

*Balancing Micro-Level Intervention and Macro-Level Change: The Case of Safa Nour, the Desert Flower Foundation, and the Fight Against Female Genital Mutilation*

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**Abstract:** Safa Nour is a Somali girl who was raised and lives in Djibouti. As a young girl, she performed as the child version of Waris Dirie, a Somali anti-female genital mutilation (FGM) activist and retired high-fashion top model, in the film *Desert Flower*. As a young child, Waris Dirie was subject to female genital mutilation, which is widely practiced in Somali culture. For Safa to act in the movie, her parents were required to sign a contract with Dirie's Desert Flower Foundation to pledge that their child would not undergo FGM. In exchange, the family would receive living provisions and healthcare coverage, and Safa's education would be funded by the foundation. However, Safa's risk of undergoing FGM persisted as her family dealt with the social repercussions of not having their daughter mutilated. Upon arrival to visit Safa's family in Djibouti to ensure the contract was not broken, the Nour family pled for Dirie and the Desert Flower Foundation to assist them in migrating to Europe, so they could uphold their contract of not having Safa mutilated. Ultimately, Dirie and the Desert Flower Foundation faced a challenging issue: ensure Safa's individual safety and assist the Nour family in relocating to Europe or invest in broad anti-FGM impact in Djibouti and leaving Safa's safety undetermined. Waris Dirie went on to write a book, *Saving Safa*, describing Safa's story as a young girl living in the slums of Djibouti City, cultural consequences the Nour family faced by not having their daughter mutilated, and their pleas for the Desert Flower Foundation to support their transition to a better life.

### **A Note on Terminology**

In this case study, I use the term Female Genital Mutilation (FGM) to refer to the genital cutting practice that many women are subject to, including the East African region discussed in this case. In *Saving Safa* and in the discourse of the protagonist, Waris Dirie, the practice is referred to as Female Genital Mutilation (FGM). I chose to remain consistent with the terminology used in these primary sources, as well as by the Desert Flower Foundation. Some secondary sources referenced in this project use the term FGM, while others adopt terms such as Female Genital Cutting (FGC), Female Genital Cutting/Mutilation (FGC/M), and Female Genital Mutilation/Cutting (FGM/C), due to ongoing discussions regarding the term "mutilation" and its possible implications on affected communities due to stigmatizing language.

### **Introduction**

The 2009 film *Desert Flower* captured the early life of the protagonist and author of *Saving Safa*, Waris Dirie, and her journey from fleeing Somalia as a young girl and living on the streets

of London, to being a successful top model and eventually an anti-Female Genital Mutilation (FGM). The young girl cast for the role of Dirie was Safa Nour, who was from Balbala, the slums in the outskirts of Djibouti City. Like most young girls in Djibouti, the societal expectation was for young Safa to undergo female genital mutilation. In Djiboutian culture, most girls are infibulated, which is generally accepted as the most severe form of FGM; it includes the removal of the labia minora and majora, often coupled with the removal of the clitoris, and sewing the vaginal opening. FGM of all kinds is a violation of human rights and is a major issue that the United Nations' Sustainable Development Goal #5, Gender Equality, is addressing on an international level.

During selections for the film's cast members, the production team sought local actors in Djibouti, where the film was being produced. Through the selection process, they discovered Safa and contacted her family. Safa's family was very poor and lived in the slums of Djibouti City in makeshift homes and lacked access to basic resources, such as adequate supplies to food, water, and hygiene. Safa's brother suffered from chronic asthma resulting from pollution, and the family could not afford proper treatment. The family was presented with a contract, which would ultimately assist their family economically and provide opportunities for all of their children to advance in society through enrollment in private school. In exchange for economic assistance, the Dirie family was required to sign a contract that they would not have their daughter Safa mutilated. After much consideration, her family accepted this offer and agreed that Safa would never be mutilated, despite the family's belief in FGM. Safa and her family were ridiculed for not conforming to the harmful practice as contractually obligated to. Throughout Safa's childhood, she was discriminated against by children and families in her community. Despite the assistance the Nour family received, Safa was still at risk for undergoing the FGM procedure. Ultimately, the Nour family, especially Safa's father Idriss, pleaded that the cultural expectations in Balbala were too persuasive, and that they must be relocated to Europe. The family was under the assumption that a relocation to Europe would solve all their socioeconomic issues, which is often not the case for immigration from low-to-middle-income countries to high-income countries. Waris Dirie and the Desert Flower Foundation had to weigh a difficult decision: invest in ensuring Safa's safety and assist her family in moving to Europe or continue to support the family in Djibouti and invest in other initiatives to save more girls from FGM. Overall, the *Desert Flower* book highlights dissonance between the connection Waris Dirie has to Safa and her individual safety, and the DFF's ultimate goals of FGM elimination on a global scale.

