

Forum: United Nations Commissions on the Status of Women

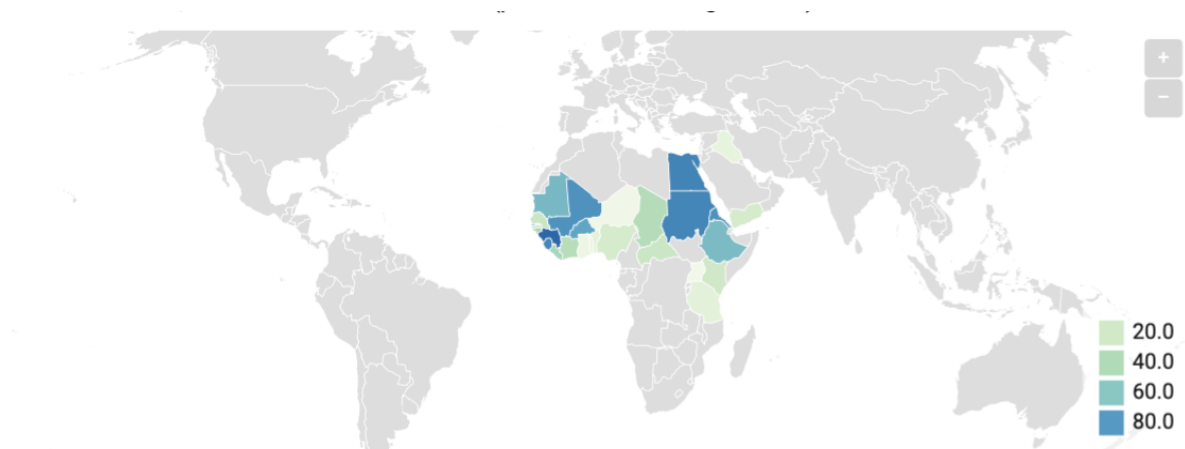
Issue: Elimination of Violence Against Women and Deprivation of Right with -Special Emphasis on FGM (Female Genital Mutilation)

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Introduction

Female genital mutilation (FGM) is a violation of human rights, girls and women. Notably, 200 million girls and women alive today living in 30 countries especially in African Nations have experienced FGM. FGM is any procedure that partially or totally remove the external female genitalia or injure the female genital for cultural and non medical reasons. According to the United Nations Fund for Population Activities if the practice continues at this rate, 68 million girls will be harmed between 2015 and 2020 in 25 countries. This procedure has no health benefits on the women; it only inflicts health risks and harm them. Some immediate consequences include death, shock, haemorrhage, fever etc. while long term effects are psychological problems, childbirth complications, anemia, urinary problems, sexual dysfunction, dyspareunia, higher risk of HIV transmission etc.

