in Khartoum. However, socio-economic factors, such as education and access to the labour market, are known to influence Sudanese parents' attitudes to FGM and their ability to make informed and autonomous choices on behalf of their children (see Chapters 3.3 and 4.1). It is Landinfo's assessment that this dynamic also applies to Khartoum, where the middle class generally has better access to (higher) education and gainful employment than the Sudanese population as a whole. People in the capital will also be more exposed

[6] The figures in Thiam's (2016) study are statistical estimates based on MICS 2014 data and available information on the average age of circumcision in Sudan's states.

to public awareness campaigns and the like and thus have better access to information about the negative consequences of FGM.

3.2 Darfur

The data in MICS 2014 show that there are large differences in the prevalence of FGM between the states in Darfur. While the prevalence is almost universal in North, East and South Darfur, just about half of the respondents reported that they were circumcised in West and Central Darfur (MICS 2014, p. 214-215).[7]

The population of the Darfur states is a diverse composition of both nomadic and resident population groups, with some identifying as Arab or speaking Arabic as their first language while others do neither. Historically, ethnic divisions have been fluid. Marriages across the different clans and ethnic groups were common and unproblematic until the conflict broke out in the 1980s, leading to ethnic identities becoming more fixed (Tubiana 2011, p. 232).

The administrative boundaries of the states do not coincide with the settlement patterns of the various population groups (which are, however, constantly changing), nor is ethnicity asked in the MICS survey. However, on the basis of other sources, it is possible to say something general about the practice of FGM among some of the communities in Darfur.

Baggara Arabs is a collective term for several Arab tribes who have historically made a living from nomadic cattle farming[8] in the southern parts of Darfur and Kordofan. Presumably, the Baggara Arabs have traditionally practised types of sunna circumcision, but only began to practice infibulation at the beginning of the 20th century (Yuzbashi 1922, as reproduced in Hicks 1993, p. 220-221). Landinfo has not found any recent studies on the prevalence of FGM among the Baggara Arabs today. The generally very high prevalence of the practice in southern parts of Darfur (MICS 2014, p. 214-215), however, suggests that it is almost universally practised.

The Berti people have historically resided in North Darfur, where they subsist as settled farmers (Hicks 1993, p. 225). A 1998 article states that, like other Sudanese minority groups in Darfur, the Berti adopted the practice of FGM relatively late, but that the prevalence of female circumcision at the time the article was written was near universal (El-Tom 1998, p. 166, 169). Landinfo is not aware of any recent studies on FGM among Berti, but the high prevalence of the

[7] Darfur has been the subject of several administrative divisions, which makes it hard to compare figures between historical studies done at the state level.

[8] *Baggara* (classical Arabic *baqqara*) means "cattle".

practice in North Darfur suggests that the picture has not changed significantly (MICS 2014, p. 214-215).

The Fallata/Fulani people are originally from West Africa and have traditionally made a living as agro-pastoralists[9] in large parts of Sudan, including Darfur. According to Hicks (1993, p. 119) and El Dareer (1982, p. 8-9), they have traditionally not practised female circumcision. El Dareer, however, distinguishes between the groups of *fallata fota* who do not practise FGM, and *fallata rattana* who do. Landinfo is not familiar with later studies on female circumcision among the fallata in Sudan.

The Fur people have historically lived as settled farmers in the areas around Mount Marra, but now make up a large part of the population of the main towns in the Darfur states. According to several sources, the Fur have not traditionally practised female circumcision. However, this changed beyond the mid-20th century, when urban Fur families appropriated several practices, including female circumcision, from the culturally and politically influential Arab settlers of the Nile Valley (de Waal 2005, p. 196; Hicks 1993; Willemse 2007, pp. 227). This change is also evident in Asma El Dareer's pioneering study on FGM in Sudan, where she reported more circumcised women among the younger than the older generations in the village of Tarni, in present-day North Darfur (El Dareer 1982, p. 9). In a recent study from South Darfur, there appear to be significant differences in the prevalence of FGM among the Fur population from one area to another in the state (Ritchie 2018, p. 18). Landinfo considers there is reason to believe that large local variations among the Fur population also occur in the other Darfur states.

The Massalit people reside in the border areas between West Darfur and Chad, and have historically lived as sedentary farmers. Traditionally, they have not practised female circumcision. In an anthropological study from the 1980s, however, anthropologist Dennis Tully (1988, p. 251) reports that the elite among the Massalit had appropriated several "Arab" customs and identity markers, and that female circumcision could be among these.