### **Understanding FGM in Djibouti Through Epidemiological, Social and Legal Perspectives**

Female genital mutilation (FGM) is an issue affecting women and girls globally. The 2023 Annual Report of the FGM Joint Programme by the United Nations estimates that greater than 230 million girls and women have undergone FGM, with millions more at risk each year, predominantly in Africa, the Middle East, and Asia (United Nations Population Fund 2006). It is performed across many communities, regardless of religion (Little 2003, 30-34). In Djibouti, a primarily Islamic country, the prevalence of FGM among girls and women ages 15 to 49 in 2006 was approximately 93%, with 67% of these cases being the most severe type, infibulation (United Nations Population Fund 2006). Infibulation, or Type 3 FGM, is the "narrowing of the vaginal opening through the creation of a covering seal ... 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," as defined by the World Health Organization (World Health Organization n.d.).

There are significant health risks for undergoing FGM, including, but not limited to, pain, hemorrhage, infection, urinary issues, pain during intercourse, complications during childbirth, need for later medical interventions, and even death (World Health Organization n.d.). This procedure often intends to reduce pleasure from sexual acts so that women do not engage in infidelity or premarital sexual acts (Dirie 2013). FGM is primarily cultural in Djibouti, as national laws in Djibouti outlaw the practice, but the laws are rarely enforced due to the high prevalence of the practice (Dirie 2013).

An article published in the *Journal of Cultural Diversity*, *Female Genital Circumcision: Medical and Cultural Considerations*, discusses the role that women play in perpetuating FGM. In most instances, it is the women who uphold the tradition and believe “genital alterations improve their bodies and make them more beautiful, more feminine, more civilized, and more honorable” (Cindie 2003). The family structures in Djibouti uphold that fathers make financial decisions for the household, and do not intervene in traditional choices such as FGM. The 2023 Annual Report of the FGM Joint Programme by the United Nations reaffirms these claims with data from Djibouti, such that in Djibouti, only “51% of women think FGM should stop,” and that FGM is decided by women and that men view it as a “women’s issue” with which they do not intervene (UNFPA-UNICEF 2024, n.p.). Thus, in Safa's family structure, the decision for Safa to undergo FGM is her mother’s, yet financial considerations for the household are her father’s.

### **From Survivor to Global Advocate: The Making of Waris Dirie**

Waris Dirie is a successful and prominent anti-FGM activist. She was born in Somalia in 1965 to a pastoralist nomadic family who forced her to undergo FGM at five years old. Before the mutilation took place, Dirie was treated as special and given extra food at dinner. Often, the ritual itself is not explained to the girls that must undergo it, but they expect something “special” is going to happen. Dirie was mutilated in the desert with a used and rusty razor blade and sewn together with thorns and white thread. Dirie described the ritual as torture, and she lost consciousness from the pain. After, her legs were tied together. A small shelter was made, where she stayed for the next few weeks. During this time, she got an infection and developed a severe fever, where she “faded in and out of consciousness” (Dirie 1999, n.p.).

Growing up in a nomadic city in the desert, she spent a lot of time traveling through the Somali desert with her family. At thirteen years old, she was set to marry a man who was at least 60 years old, which Dirie’s father described as “the best kind ... too old to run around ... not going to leave you” (Dirie 1999, n.p.). She escaped the marriage by fleeing in the middle of the night, as her mother woke her and told her she must go while her family was sleeping. Dirie crossed the Somali desert to Mogadishu, the capital of Somalia. She didn’t have food, water, or even shoes for her weeks-long journey. In the city, she located family, as her well-established mother was originally from the city before betraying her parent’s wishes and marrying a nomad. Dirie stayed with her aunt Sahru, and was later introduced to her aunt Maruim’s husband, Mohammad Chama Farah, who was the Somali ambassador in London. Dirie offered to be his maid in London, and he prepared a passport for her and brought her to the UK.