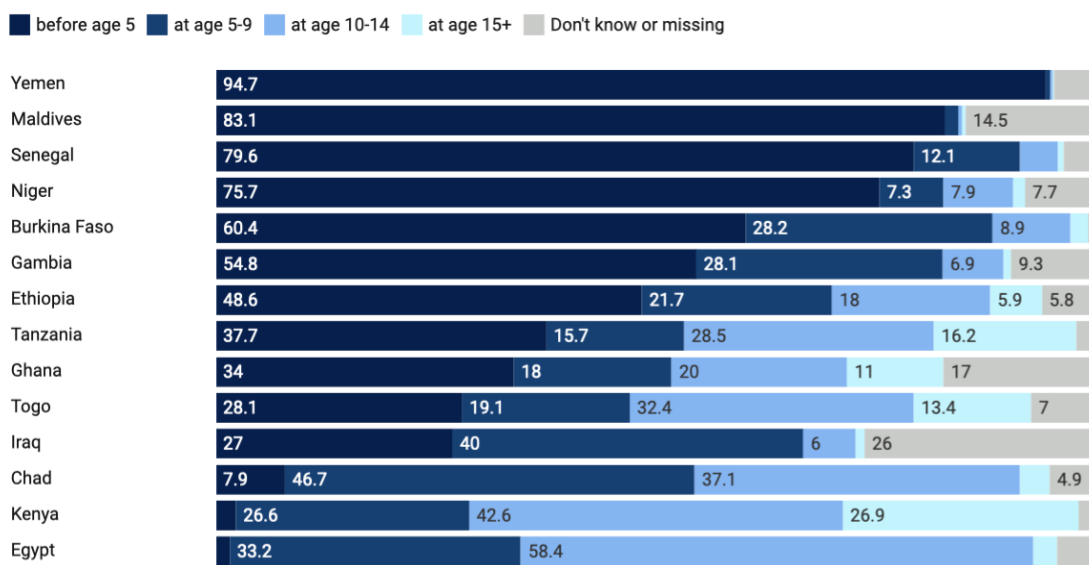
Caption 1: Areas where FGM is prevalent



Demographic and Health Surveys; Multiple Indicator Cluster Surveys; UNICEF Data
Source: [World Development Indicators \(SH.STA.FGMS.ZS\)](#)

There are 4 main types of mutilation: clitoridectomy, excision, infibulation, and all other kinds of injurious procedures to the genitalia for non medical reasons. The origins of the practice is unclear but it has been carried out in many countries. This practice is most rampant in Africa, some countries in the Middle East and Asia not limited to Canada, United Kingdom and the United States. Because of this, FGM is a global concern that harms women and girls worldwide. More than 65% of women between ages of 15-49 have experiences FGM in at least 10 countries according to data from Demographic and Health Surveys (DHS) and Multiple Indicator Culter Surveys (MICS). FGM is carried out on women between infancy and the age of 15 and are carried out by practitioners, barbers, or sometimes by medical professional. The practice is usually performed due to socio-economic factors, religious reasons, psychosexual reasons, sociological and cultural reasons, and hygiene related reasons.

Caption 2: FGM being performed on girls before puberty



Definition of Key Terms

Female genital mutilation

Any procedure that partially or totally remove the external female genitalia or injure the female genital for cultural and non nonmedical reasons. The consequences include death, shock, haemorrhage, fever etc. while long term effects are psychological problems, childbirth complications, anemia, urinary problems, sexual dysfunction, dyspareunia, higher risk of HIV transmission etc. The act provides no health benefits to the victim and only harm them. There

are four kinds of procedures carried out commonly known as Type 1, Type 2, Type 3, and Type 4.

Type 1: Clitoridectomy

The removal of all or part of the clitoris. Type 1 is the most common practice and they are known to be practiced in Iraq and Kurdistan.

Type 2: Excision

The removal of all of the clitoris and inner labia, much more intense than Type 1. Both Type 1 and Type 2 are the most practiced globally.

Type 3: Infibulation

The most severe procedure of all, it creates a seal to narrow the vaginal opening by cutting and repositioning the labia

Type 4

Any and all other harmful procedures that include but are not limited to pricking , piercing, cutting, or burning the area.

Practitioner

A person that is actively involved in an art, discipline or profession especially in medicine. People who perform FGM on young girls can be defined as practitioners of the act.

Female Circumcision

Describes a practice that does not consider the harm it inflicts upon women. It is a misleading term that compares with male circumcision despite FGM being a more invasive practice with for non medical purposes.

History

5th Century BC

Although there is no clear evidence leading to the origin of FGM, scholars have concluded that the act originated in Ancient Egypt due to the discovery of circumcised mummies. Egyptians raided the Black South for slaves and the Sudanese slaves were exported through the Red Sea to the Persian Gulf. FGM is connected to slavery as it was discovered that

there was a custom to sew up female slaves' to be made sterile making them sell better due to purity. Others believe that the practice began during the slave trades in ancient Roman and Arab societies to prevent pregnancy, ensure virginity, and reduce sexual desires. As a result of the multiple theories regarding its origin, female genital mutilation is regarded as having a multisource origin which combines various cultures and traditions. It is also believed that FGM was practiced by Equatorial African herders as either an act of protection from young female herders getting raped or an act of sacrifice or an act of population control.

19th to 21st Century

The prevalence of female genital mutilation has risen and fallen in western nations such as the US and the UK. While it was widely popularized in the 19th century to prohibit masturbation and cure specific disorders such as hysteria, the practice became frowned upon in the beginning of the 20th century. Changing its name from female circumcision to female genital mutilation, FGM became illegal in some nations including Canada, Sweden, UK but not limited to. However, despite its harmful side effects and the existence of legislation against FGM, in certain African, Middle Eastern, and Asian countries, FGM is still being performed as a traditional ritual. Misconceptions about hygiene lead practising communities to believe that women must be cut in order to remain healthy, clean, and worthy. Some trust that FGM is a passage to adulthood that ensures a woman's virginity and increases sexual pleasure for males.