3.3 FGM and socio-economic indicators

The results from MICS 2014 in Sudan differ from the results of similar statistical studies in other countries with a high prevalence of FGM (Ahinkorah et al. 2020) in that the practice in Sudan appears to be more widespread among the higher socio-economic strata of the population than in the lower.[10]

[9] Agropastoralism involves a combination of sedentary agriculture and (nomadic) bush farming.

[10] However, this is not always the case, as the historically and politically influential Al-Bedri and Al-Mahdi families already moved away from the practice of FGM in the 1930s (Ahmed, Al-Hebshi & Nylund 2009, p. 21).

According to MICS 2014 (p. 215), the prevalence of FGM among women aged 15-49 is somewhat higher in the upper socio-economic strata (over 90%) than in the lower social strata (about 85%).[11] The same dynamics are observed at educational level, as the prevalence is higher among women with some form of education (over 90%) than those with no education at all (77%). No studies have examined the causes of these dynamics. One possible reason may be that the custom has been practised longest and been most widespread among the Nile Arabs, who have historically controlled the Sudanese economy and had the highest standard of living.

However, there are signs that the picture is changing, especially when it comes to the importance of the mother's level of education. Figures from MICS 2014 (p. 217) show that the incidence of female circumcision is significantly lower among daughters aged 0-14 of mothers with higher education (15%) than among daughters of mothers with no education (34%). However, the importance of whether the mother has primary (33%) or secondary (29%) education is smaller.[12] A correlation between maternal education level and the decision not to circumcise daughters has also been found in another quantitative study of FGM in Khartoum and Gadarif (Eldin, Babiker, Sabahelzain & Eltayeb 2018). Attitudes to FGM are also more negative among educated women and in higher social strata of the population (see chapter 4.1).

However, Landinfo stresses that in central Sudan there are no groups where female circumcision is not practised or where the prevalence of the practice is less than two thirds.

4 On how and when FGM occurs

4.1 Who performs FGM?

There has been a strong "medicalisation" of FGM in Sudan, with trained health workers performing the surgery instead of traditional circumcisers with no health training. An important reason for this development is an increased recognition of the potential negative health consequences associated with female circumcision (Bedri, Sherfi, Rodwan, Elhadi & Elamin 2018, p. 15). The vast majority of medicalised circumcisions are carried out by midwives trained in health care

[11] In the MICS study, respondents are divided into five similar wealth quintiles based on household financial resources and standard of living. The wealth index is calculated from, amongst other factors, household items (e.g. TV and mobile phone), building materials for the house and types of water supply and sanitation facilities.

[12] Note that these figures do not indicate what proportion of the 0-14 age group will be circumcised in the future, as many of the girls in the group are below the age at which circumcision usually takes place.

(Thiam 2016, p. 26)[13] and takes place either in the family's or the circumciser's home (Bedri et al. 2018, p. 9).

However, figures from the secondary analysis of MICS 2014 show that there are significant differences between the states. For example, a much higher proportion of women interviewed in Khartoum (94%) reported having been circumcised by trained health personnel than in Central Darfur (26%), which had the lowest proportion. The study also found that there is a difference between urban and rural areas, as a higher proportion of women in rural areas report having been circumcised by a traditional circumciser (Thiam 2016, p. 24-25). This is probably partly due to the fact that there are far fewer health professionals in medium-sized cities than in the capital, and very few of them in rural areas.

4.2 Types of FGM

The WHO classifies FGM into four different types, ranging in severity from "symbolic" needle sticks to infibulation. The most widespread variants in Sudan are types I, II and III.

- Type I (clitorotomy): 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 II (clitoridectomy): 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 III (Infibulation): 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 (WHO 2020).

In Sudan, a distinction is made between pharaonic circumcision (*khifad firuni*), which is equivalent to infibulation (type III), and sunna circumcision, which is equivalent to clitorotomy (type I). In addition, there are several intermediate variants (El Dareer 1982, p. 3-5), including one called *matwasat* or *sandwich* (Elmusharaf, Elhadi & Almroth 2006, p. 1).

Infibulation is the most widespread type of genital mutilation in Sudan. Of the women who reported being circumcised in MICS 2014, nearly four out of five reported being infibulated. The remainder had a less intrusive form of

[13] The secondary analysis of the MICS 2014 shows that 76% of the interventions in the period 2000-2014 were performed by midwives with professional health training, 18% by traditional circumcisers and 2% by other health professionals (Thiam 2016, p. 26).

circumcision, such as splitting of the clitoris (2%) and/or removal of parts of the genitals (16%) (MICS 2014, p. 214).