Once in London, Waris Dirie worked as a maid in her uncle’s living quarters through her teenage years. She was treated as such, despite living with her maternal aunt and uncle. Once her uncle’s term as an ambassador was over, her family returned to Somalia, but Dirie refused to return. Instead, she found herself living in the YMCA, working at McDonald’s, and attending a free language school, as she didn’t speak English. Previously, she had been approached by a

photographer who gave Waris a business card. One day, she gave the phone number a call and found herself in photographer Mike Goss's studio.

I had no idea what to expect, but when I opened the door, I stumbled into another world. ... The makeup woman sat me down and started to work, coming at me with cotton, brushes, sponges... I stared in the glass. My face was transformed, all golden, silky... I heard a click, followed by a loud pop, which made me jump. The flashes went off; the lights blazing for a split second. Somehow the lights made me feel like a different person. (Dirie 1999, n.p.)

Dirie was then recruited by Terence Donovan, and she was selected for the cover of a yearly edition of Pirelli calendars that featured African models. As Dirie describes, she quickly became a prominent face in European high fashion, notably appearing in Revlon, Elle, Vogue, and more marketing campaigns (Dirie 2013, n.p.).

In the early late 1990s, Waris shifted from her modeling career to anti-FGM activism. At the time, she had already achieved success in the modeling field as a sought-after model for well-recognized brands. A writer for a fashion magazine requested an interview with Dirie for an article, and Dirie suggested a more personal story about her background, saying, "all of that fashion model stuff's been done a million times. If you promise to publish it, I'll give you a real story" (Dirie 1999, n.p.). In this article, she spoke about her mutilation, which was not a widely known issue among the Western world at this time; in fact, most of Dirie's close friends did not know about this part of her past (Dirie 1999, n.p.). After the article publication in the 1990s, she started speaking more on the issue, and then in 1997 the United Nations Population Fund reached out to ask Dirie if she would join the fight against FGM. She has since held roles on the governmental level for the United Nations, written books on FGM, and became the protagonist and vision for the biographical film *Desert Flower*, which depicted her experiences and raised awareness against FGM. Today, her Desert Flower Foundation, which has been operating since 2002, combats FGM on individual, community, and systematic levels (Desert Flower Foundation 2025).

### **Protection Through Contract: Ethical Intervention in Safa Nour's Case**

The 2009 *Desert Flower* film depicts the life of Waris Dirie and her rise as a famous model. A key feature of the movie was the infamous circumcision scene, which recreated her traumatic mutilation and was the role that Safa Nour acted in. For the role of her younger self, Dirie and the producers sought out a young girl who embodied characteristics of a future changemaker, such as sass, intellect, curiosity, and personality. During the recruitment process of young children in Djibouti in 2009, the production team discovered Safa Nour. A mother of two other children auditioning for the role brought Safa along, since she was babysitting her for the day. When the production team met Safa, no older than four at the time, they knew she was the one for the role; her rebellious, outspoken attitude made her stand apart from the others and was similar to Waris Dirie's personality. The producers sought her family's approval for their daughter to act in the film in exchange for provisions supporting their family, healthcare coverage, and education for their children, and ultimately the agreement that they would not have their daughter mutilated. The production team was dissuaded from contacting Safa Nour's family by the mother that was babysitting Safa as Safa's family was highly religious and likely would not sign a contract to ensure they would not mutilate their daughter. However, after discussing the benefits of this agreement, Safa's father agreed and signed the contract (Dirie 2013).

At three years old, young Safa was filmed in a staged simulation of the traumatic mutilation that changed Waris Dirie's life, just as it did for a projected 8,000 girls each day (Dirie 2013). In exchange, Safa would never be forced to undergo FGM herself. Safa would become educated at a high-quality school and have agency over her life. Her family would not have the economic pressure to marry her off because of the provisions they would receive from the Desert Flower Foundation; thus, they would have less pressure to mutilate her. At least, this is what her parents agreed to uphold in their contract with the Desert Flower Foundation (Dirie 2013).