Key Issues

Socio Economic Factors

Since women who have been cut are seen as pure and are well respected by the community, the families of those women get high amount of dowries as brides. Women will have to face social exclusion if the act is not performed as she is seen as pure. In addition to this, the cutters who perform the practice are respected and are paid well. Stopping this practice would put the cutter in a difficult social situation. On top of that, the practice itself is carried out due to the lack of information in those designated areas.

Social Expectations

FGM is performed for purity and cleanliness. It is like a rite of passage into womanhood as a quinceañera would be. Most of the areas in which FGM is practiced, there is child marriage as well. A woman that has not experienced FGM, she would be deemed as

impure causing difficulty with finding a marriage, or they might be shunned from society. Because of this, women have no right to deny the procedure as it is the only way they will be able to live in their community despite the many risks it will bring.

Community and Family Pressure

The act of FGM had overtime become a social norm in the communities it is practiced in thus becoming hard for girls, boys, mothers, and fathers to challenge the norm. Because of the pressure, girls have no choice to refuse FGM. It has become as fixed part of the gender role that these girls and women have to experience FGM as it is a part of woman's job like cooking for instance.

Religious beliefs

Despite being there a lack of or no religious text that advocates the practice, FGM has come to be believed as a religious rite. FGM is practiced among Muslim, Christian, and Jewish faiths is also practiced among animists, believers of individual spirits and supernatural forces. However, FGM has no connection to any religion but some advocates believe that FGM an mandatory procedure for the followers of the religion. Because of this, religious leaders also have a large role in separating religion from FGM.

Sexual Suppression

One of the reasons FGM is performed is to control female sexual desires to maintain their virginity. It is believed that removing the clitoris would reduce a woman's sexual urge, making them remain virgins for a longer time and to be faithful during marriage.

Insufficient protective legislation

FGM has been banned in 24 countries, but there are still countries where it is legal. However, even in those banned countries, law enforcement is weak and prosecutions are rare. In Kenya, Somalia, Uganda, and Ethiopia FGM is illegal. However, the law on protects FGM from girls younger than 18. In Mali, Liberia, and Sierra Leone, there are still no laws against FGM. Multiple laws have been proposed, with the most recent one on gender based violence,

Major Parties Involved and Their Views

World Health Organization (WHO)

Since 1997, the World Health Organization issued a joint statement against FGM with the United Nations International Children's Emergency Fund and the United Nations Fund for Population Activities through changes in public policy, communities, and research. The World Health Assembly passed the resolution on the eradication of FGM with emphasis on the need for more measures to be established in women's affairs, health, education, finance, and justice in 2008. WHO is focusing on bolstering the health sector through training, guidelines, tools and policies for professionals to provide medical care and counselling from the women and girls who have undergone FGM. WHO is also spreading knowledge about the causes and effects of the practice and why it is a health risk. They gather support from local, regional, national, and international platforms with the hope of ending FGM within a generation.

United Nations International Children's Emergency Fund (UNICEF)

The efforts of the international community had made progress in eliminating FGM as a girl is now about one third less likely to be harmed than she was 30 years ago. Despite this, if these global efforts do not continue, the number of girls getting harmed will be greater than it is now. Since 2008 UNICEF had worked together with UNFPA on the Joint Programme on Eliminating Female Genital Mutilation: Accelerating Change, which hopes to end FGM practices by 2030. The Joint Programme built a solid foundation in 2018 that strengthened and established its partnerships for programme priorities in 2019. UNICEF advocates the development of laws and policies on banning FGM and gives assistance to ensure the establishment and prosecution of those legislations. UNICEF also protects girls at risk and survivors of FGM with suitable care services.