In a study comparing self-reported types of FGM and clinical examinations of girls and women in Khartoum, significant over-reporting of sunna circumcision was found. Half of the participants who reported having a sunna circumcision were found to be infibulated in the clinical study (Elmusharaf, Elhadi & Almroth 2006, p. 2). This shows that the understanding of sunna circumcision in Sudan does not necessarily overlap with the WHO definition of this type of FGM, and that the proportion of infibulates may be higher than that shown by studies based on self-reporting. Reasons for the over-reporting of sunna circumcision may be a lack of knowledge about what the various forms of FGM entail and the fact that among many Islamic scholars in Sudan "sunna circumcision" is considered the legitimate or recommended practice (see chapter 4.2).

4.2.1 Reinfibulation

Reinfibulation is a procedure where the vaginal opening is sewn back together after it has been partially or fully opened during childbirth, sexual intercourse or surgical deinfibulation.[14] In Sudan, the procedure is called "*adal*", which means "to straighten" or "improve", and is performed in most cases by a midwife after childbirth. Reinfibulation can also be performed to "restore virginity" for widows and divorced women or to improve a failed infibulation (Berggren 2005, p. 3).

Thiam's (2016, p. 27-31) analysis of the data in MICS 2014 reveals that at least a quarter of women in Sudan who have given birth to a child have been reinfibulated or circumcised again. The study found that there were significant geographical variations. The reported prevalence of reinfibulation or a subsequent circumcision was lowest in the states of Darfur[15] (3-18%) and highest in the eastern states of Gadarif, Sinnar and Kassala (47-59%). By comparison, Khartoum is on the average, with less than a quarter of women reporting having undergone such an intervention.

Reinfibulation is a sensitive and private topic in Sudan and is not up for discussion in the same way as circumcision of girls. In a qualitative study published in 2006, a Swedish research group found that the procedure is most often justified by the fact that a tight vaginal opening improves the man's sexual satisfaction and that it is in line with social conventions. The women in the study reported having little say in the procedure and that there was a strong expectation

[14] Postpartum reinfibulation is not the same as postpartum reconstruction of the vaginal opening. Reinfibulation involves further tightening of the vaginal opening, with the aim of partially or completely restoring the infibulation as it was before detachment.

[15] In addition, in South Kordofan, where 9% of women who have given birth report being reinfibulated (Thiam's 2016, p. 29).

from female relatives, the midwife and in some cases the husband that it would be carried out (Berggren et al. 2006, p. 28-31).

Reinfibulation is not covered by the national ban on FGM adopted in summer 2020 (Suleima Ishaq Mohamed Elkhalifa, email correspondence May 2021).

4.3 Age at which FGM is performed

Most Sudanese girls are circumcised before the age of ten. According to Thiam (2016, p. 20), 72% of the circumcisions in the period 2000-2014 were carried out on girls between five and nine years old, 5% on girls under four years old and 23% on girls/women over ten years old.

The girl's age at circumcision varies considerably between different ethnic groups and states in Sudan. Among the Beja population of the Red Sea state, the intervention often takes place a few weeks after birth (El Dareer 1982, pp. 12-13), while the typical age for female circumcision is somewhat higher in the Darfur and Kordofan states than the national average (Thiam 2016, p. 16).

According to a qualitative study in Khartoum and Gadarif, it is not uncommon for circumcision to take place before girls go to school or during a holiday early in the school career. One of the respondents stated that this is done to protect the girls, as they will be out of the family's sight for several hours each day during school (Eldin et al. 2018, p. 21).[16]

The literature also describes cases where women, often from populations that do not traditionally practice the custom, have undergone circumcision in adulthood after migrating to, or marrying, spouses from areas with a high prevalence of female circumcision (Abusharaf 2009, pp. 104-105).

4.4 Rituals around FGM

Traditionally, circumcisions have been marked by a celebration attended by female relatives on the day itself of or the day after. If boys too have been circumcised, male relatives will also participate (El Dareer 1982, p. 25). In some areas, the celebration acts as a rite of passage, where the girl is dressed in a wedding dress, has henna applied and receives (monetary) gifts. According to Professor Nafisa Bedri (interview April 2021), however, the marking of the circumcision has in recent years taken on a more private character, both as a result

[16] That the operation is carried out during a holiday is also linked to the fact that recovery after the operation takes time. In order for the wound edges to grow together satisfactorily after a traditional infibulation, the legs of the girl are tied together for a period of 15 to 40 days (El Dareer 1982, p. 2).

of the state bans and the introduction of the requirement that midwives swear not to perform female genital mutilation (see Chapter 5.1.3).

Even if the procedures are no longer publicly known, it will generally be known within the family and among close neighbours whether a girl is circumcised or not. This is partly because close family members are often involved in the decision-making process and also because this is something young girls themselves are interested in and talk about (Nafisa Bedri, interview April 2021).