### **When Protection Is Not Enough: Safa's Ongoing Risk**

Four years after the *Desert Flower* film, Waris Dirie wrote a book, titled *Saving Safa*, which discusses Waris Dirie's continual support of Safa after the filming of *Desert Flower*. Although Safa's parents signed a contractual agreement that they would not have their daughter mutilated, Safa continued to be at risk for having this procedure done to her. In a letter written to Waris Dirie a few years after the film was produced, Safa exclaimed that she was worried her parents would have her mutilated. As a young child, Safa knew that female genital mutilation was a horrific act, and she wrote her concerns to Dirie about being mutilated with the help of her local Desert Flower Foundation correspondent in Djibouti. However, she felt the effects of being singled out and bullied by other kids for being 'different' because she was not circumcised. She also understood that her family faced pressure from the community and that, ultimately, she would not be accepted by her community based on nonconformity to their traditions. The text below is an excerpt from the letter that young Safa Nour wrote to Waris Dirie, highlighting her concerns:

When we play on the street, the children run away and curse and say bad things... Maman and Papa also argue because of me and Maman cries a lot, Safa is a disgrace, she is not circumcised! And Papa gets very cross. (Dirie 2013)

Once Dirie read this letter, she immediately arranged to go to Djibouti and check on Safa and her family. Dirie was afraid that Safa could have already been mutilated and that the circumcision scene she had acted out as a young child could be her reality.

Upon arrival in Djibouti, Dirie and her team went to pick up Safa from school. Then, they departed to meet with Safa's family in Balbala, the slums on the outskirts of Djibouti City. Upon arrival, the family was waiting outside of their tiny, rundown shack. Dirie greeted the family, but she only received staring eyes and silence. Safa's father, Idriss, approached Dirie and immediately stated that his family could no longer live in Djibouti and demanded that she must take the family back to Europe with her. She put the conversation off until the next day, when she invited the family for dinner at her hotel in Djibouti City.

At dinner the next day, Safa's father, Idriss, continued to demand that the Desert Flower Foundation help relocate the family to Europe. Idriss was unaware that moving to Europe would not automatically afford his family a better life. With few employable skills, the family would continue to face relative poverty. Further, despite Idriss's interest in moving to Europe, he was unapproving of Europe's relaxed morals compared to those in Djibouti. When Idriss discovered Safa swimming in the hotel pool with Waris in a bathing suit, he had an adverse reaction.

Even if I had allowed her to go swimming, she would have had to wear a long T-shirt and trousers. Not a bathing suit! ... We are not in Europe, with the shameless unbelievers. (Dirie 2013, p. 76)

In many instances, Idriss' attitude made it clear that integration to Europe would be complex, considering his religious and conservative ideas. Transitioning the Nour family to Europe would not be the simple fix for the issues they faced in Djibouti, including pressure from their community to conform to FGM, as well as economic issues of living in the poverty-stricken slums of Djibouti City. Further, the Desert Flower Foundation's investment in relocating the family would be costly and ultimately only protect one family from the horrific acts of FGM, leaving many other girls behind to suffer the same fate Dirie did.

Shortly after Dirie's uncanny interaction with Idriss, Safa was brought to Dr. Emma Acina, her pediatrician, who performed regular checks to ensure that Safa had not been mutilated. The contract stated that she must be checked by the doctor six times per year. Considering Dirie's concerns that Safa had already been cut, she met with the doctor, who ensured that Safa's genitalia was still intact. The doctor also mentioned that she was starting to see fewer girls with pharaonic circumcision, also known as infibulation or Type III circumcision, which is the complete removal and sew-up of the genitals. (World Health Organization n.d.) She explained that although FGM had been banned in Djibouti, the laws are rarely enforced, as the practice is so common that almost every family would be punished if the law was properly enforced. Dr. Acina described her experiences as a pediatrician seeing cases of FGM.

[Y]ou can't imagine the awful injuries I see here every day... chronic inflammation of the vagina, bladder or kidneys. Girls with tumours the size of tennis balls growing on scar tissue... women unable to pass urine, and others whose mutilation has made them incontinent. Young children who can't get a wink of sleep because of the pain. (Dirie 2013, 82)

After meeting with the doctor, Safa stated that she never wanted to be circumcised because she didn't want to be sick like the other young children in the waiting room, and that she did not care if she got made fun of by other children and members of her community. (Dirie 2013)