United States

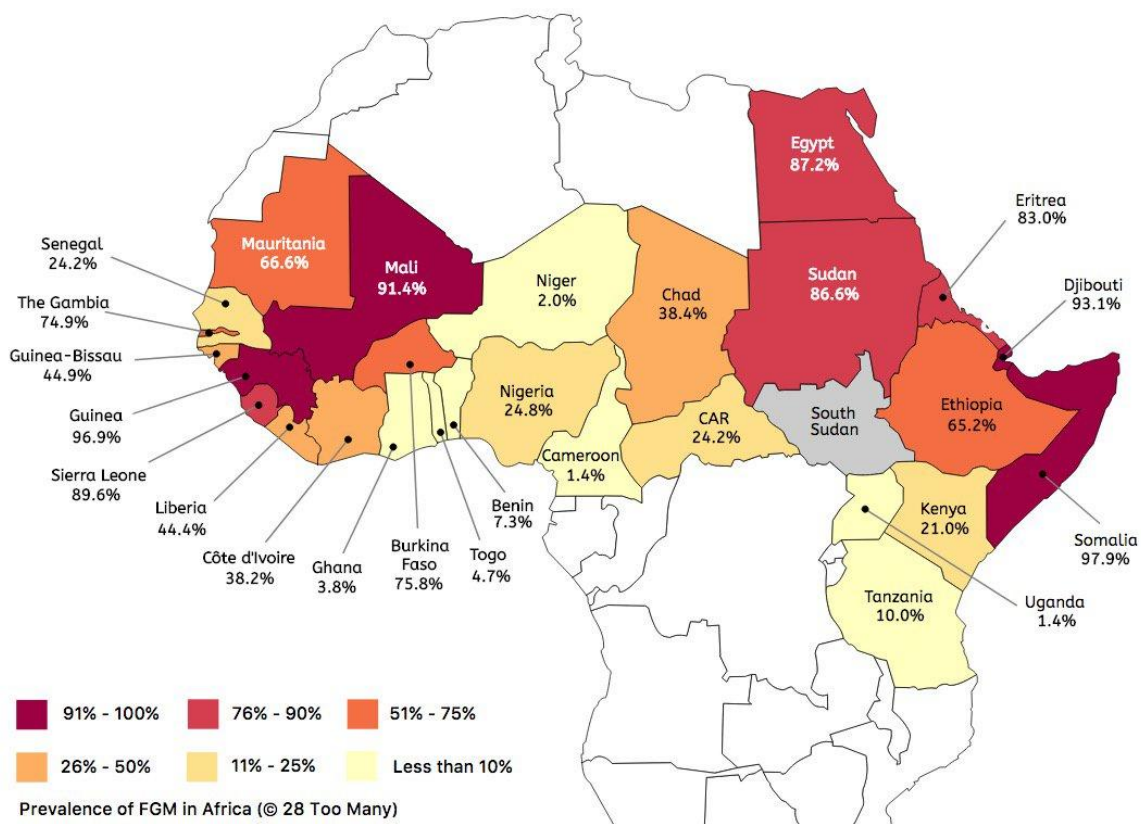
A Center for Disease Control and Prevention (CDC)'s report in 2016 made an estimate that 513,000 girls and women in the United States with one third of them under the age of 18 were victims of FGM or are at the risk of FGM. A cause of this increase was the influx of immigrant from countries where FGM is practiced and not the practice itself increasing. Since 1996, the act of FGM on girls under the age of 18 had been ruled as a crime under the passage of Female Genital Mutilation Act. The Female Genital Mutilation Act enforces education and community outreach programs that inform the physical and emotional harms of FGM. Recently in August 2019, 35 states had made FGM an illegal activity with specific regulations protecting anyone regardless of their age not just possible victims under the age of 18. The remaining 15 states still does not have any specific legislation against FGM, however in those states FGM is prohibited by general laws such as child abuse and assault.

Somalia

As female genital mutilation is deeprooted in Somalian culture, the prevalence of this act is approximately 98% in women aged 15 - 49. Among these women, about 64.5% believe that FGM should be continued. Since FGM is considered a honored tradition in Somali society, females who are not circumcized are faced with extreme social discrimination. Since the majority of the Somali men refuse to marry women who have not undergone FGM, they believe that the pain resulting from this practice is less than the that of an unmarried woman. Although Type 3 FGM has decreased in popularity in recent years, other types remain widely used. Despite the constitution prohibiting FGM, there are no laws penalizing a breach of the constitution and therefore, measure of prevention are not producing results of improvement. However, new national legislation will be going through consultation during 2019.