5 Attitudes towards FGM

There is significant, but gradually diminishing, support for FGM in Sudan. According to MICS 2014 (p. 218-219), 41% of women aged 15-49 who have undergone FGM said they thought the practice should continue, while 53% thought it should stop. In comparison, 48% of respondents in MICS 2010 (p. 207) say that they wanted the practice to continue.

However, the fact that the mother is against the practice does not necessarily mean that the daughter remains uncircumcised. In the secondary analysis of MICS 2014, Thiam (2016, p. 55) reports that on a national level there was only a weak correlation between the mother's attitudes to the practice and whether or not the daughter is circumcised. This underlines that the practice is deeply rooted in culture, and that whether the intervention is carried out depends on more factors than the mother's attitudes to the practice (see chapter 4.2).

There is no numerical data in the above studies that say anything about men's attitudes. Landinfo considers that there is reason to assume that it does not differ from women's attitudes too much. However, similar studies done in Egypt show that men's support for continuing the practice was somewhat greater than women's (Landinfo 2015, p. 16).

5.1 Variation based on socio-economic and demographic conditions

The results from MICS 2014 show that there are large variations in women's attitudes to FGM based on socio-economic and demographic variables.

5.1.1 Social class

There is a clear link between the socio-economic situation and support for FGM. In MICS 2014, respondents are divided into five groups according to their wealth and standard of living.[17] In the least prosperous group, less than 2/3 of

[17] On wealth quantiles in MICS 2014, see footnote 6.

respondents said they believed that FGM should continue. Support for the practice declines steadily with higher levels of wealth and is down to below 1/4 among the most affluent group (MICS 2014, p. 219).

5.1.2 Level of education

There is also a clear correlation between women's level of education and their attitudes to FGM. Around half of the respondents with no education or only primary education reported that they supported the practice, while 1/4 of those with secondary education and less than 1/5 of the surveyed women with higher education reported that they supported the practice (MICS 2014, p. 219).

5.1.3 Urban/rural background

There is significantly higher support among women for FGM in rural than in urban areas. The lowest support is found in Khartoum, where less than 1/4 of respondents thought that the practice should continue (MICS 2014, p. 218).

5.1.4 Age

However, there is relatively little variation between age groups. In the age group 15-19 years, 39% of respondents thought that the practice of female circumcision should continue, while 43% thought the same in the oldest age group 45-49 years (MICS 2014). This suggests that class affiliation, level of education and place of residence have more to say about one's attitudes to FGM than age.

5.2 Arguments for continuing FGM

Female circumcision has deep roots in Sudan, particularly in the Nile Valley and Red Sea areas. At the same time, the arguments for (continuing) the practice are varied and complex.

Female circumcision is linked, in particular, to strong cultural notions of purity, where the clitoris is considered a "dirty" and "masculine" organ, as opposed to the infibulated abdomen, which constitutes the feminine, moral and aesthetic ideal (Abusharaf 2009, p. 89-91). This is also evident from the most common Sudanese term for circumcision, *tahur*, which in English means "clean" or "purification".

The practice is also underpinned by strong social and moral norms that women's chastity reflects the honour and reputation of the whole family (Landinfo 2014). Circumcision is considered to temper the sex drive, and infibulation specifically to guarantee virginity until marriage. An underlying motive for continuing FGM is fear, both that uncircumcised daughters will harm the family's reputation and that the daughter will not be an acceptable marriage candidate. In a society where

families depend on their good name, and where marrying and starting a family is seen as something almost naturally given, daughters' opportunities in the marriage market are very important when parents make decisions related to upbringing (Gruenbaum 2020, p. 40).

Furthermore, it is a widespread belief in Sudan that circumcision is recommended or mandated in Islam. In a recent quantitative study, it was found that 1/3 of respondents considered the practice to be a religious duty (Eldin et al. 2018, p. 19, 25). Among Islamic scholars, there is a split between those who believe that the practice does not (any longer) have theological coverage and those who believe that the less extensive sunna circumcision is recommended in Islam (Gruenbaum 2005, p. 94-95). Support for sunna circumcision from the religious community has recently been particularly linked to Salafist milieus in Sudan, which have in particular opposed a ban on the practice at state level (Tønnessen, El-Nagar & Bamkar 2017).