### **Tradition as Enforcement: Community Mechanisms Sustaining FGM**

FGM is a foundational practice in Djiboutian and Somalian culture, which are bordering countries. FGM is highly variant, with multiple forms of the practice ranging from removal of the clitoris to total removal of the labia minora and majora and mechanical closure of the vaginal canal. Both Djibouti and Somalia face some of the highest prevalence of FGM in the world, with the last recorded prevalence among women aged 15 to 49 being 93% and 98%, respectively (UFPA-UNICEF 2024). Both countries practice Islam, but FGM is not promoted or accepted in the Muslim Qur'an (Rouzi 2013, 87-92). Nonetheless, it is practiced by many religious groups in Africa, including Islamic, Christian, and various Indigenous or tribal communities. Religious leaders often assert that the practice is accepted and promoted in religious texts, but this is a false narrative used to weaponize religion to justify and continue the practice (Dirie 2013). Religious leaders use their power in the community as a mechanism to continue a traditional practice whose origins are not well understood. A survey conducted among traditional birth attendants and women in Djibouti

found that the reasons for continuing the practice included “tradition/culture (34%), religion (30%), revenue (15%), and family pressure (11%)” (Martinelli JE Ollé-Goig 2012; n.p.).

Djibouti has historically faced political and economic instability, especially as a former French colony in post-colonial times. With minimal availability of natural resources or industries employing the people of Djibouti, they are faced with great hardship. Oftentimes, fathers will choose to sell their daughter through arranged marriages to continue supporting other family members. The cultural expectation is for the bride to be “cut” or subjected to FGM, or she will be less marriageable. As Dirie described in an interview, “Paying the gypsy woman for this circumcision is one of the greatest expenses a household will undergo, but it is considered a good investment. Without it, the daughters will not make it onto the marriage market” (Dirie 1999, n.p.). In Safa’s case, her parents faced family and community pressure to have her mutilated. Moreover, they were told by their religious leaders that FGM is the way of Allah, yet they did not come to understand the truth of this practice until later.

Despite the education on the harms of female genital mutilation and economic assistance that Safa’s family was given by the Desert Flower Foundation, her mother and father still considered FGM as the best decision for their daughter based on the value that the tradition holds in the community. In this case, the cultural considerations outweighed the economic considerations for the family and personal considerations for Safa. Safa’s mother, Fozia, approached Dirie to discuss her thoughts on the foundation’s deal with her family. She stated that Safa not undergoing FGM was a disgrace to their well-respected family.

You know what happens to women who don’t submit to the traditions. But you don’t care about that; you don’t live here. You ran away! ... we still have to live with this shame that you have laid upon us! Safa is an outsider. In our village—everywhere. We are all outsiders. (Dirie 2013, 103)

Fozia suggested that Safa’s father, Idriss, was on Dirie’s side because he believed the contract and the family’s ongoing cooperation with the DFF would bring his family to Europe to afford them a better life. Fozia asked Dirie “Why do you think Fatouma [Safa’s grandmother] is such a respected woman in Balbala?” (Dirie 2013, 103). Fozia suggested that Safa’s grandmother was a traditional cutter in the Balbala community, which established a fear that Safa was living under constant threat of undergoing this procedure by her own grandmother. Fozia further described that once Idriss’s demands to relocate the family to Europe are not met, he will “bend to his mother’s will” of having Safa undergo FGM (Dirie 2013, pg. 103). Once it was discovered that Safa’s grandmother was a traditional cutter, the pressure for Dirie and the DFF to ensure Safa’s safety became greater. After having Safa act in the traumatic mutilation scene, Dirie sought to protect this young and outspoken girl from FGM at all costs.

### **From Survivor to Organizer: Inab and Emerging Local Leadership**

The Desert Flower Foundation also provided support to a young child Idriss, who played Waris Dirie’s brother in the film, since the DFF sought to continue providing economic assistance to local Djiboutians who acted in the film. Note that Idriss, the actor who played Dirie’s brother, is not the same person as Safa Nour’s father, also named Idriss. The actor Idriss and his sister Inab were invited to dinner with the Desert Flower Foundation alongside the Nour family. At the time, Inab was eighteen and had not yet been married; she cared for her younger siblings and father due to her father’s blindness and inability to work, and her mother left the

family many years prior due to illness. Inab took on the role of homemaker and performed all household tasks for her younger siblings and her father. At the dinner, Inab displayed her interest in engaging in the anti-FGM movement with the Desert Flower Foundation and suggested that an office should be set up in Djibouti. Inab mentioned that many of the younger girls in her village knew about the Desert Flower Foundation and supported their efforts to eliminate FGM. Inab later revealed to Dirie that she had undergone FGM at the age of thirteen. After insistent pleas to her family to not have her cut, she was forced to undergo the procedure (Dirie 2013).