Guinea

In Guinea, the tradition of female genital mutilation is widespread among citizens of every age, religion, and ethnicity. Among its population, 97% of women age 15 - 49 have undergone FGM a growing number has been excising before the age of 10. Usually performed in camps or at homes, the women on Guinea often undergo FGM as a group. The amount of women in favor of mutilation has increased from 65% in 1999 to 76% in 2012. Resulting from fear of being socially excluded or seen as undesirable towards men, Guinean women are forced to request genital mutilation. The Guinean government has attempted to prevent FGM through legislative texts and regulations but has been met with difficulties due to the support of FGM



from various powerful religious and political leaders. With the lack of judicial action, practitioners are not being sanctioned and those who address the problem of FGM are faced with severe threats.

Caption 3: Percentage of girls and women aged 15 to 49 years who have undergone FGM in Africa

Timeline of Relevant Resolutions, Treaties and Events

Date	Description of event
1979	FGM appears for the first time on international agenda UNICEF issues its first statement related to FGM
	The Hosken Report is released Includes the first ever approximations of FGM frequency on a country by country basis.
	UN General Assembly adopted the Convention on the Elimination of All Forms of the Discrimination against Women Recognized that harmful practices like FGM are a violation of human rights

- 1989 **The UN General Assembly adopts the Convention on the Rights of the Child**
Includes the act to protect children from harmful practices
- 1990 **The African Charter on the Rights and Welfare of the Child is adopted by the Organization of African Unity**
Called upon the States to take measures to eradicate harmful social and cultural practices
CEDAW General Recommendation No.14
Elaborated on specific provisions about FGM
- 1993 **The World Conference on Human Rights in Vienna**
FGM is recognized as a human rights violation
- 1995 **The Fourth World Conference on Women in Beijing**
FGM is called for in the Platform for Action **WHO, UNICEF, and UNFPA issue a joint statement against FGM**
- 1997 **The UN General Assembly calls upon all States to eliminate FGM**
- 2002 **Maputo Protocol enters into effect**
- 2005 A treaty that binds all nations that ratify it, a method that eradicating FGM in Africa where it is the most prevalent. Called upon States to take action to eradicate FGM and other traditional practices harmful to women
- 2007-10 **UNCSW Acts**
Adopts resolutions on ending FGM
- 2008 **An interagency statement is signed by 10 UN agencies**

Evaluation of Previous Attempts to Resolve the Issue

Since 1997, starting with the joint statement against the practice of FGM with UNICEF, WHO, and UNFPA great efforts have been made to eradicate the practice. This has been done through research, community involvement and public policy changes. On December 18, 2014 the General Assembly adopted a resolution that strengthens its call to ban the practice of FGM worldwide. The General Assembly first took a definitive stance on the issue was in 2012. Progress has been made due to international monitoring bodies, agreements on resolutions against the practice, revised legal frameworks and growing political support. Of the 29 countries where FGM is most frequent, 24 of them has made laws against the practice such as Zambia and South Africa. According to research, it is expected that if practicing nations stop FGM, it can be ended very quickly. Also, professional associations such as the International Federation of Obstetricians and Gynaecologists are calling for all other professional associations to stop the practice. Due to the changes that has been made in many countries, the practice of FGM had decreased in most countries with support for both men and women. Despite the frequency decreasing, there still is a lot more to do to fully eradicate FGM.

Possible Solutions

FGM needs to have a strong a coordinated approach implemented at local, regional, national, and international level to able to eliminate. It is a global concern that affects the entire international community. Health care providers are crucial to eradicating FGM. They have to be aware of and meet the requirements of legal and ethical framework. The community needs to understand and object FGM as the practice that violates basic human rights especially women's and girls'. Following WHO's efforts, FGM elimination can be focused on strengthening the health sector, increasing support internationally, nationally, and regionally, and to build and collect evidences about questions like why is the practiced carried out. Some solutions to go about this serious issue are to **challenge** the reasons behind the **practice**, to **change** the tradition of a culture that practices cutting, to **educate** girls, to **give** them a choice, to be **transparent** with the risks of FGM, to **expose** the secrecy around the practice, and to **keep** pushing legal frameworks to **outlaw** the practice but not limited to.

Questions A Resolution Must Answer

1. What measures have been taken in other countries to tackle this issue?
2. How can we implement the success stories of other nations into a global one?
3. In what ways can the international community contribute to eradicating violence against women and deprivation on right with emphasis on FGM?
4. Why is the practice carried out and what measures need to be taken to eliminate it?

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