6 Change over time

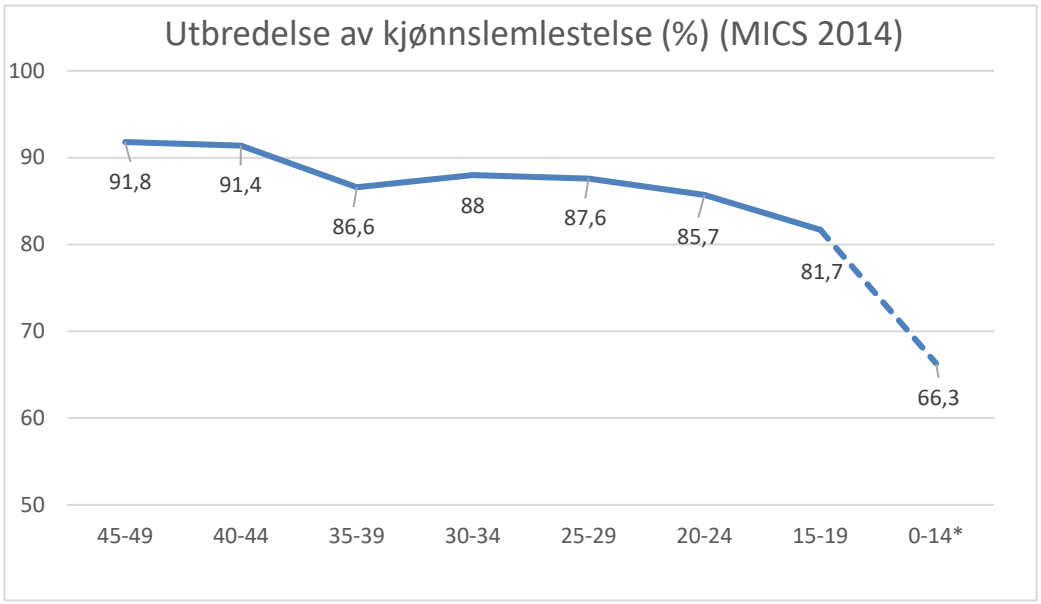
6.1 Decline in prevalence

Changes in attitudes to female genital mutilation are reflected in a slow decline in the practice. According to figures from MICS 2014 (p. 215), the trend has been a steady decline from the oldest age group 45-49, where 92% claim to be circumcised, to the age group 15-19, where 82% claim to be circumcised.

On the basis of the data for circumcised girls between 0-14 years in MICS 2014, Thiam conducted a statistical analysis[18] of how many girls in this age group will be circumcised. The analysis found that 66% of girls will be circumcised by the age of 15, and that the decline is greater in urban than in rural areas, with estimated rates of circumcision of 56% and 71% respectively (Thiam 2016, p. 41-42). The results from the analysis are only a statistical estimate, and it is therefore necessary to treat the figures with caution.

[18] The analysis consists of a correction of the observed estimate of the proportion of circumcised girls/women aged 0-14 years using the Kaplan-Meier method, as more of the girls in this age range are expected to be circumcised in the future. To correct the estimate, Thiam uses what we know about the age range of circumcision in the different states and data from MICS 2014 on the prevalence of FGM for the age group 0-14 years. For more on the methodology, see Thiam (2016, p. 41-42).

Figur 6.1 Prevalence of FGM (%), women 15-49 years (MICS 2014)



*The figure for the age group 0-14 is a corrected estimate of how many girls/women in this age group will be circumcised when they reach the age of 15 and is based on figures from MICS 2014 (Thiam 2016, p. 61-62).

The decline in the prevalence of genital mutilation is supported by a comparison of the proportion of circumcised girls aged 0-14 between the three most recent Demographic and Health Surveys – the Sudan Household Health Survey (SHHS) of 2006 (43%), the subsequent SHHS 2010 (37%) and MICS 2014 (31%). Figures indicate that 26% fewer girls in this age range were reported to be circumcised in 2014 than in 2006 (Thiam 2016, p. 66).

Sudan has seen major political changes in recent years. Popular uprisings led to the forced resignation of former president Omar al-Bashir in April 2019, culminating in the establishment of a civilian-led transitional government in late summer of the same year. In addition to political unrest, the country has been hit by the coronavirus pandemic, and both these factors have hindered the continuity of the various programmes and projects combating FGM. It is too early to conclude whether this has led to a negative trend in the proportion of circumcised girls/women, but Professor Nafisa Bedri (interview April 2021) has told Landinfo that it is not unlikely that the restrictions on projects against genital mutilation have led to a backlash in some communities.

6.2 Change in type of FGM

There has been a decline in the proportion of girls undergoing infibulation, in favour of less intrusive types of FGM. Infibulation, however, remains the most common form of genital mutilation in Sudan.

The MICS 2014 distinguishes between three types of circumcision: abdominal cutting without abdominal ligation (corresponding to WHO type I), abdominal ligation (types I and II) and infibulation (type III). The results of the study show that there has been a slight decrease in the proportion of circumcised women exposed to infibulation, from 82% of those circumcised before 1980 to 72% among those circumcised after 2000 (Thiam 2016, p. 22).