I was thirteen. I had managed to defend myself for years, but by then I just didn't have the strength for it anymore. I kind of passed out as I lay on the floor in the dingy room, waiting for the cutter-woman to pull out her blade... And ever since, I've known that something that hurts so much can't be the will of Allah. (Dirie 2013, 224)

Inab's traumatic experience with FGM ultimately led to her interest in protecting her younger sisters from being cut. Moreover, it led Inab to aspire to become an anti-FGM activist and seek to eliminate the practice in Djibouti. "You managed to get out of here and make something of yourself. And now you're able to help a lot of other women. But I'm trapped here, powerless," said Inab (Dirie 2013, 93). After Inab's suggestion for the DFF to open an office in Djibouti, Safa's father, Idriss, supported the idea and suggested that an office be set up in Balbala, where the family could work to support the foundation. This idea would not only combat Balbala's high prevalence of FGM but also empower the family and enable them to rise out of poverty through a stable and lucrative employment opportunity. Further, it would serve to protect Safa from the mutilation she was at risk of. Inab also stated that she wanted to learn from Dirie and work for the foundation and asked Dirie to bring her to Europe to learn from her. The comment reinvigorated Idriss's pleas for the foundation to help the family immigrate to Europe (Dirie 2013). As Waris Dirie described, "They all believed Europe was a fairy-tale land where there was no hardship. 'You just had to find a way to get there, and all your problems would be solved'" (Dirie 2013, 93). In other words, the family had high expectations of what Europe had to offer based on a limited understanding of the type of mobility that immigration to Europe would afford them.

On one hand, bringing the family to Europe would eliminate the fears that Safa would experience FGM at home in Djibouti. On the other hand, this would not create a solution to the family's poverty. Rather, they would likely face few employable opportunities, possibly food scarcity, inaccessibility to healthcare needs, and a downward mobility for their children in educational opportunities and more. Still, their situation in Djibouti was suboptimal at best (Dirie 2013). Another consideration was the safety of those who spoke out against FGM. In another encounter, Inab stated to Dirie:

I've often spoke [sic] out against circumcision, and everyone knows I stopped my little sisters from being cut. Knowing about the Desert Flower Foundation has given me the courage to do it, because I know I'm not alone. But I'm afraid a lot of people here see me as a danger to their system. (Dirie 2013, 135)

An instance of community retaliation involved Inab not wearing a veil while outside. As she walked by others, they shouted at her and called her a whore, some even threw rocks at her. After her father heard about this instance, instead of being worried for her safety and well-being, he remarked that if she died, there wouldn't be anyone to take care of the family. Furthermore,

teachers threatened Inab by saying her sisters would not be able to take Qur'an lessons due to them being uncut and "impure." As a Muslim family, it was essential to their religious and cultural practices to engage in prayer and learn about the Qur'an, the Islamic holy book (Dirie 2013). Ultimately, Inab's interest in learning from Waris Dirie paved a pathway for the construction of a foundation in Djibouti, as well as an opportunity for a manageable compromise on Europe, which is later discussed (see "Conclusion" section).

### **The Deliberation: Reviewing Empirical Insights on Effective Anti-FGM Strategies**

Was dedicating significant resources to save Safa Nour, one girl among millions at risk of mutilation, justified when those same efforts could have been used to help many more girls at risk of FGM? This was a consideration Dirie had to weigh during her visit to Djibouti. After all, her goal was to eliminate FGM, yet she felt an overwhelming need to keep Safa, specifically, safe (Dirie 2013).

Thirty million girls are under acute threat in Africa alone, and I had to come here to save just one of them ... in the continent's smallest and hottest country. I could just as well have chosen a girl in Kenya, a little Masai; a young Ethiopian; or one of the Egyptian girls who began to emancipate themselves in the Arab Spring. (Dirie 2013, 109)

Waris Dirie also questioned whether she could save more girls with a comparable amount of time and resources, whose situations were not deeply intertwined with community and cultural barriers. Safa's family was highly religious and considered FGM an important tradition and mechanism to afford Safa a good life from their perspective, a life where she would be marriageable (Dirie 2013). Marriage would provide stability for Safa's future that her parents could not give her, given their poverty and limited ability to care for their family, if not for the assistance of the Desert Flower Foundation. Furthermore, given that Safa's grandmother was a cutter who performed the circumcision procedure on young girls in Balbala, there would likely always be family pressure despite education on the harms of FGM and reduced economic pressure.