The shift to less intrusive circumcisions is probably related to increased awareness of the negative health effects associated with infibulation, and the effects of campaigns aimed to minimise the harm of circumcision rather than ending the practice altogether.

6.3 Change in the age at which circumcision occurs

The sources consulted are not clear on whether circumcision of girls now occurs at an older or younger age.

In the secondary studies of MICS 2014, Thiam (2016, p. 20) found a tendency for more girls to be circumcised at a slightly older age than was previously the case. Of the girls/women in Sudan who were circumcised in the period 2000-2014, 23% were over the age of ten and 5% were aged four or younger. By comparison, in the period 1966-1979, 6% were over ten years old and 18% were four years old or younger. Different local traditions mean that for the individual cases there will be a wide range of variation.

According to Professor Nafisa Bedri (interview April 2021), more interventions are performed at a younger age than before. This makes it even harder than before for the girl to influence the decision herself.

6.4 Change in cultural conditions

In recent years, female circumcision has taken on a more private character. According to Professor Nafisa Bedri (interview April 2021), circumcision is no longer celebrated with parties for (female) family members, but is more often than before performed outside the home or in another city. This follows from a widespread notion, established even before the ban, that the practice had been banned and that circumcisers could be prosecuted. This also means that several of the earlier traditions such as dressing the girl in a wedding dress, applying henna and gift giving are less a part of today's celebrations. Instead, the intervention is more often carried out in secret, and is only made known to family members and close neighbours.

6.5 FGM as a topic of discussion in the local context

The regime change in the summer of 2018 has created a freer climate to discuss political and social issues that were previously considered sensitive. The sources that Landinfo has spoken to agree that the social debate on FGM has become more open, and that the subject can now also be raised in forums where it was not previously socially accepted. However, there are still conservative forces, including certain religious environments, that oppose such a change (Nafisa Bedri and employee of an international organisation, interview in April 2021).

7 Protection from the authorities

7.1 Legislation on FGM

On 10 July 2020, the Sudanese transitional authorities[19] adopted a law amending Article 141 of the Criminal Code, which prohibits all forms of female genital mutilation. The criminal provision has a penalty of up to three years of imprisonment and a fine for the perpetrator (Redress 2020, p. 6). The text of the law does not mention penalties for organising or participating in a circumcision event and is not intended to target family members who organise or order the circumcision. The law does not cover reinfibulation (see Chapter 3.2.1).

There has also been a ban on female genital mutilation at state level in some states in the past, but this has not led to a widespread reduction in the practice or to convictions of those practising female circumcision. Also, there will probably be a long way to go before the new national ban on the practice is enforced.

7.1.1 Experiences from the ban on FGM at state level

After a proposal to introduce a national ban on female genital mutilation in a new Children's Act failed in 2008, the states of the Red Sea, Gadarif, North and South Kordofan, South Darfur and Northern adopted a ban on FGM in the following years (Tønnessen, El-Nagar & Bamkar 2017; UNICEF 2020). Although there has been no ban on female genital mutilation in other states, it has been a relatively

[19] The civilian-led transitional government took control of Sudan in August 2019, after a popular uprising toppled the Bashir government in April 2019 and the subsequent Transitional Military Council in summer 2019. The transitional government, made up of a coalition of civil society actors, representatives of rebel groups and Sudanese military forces, has embarked on several reforms aimed at improving human rights and political participation (Young 2020). The transitional government will run the country for 39 months until November 2022, when elections will be held for a new National Assembly.

widespread belief that the practice has been banned, including in Khartoum (Bedri et al. 2018).

The statutory provisions in the different states are drafted differently, for example as regards what type of FGM is prohibited, whether a breach of the law carries a penalty and who can be punished. However, the states have in common that the ban has been minimally enforced. In an attempt to find indictments with a background in the state prohibitions, for example, the organisation 28 Too Many found no relevant examples to point to in its report on genital mutilation and legislation in Sudan (28 Too Many 2018, p. 5). In a review of the anti-FGM law in the Red Sea state, a group of researchers from the Christian Michelsen Institute concluded that the law has little effect and is considered a "paper tiger" (Tønnessen, El-Nagar & Bamkar 2017).

The prohibitions seem to have had an effect, however, as a qualitative study on the prevalence of female genital mutilation in Khartoum and Gadarif found several examples of the law's enforcement leading to greater secrecy about the practice. The authors of the article conclude that the ban on FGM could lead to a decline, but also to the practice going underground (Bedri et al. 2018, p. 12; see also chapter 5.4).

7.1.2 Experience from the national ban on FGM of 2020

There have been no comprehensive evaluations or studies of how the national ban has so far affected the incidence of FGM, nor is there an overview of the number of charges brought against perpetrators of the practice. However, an anecdotal example shows that at least one arrest has taken place. An employee of an international organisation referred to a case where a midwife had been reported and detained by the police in South Kordofan (interview in April 2021). Landinfo is not aware of the circumstances of the arrest or whether charges have been brought in the case.

7.2 State (and non-state) work against FGM

Activists and local and international organisations have been combating FGM in Sudan for a long time. However, their working conditions have been affected by changing attitudes to the practice within the regimes that have governed the country.

Nevertheless, the Sudanese authorities became more involved in the fight against FGM in the 2000s. In cooperation with international and local organisations, the authorities developed a national strategy for the period 2008-2018 with the aim of moving away from the practice within one generation. The initiative included several information campaigns targeting families and influential persons in

selected communities, and infomercials concerning FGM broadcasted on national TV channels (Ahmed, Al-Hebshi & Nylund 2009).

The Saleema initiative is the most internationally known of these campaigns and has been present in communities in all Sudanese states.[20] The initiative aims to challenge and change collective norms that link circumcision to family honour and thus link the practice to daughters' opportunities in the marriage market. As part of this, the campaign has introduced the concept of *salima*, which in Arabic means "healthy" or "whole", to describe girls/women who are not circumcised. In communities where the Saleema campaign operates, public meetings are held on the issue of circumcision, while families who have abandoned the practice are encouraged to publicly announce that they will no longer circumcise their daughters (Evans et al. 2019, p. 3).

Another measure is public midwifery training, where educational institutions require newly trained midwives to take an oath that they will not perform female genital mutilation (Bedri et al. 2018, p. 4).[21]

Although parts of the Sudanese government, including the Ministry of Health and the National Council for Child Welfare (NCCW), have supported work against FGM, this has not necessarily been supported or prioritised by other parts of the Sudanese government (Gruenbaum 2005, p. 101). A telling example of this is that the state bans on FGM have been given little priority or enforcement, and that the practice has apparently been allowed to continue unabated. This dynamic is also evident in Sudan today. It remains to be seen to what extent the progressive legislation of the civilian-led transitional government in Khartoum, including the national ban on FGM, will be followed up by local police and judicial authorities.

8 Social consequences of not performing FGM

8.1 Who decides whether circumcision should be carried out?

Female circumcision has traditionally been a female domain. It has been the mother and other female family members who have decided when, where and what type of circumcision to perform, and who have been present during the circumcision itself. In recent decades, however, men, and particularly fathers,

[20] A UNICEF note from 2009 states that the campaign, including through TV and radio, was estimated to be reaching seven million people by 2009 (Ahmed, Al-Hebshi & Nylund 2009, p. 21)

[21] However, many midwives interpret the oath to be primarily about infibulation and that it does not necessarily include sunna circumcision (Bedri et al. 2019, p. 5).

have become increasingly involved in decisions about the circumcision of their daughters.

A recent study found that decisions linked to circumcision take place on the basis of discussions over time among family members, and to a lesser extent with neighbours, health professionals and religious leaders.[22] In line with conventional wisdom, the study showed that it is still mainly the women of the family who are the initiators and who make the practical preparations for the surgery (Eldin et al. 2018, p. 15-16). Where previous studies have identified grandmothers as drivers of the continuing practice of female circumcision (Berggren et al. 2006, p. 30-31), this study, however, found that mothers were more often perceived as important decision makers than the grandmothers. In cases where the surgery was performed, the study still shows that grandmothers are more than often seen as important decision makers (Eldin et al. 2018, p. 33). Based on this, Landinfo considers there is reason to assume that the involvement of the grandmother, and the parents' real room to maneuver, varies considerably from family to family.

For their part, fathers are most often responsible for paying for the circumcision, while 1/5 report that fathers also participate in the actual organisation of the surgery (Eldin et al. 2018, p. 15-16). When it comes to the decision-making process, the father is generally less involved than the mother. However, he seems to play a greater role in cases where a decision is made not to circumcise than the opposite. Participants in the study found that the father participated in the decision in 2/3 of cases where the parents chose not to circumcise, compared to less than 1/3 of cases where the parents chose to carry out the surgery (Eldin et al. 2018, p. 23-24). A qualitative study of 16 families who abandoned the practice of FGM in Kassala also found that the fathers of these families had played an important role in the decision not to circumcise their daughters (Bedri & Mohammed 2020, p. 16).

Gender and sexuality are, of course, also common topics of conversation among adolescent girls in Sudan. The wish to be circumcised may therefore also come from the girl herself due to social pressure among young adults who have undergone or are planning to undergo FGM (Nafisa Bedri, interview in April 2021).