Dirie considered that the safest thing for Safa was to remove her and her family from Djibouti, as she was at continual risk for mutilation based on her family's traditional practices and proximity to a traditional cutter, Safa's grandmother. Yet, she also exclaimed that relocating the family would not hold Djibouti responsible for this practice, nor would it help the countless other young girls and families faced with the decision to mutilate their daughters.

Even if we could bring this one African family over here, we'd be abandoning the hundreds of thousands who remain behind. And bringing people from Africa to Europe isn't a cure-all ... We have to think of another plan. (Dirie 2013, 170)

Another important consideration was Dirie's personal connection to Safa. Safa Nour was the first girl that the Desert Flower Foundation sponsored. One of the objectives of *Desert Flower* from Waris Dirie's perspective was to use film resources to raise awareness and aid a community affected by FGM. Through filming and recruiting actors in Djibouti, the Desert Flower Foundation made it possible to provide longitudinal support to Safa and her family. Safa was unique in that she played the role of young Waris Dirie, which publicly showcased an accurate depiction of the trauma that Dirie underwent as a child. Dirie felt a great need to continue protecting Safa because

of the traumatic scene Safa re-enacted that ultimately changed Dirie's life forever. Further, Dirie sought to include Safa Nour in the future of the Desert Flower Foundation as her successor.

In Dirie's case, what was the best course of action? Should she help the Nour family escape their harmful practices and poverty by assisting them in immigrating to Europe? Should she continue to support them from afar, risk Safa's safety, a young child with a bright future, with whom she had built such a strong personal connection? Should she open a foundation in Balbala, the slums of Djibouti City, where progress on reducing FGM prevalence was so slow? Should she invest her energy and the foundation's resources in a more manageable project with fewer barriers? These were all considerations that Waris Dirie, and the Desert Flower Foundation had to weigh when choosing the right path to both save Safa and eliminate FGM.

The most significant consideration of FGM elimination in Djibouti is its significance as a community practice. Despite legislative efforts and the United Nations Joint Programme on the Elimination of FGM, which explicitly targets Djibouti and other high-prevalence countries, the prevalence and acceptance of the practice remain essentially unchanged since the implementation of the program in 2008. When a woman in Djibouti is circumcised, she becomes legitimized in the community. Furthermore, the practice relies on its own victims to perpetuate it among their daughters. *Female Genital Mutilation in Djibouti*, published in the African Health Sciences journal, describes that it is "paradoxical but unsurprising that the subjects suffering it also create its demand, otherwise they will not 'belong' into their community and will be ostracized and rejected" (Martinelli and Ollé-Goig 2012, 412-415). Without unanimous community disapproval of the practice, FGM will continue. Given this data, the elimination of FGM in Djibouti would be best solved with community-level intervention by changing the community's traditions and societal norms.

An article published in PLOS Global Public Health conducted a review of existing evidence on FGM interventions, which supported that there were six successful interventions, four of which were on the community level. On the community level, health education, community engagement approaches, social marketing and media efforts, and the use of religious/cultural leaders were successful, and public statements/declarations were also promising. (Matanda et al. 2023). On the system level, legislative interventions were only "promising when combined and with consideration for local context" (Matanda et al. 2023, n.p.). This evidence further supports the notion that community-level interventions are the most effective.

The collected data on efficacy of various public health interventions can be further applied to recommendations for the Desert Flower Foundation. Given the foundation's obstacles in securing Safa's safety, they also must consider their ultimate goal: to eliminate female genital mutilation worldwide. By equipping Safa and her family with employable skills to apply to their community in Djibouti, they could make impacts on community and societal levels, and tangible outcomes would follow. Based on this information, the proposed intervention of opening a Desert Flower Foundation in Djibouti could be effective to both reduce FGM prevalence in Djibouti on the community level and support the Nour family economically by allowing class mobility through higher-level jobs.

## Conclusion

Waris Dirie and the Desert Flower Foundation hold the ultimate goal to eliminate Female Genital Mutilation on a global scale, especially in prevalent areas in Africa. The *Desert Flower* film remains highly personal to Waris Dirie, as it is a biography of her life and struggles, rise to global fame, and career as anti-Female Genital Mutilation activist. It captures Waris Dirie's

traumatic story of being mutilated as a young child, being betrothed to a much older man, fleeing the Somalian Desert, and the difficulties of cultural acclimation to the United Kingdom without speaking English. Waris Dirie and the Desert Flower Foundation made a promise to support Safa Nour and remained committed to keeping Safa safe. They had to make an important decision: whether to focus significant time and resources on one girl or to reach many others who could more easily be helped. Safa had specific risks that, despite providing instrumental and informational support to the family, continued her threat of being affected by FGM. Safa's family was highly traditional and religious, economically disadvantaged, and reliant on the DFF. Moreover, Safa's own grandmother was a traditional cutter, which put Safa in constant danger. Ultimately, the decision makers in Safa's family, including her mother and father, faced cultural pressure stronger than assistance provided by the foundation.