8.2 The parents' voice in important decisions on behalf of their children

Decisions on circumcision do not take place in a social vacuum, but are influenced by strong norms that link the custom to traditionally important values in Sudanese society such as chastity, virginity and purity. The custom is also

[22] The study used both quantitative and qualitative methods and collected data in two rural and two urban areas in the states of Khartoum and Gadarif in 2014 (Eldin et al. 2018).

linked to basic identity issues, such as what it means to be a Sudanese and Muslim woman (see for example Abusharaf 2009, p. 88-98).

Breaking with established social norms can be controversial and, in many cases, may provoke reactions from the environment. Neither the written source material nor Landinfo's interviews with local sources provide information on cases where parents in Sudan have been subjected to violence by family members or others as a result of not having circumcised their daughters. It is equally clear that parents who choose not to circumcise their daughters may be subject to considerable pressure from their extended family and immediate environment. For example, in the above study of 16 families from Kassala and Khartoum, several of the participants reported that they had encountered social consequences in the form of exclusion and harassment, from both family members and others in the community (Bedri & Mohammed 2020).

What and how high the social costs will be for parents who oppose circumcision will of course vary in line with the attitudes of the extended family and the immediate environment to the practice. If the family lives in an environment of cultural homogeneity and a high degree of social control where "everybody knows everybody", for example in rural areas, it will be harder to resist the expectations and pressures of the environment than if the family lives in an ethnically, culturally and socially complex environment in a more urban setting, where people are less likely to follow the actions of others. The parents' ability to make independent decisions for their daughters will also depend on the social and economic resources available to them. For example, a rural parent who is dependent on family networks has less room for manoeuvre to oppose the wishes of the extended family than an urban parent with an education and a steady job.

It must be stressed that these are general considerations, and that the choice to circumcise daughters is complex. It is therefore hard to predict that a given set of parameters (ethnic group affiliation, parental attitudes, degree of economic independence, relationships with extended family) will automatically lead to a given outcome when it comes to the parents' choice to circumcise girls.

8.2.1 Do other relatives perform FGM on girls against the parents' will?

Landinfo is aware of a few anecdotal examples of relatives overturning a parent's decision not to circumcise a daughter and organising the procedure on their own in the absence of the parents (Gruenbaum 2016, p. 43; Nafisa Bedri, interview in April 2021).

8.3 Sanctions against girls and women who are not circumcised

8.3.1 Teasing, bullying and harassment

Several studies from Sudan mention that there is a widespread notion that women who are not circumcised are impure and unable to control their sexual desires (see for example Abusharaf 2009, p. 91-95; El Dareer 1982, pp. 73-76; Eldin et al. 2018, p. 19-20, 29-31).

A common and derogatory term for an uncircumcised woman is *galfa*, which implies that the woman is impure and promiscuous. There are also several local abusive terms, for example, a respondent in a study from Gadarif reported that uncircumcised women in the area were named after a local foul-smelling stream (Eldin et al. 2018, p. 20).

There are no quantitative studies highlighting regional prevalence or social differences in the use of derogatory terms on uncircumcised women. However, in the above study of 16 families that have abandoned the practice, several of the respondents reported that their daughters had been referred to as *galfa* by those around them (Bedri & Mohammed 2020, pp. 17-19).

8.3.2 Problems related to marriage

The fear that a non-circumcised girl will have problems to marry is an important reason why parents choose to circumcise their daughters, even in cases where they are initially sceptical about the practice and are aware of the negative health effects of FGM (see Chapter 4.2). This issue has been extensively described in several anthropological studies, see for example Gruenbaum (2020).

However, in quantitative studies where reasons for FGM have been investigated, consideration of marriage options is less frequently given than other reasons such as tradition, religion and virginity. In the Khartoum and Gadarif study, for example, 16% of those who had circumcised a daughter said they did so for marriage opportunities, while 52% justified it by tradition (Eldin et al. 2018). This may be due to the fact that stating tradition and religion is more obvious to the respondents, and that it in any case implies marriage opportunities, as an upbringing in line with prevailing social norms constitutes generally valued qualities when choosing a spouse.

However, there are some signs that the picture may be changing. For example, in the qualitative study of 16 families who had abandoned FGM, one of the families stated that the daughter's status as uncircumcised was the reason why the husband wanted to marry her (Bedri & Mohammed 2020, pp. 20, 23). In another study of students at the University of Nyala (South Darfur), 75% of male respondents said they would prefer to marry an uncircumcised woman. Paradoxically, 65% of the

same sample said they wanted to circumcise their own daughters (Akbas et al. 2019). This contradiction illustrates the fact that views on female circumcision are complex, and that the notion of daughters' honour is strongly linked to the perpetuation of FGM in Sudan.

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