The scale of FGM is severe, with more than 30 million girls at risk in Africa alone (Dirie 2013, 109), and Safa is just one case among millions of girls. Dirie and the Desert Flower Foundation had to consider relocating Safa and her family to Europe, which would eliminate community pressure to have Safa mutilated. Or they could support the family from afar and open a foundation in Djibouti. When considering whether to help the Nour family emigrate to Europe, Dirie had to consider whether assisting one family, and leaving behind millions of others, would be worth it. Therefore, a fundamental consideration was whether this was a good use of resources, and if this would help the Nour family at all. Further, Dirie faced an emotional attachment to Safa as the young girl who re-enacted her mutilation and showcased the harms of FGM to the 'Western' world who often did not know about the practice of FGM or its scale in Africa. Dirie had to deliberate between her emotional attachment to Safa and strategic impact for a non-profit organization which aimed to target a wide-scale issue. Ultimately, Waris Dirie and the Desert Flower Foundation had to think of a plan to both continue to support Safa and her family and their goal of widespread activism and program implementation against FGM.

## **Epilogue**

Dirie came up with a short-term compromise to the initial demands of taking everybody to Europe—she would take Safa, Inab, and Safa's father, Idriss, to Europe for one month to learn about the Desert Flower Foundation. Idriss had to promise that he would take what he had learned and work for the foundation. Otherwise, he would have to reimburse Dirie for all the travel costs. (Dirie 2013, n.p.)

Bringing Safa, Inab, and Idriss to Europe to learn about the Desert Flower Foundation would primarily serve the purpose of educating the family on the foundation so they could employ the skills in Djibouti and start making an impact in the community to reduce the prevalence of FGM. This was Dirie's way of beginning Safa's career as her successor to continue the fight against this crime.

During the trip to Europe, the family learned more about life in Europe, the Desert Flower Foundation, and female genital mutilation in general. Idriss had a lot of growth, especially learning about FGM and that the Qur'an makes no mention of it, despite some Muslim leaders in Djibouti suggesting that FGM is what God wants (Dirie 2013, n.p.). Afterwards, Dirie promised that they would continue supporting the family and that they would start working for the foundation in Djibouti. Dirie promised Inab, who had asked to stay in Europe and work for the foundation, that she would one day return to Europe, and for now that she could start a career with the Foundation

in Djibouti. With hard work, Safa and Inab would make an impact and protect children in the Djibouti community, and one day they would be able to engage in this work on a larger scale.

Dirie shared a moment when an incredible idea came to her after hearing Inab's story of being cut and the pain she dealt with daily as a result. As the Foundation had already been collaborating with a doctor who could repair the damage mutilated women had incurred, she considered a center that would make this possible for many women. In this dream, she saw Dr Foldès, a trained surgeon who can rebuild the clitoris using innovative surgical techniques, in a white coat with the following tag: Desert Flower Center.

Today, Desert Flower Centers exist in Berlin, Stockholm, Paris, and Amsterdam. They offer various healthcare support to victims of FGM, including reconstructive surgery, gynecological and urological care, and psychological care. Further, a training center in Amsterdam has opened to educate healthcare professionals on these techniques and provide aid to those affected by FGM.

Moreover, the Desert Flower Foundation continues to campaign against FGM. A notable contribution they make towards individual impact on FGM is the sponsorship of other young girls, just like Safa. The Desert Flower Sponsorship Programme allows people to sponsor a young girl at risk of FGM through donations. The foundation enters into a contractual agreement with families and provides living provisions, education, and healthcare for the sponsored child. A monthly sponsorship for one girl costs just 30 euros.

Since the publication of *Saving Safa* in 2013, Inab most likely began working for the Desert Flower Foundation in Djibouti and Safa continued her education, going on to lead a life full of opportunity. However, an update on the family has not been publicly broadcasted since the book's publication.

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