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- UN Women -

Committee UN Women

Issue 501 The Issue of Female Genital Mutilation

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Introduction

Female Genital Mutilation (FGM) is often labelled a highly controversial issue dealing with both religious and cultural complications. FGM is generally practiced on females of ages 6 to 12 and newborns. Sometimes those children are unaware that they will have to undergo the procedure. In some villages, FGM is celebrated and young girls look forward to the procedure, taking it as a rite of passage. In rural areas, trained circumcisers or midwives will travel between villages to perform the procedure. FGM is often done without sterile tools, techniques, antibiotics, or anesthetics.They sometimes even use unsophisticated tools such as knives and scissors. How the female's wound is taken care of depends on the type of procedure done. For example, some take only a few days of rest while others are required to rest in bed for weeks with their legs bound.

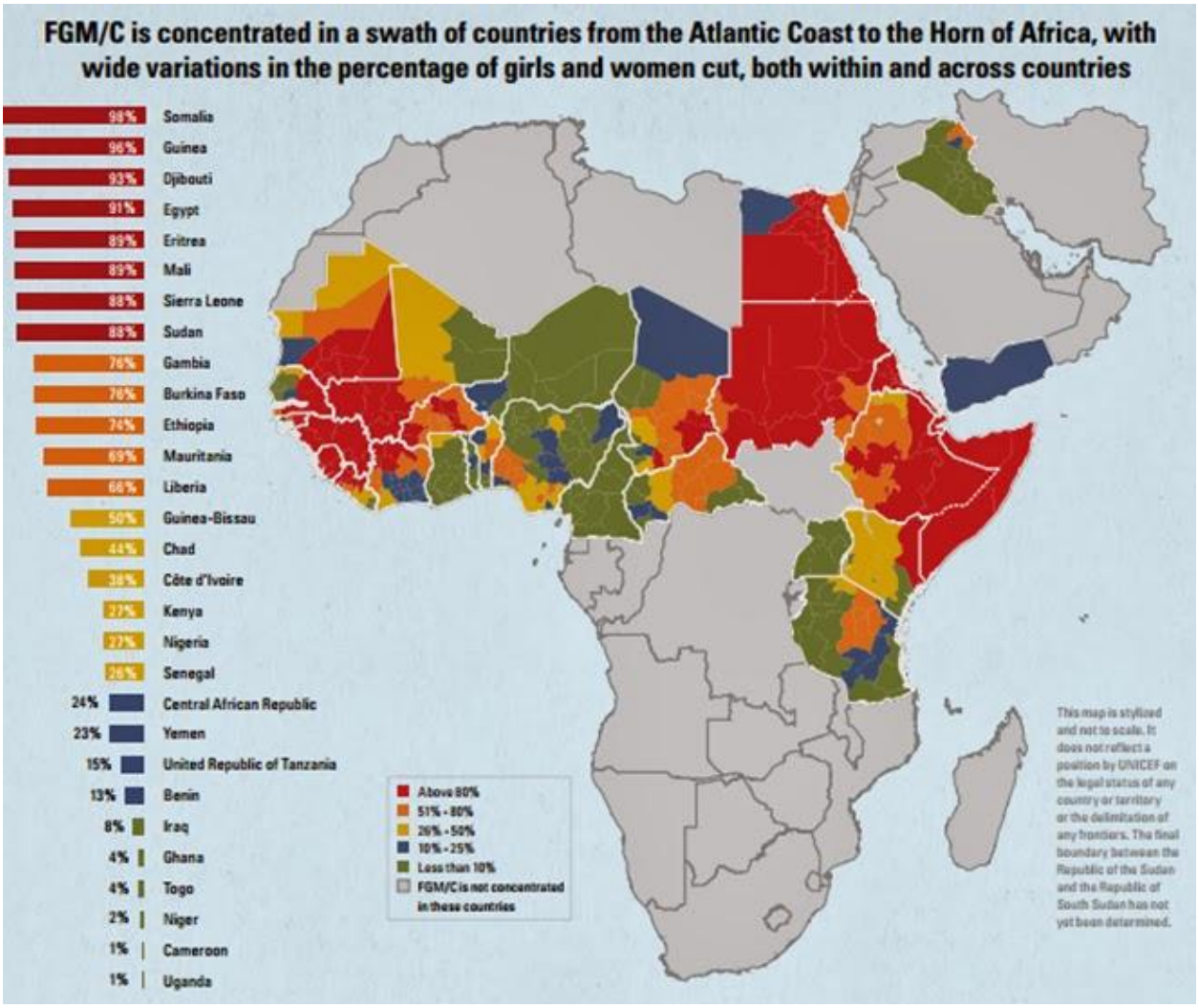
FGM is often a result of the promotion of child marriage and gender stereotypes in certain areas where local traditions act as justification for female body distortion. Immediate complications and reactions of undergoing the procedure may cause symptoms such as severe pain, urinary problems, excessive bleeding (hemorrhage), wound-healing issues, shock, and even death. Long-term consequences may include urinary problems (painful urination and urinary tract infections (UTIs)), vaginal problems, menstrual problems, sexual problems, pregnancy and childbirth complications, and also psychological issues such as depression, low self-esteem, anxiety, and post-traumatic stress disorder (PTSD).

The alternative consequences for those who resist FGM in traditional societies may include ostracization or being shunned for appearing unclean.

Definition of Key Terms

Female Genital Mutilation (FGM)

Female Genital Mutilation is defined by the World Health Organization (WHO) as "all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons." The practice is found in parts of Africa, Asia, and the Middle East, and it is estimated by the United Nations in 2016 that 200 million women worldwide have undergone the procedure.



According to WHO, FGM is classified into four different types:

- Type I: partial or total removal of the clitoris and/or the prepuce, often referred to as clitoridectomy,
- Type II: often referred to as excision, is partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
- Type III: narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- Type IV: unclassified – all other harmful procedures to the female genitalia for non-medical purposes (WHO - 2008, P.4).

Human Rights to Health

The National Economic & Social Rights Initiative (NESRI) defines, “The human right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment.”

WHO defines this as “the right to health, as with other rights, includes both freedoms and entitlements”:

- Freedoms including the right to control one’s health and body (for example, sexual and reproductive rights) and to be free from interference (for example, free from torture and non-consensual medical treatment and experimentation).
- Entitlements include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health.

Gender Equality

According to UN Women, gender equality refers to the “Equal rights, responsibilities and opportunities of women and men and girls and boys.”

Gender inequality

Gender inequality is the unfair treatment or discrimination towards female or males. As defined by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the discrimination against women is “Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”

In the context that we will be debating on, women are discriminated and have received cruel treatment.

Empowerment of Women

Empowerment of women is promotion and open mindedness towards giving opportunities for the participation of women in all aspects of public and private life including sectors such as but not limited to politics and the economy. It is essential to note that the empowerment of women does not mean that women put themselves above men, but that it aims to achieve equal rights for all genders.

Background of the Topic

While the exact origin of FGM is still unknown, it is thought to have arisen in the areas of ancient Greece, Egypt, and Ethiopia. The earliest documentation was by the Greek historian Strabo, who recorded the events of an excision performed on a group of Egyptian girls in 25 B.C.. It is widely believed to have evolved from ancient practices attempting to control women’s sexual behavior, to ensure female virginity, and also to reduce females’ sexual desire.

FGM is often considered a rite of passage in many cultures and religions, for example in countries such as Kenya and Sierra Leone. However, in other countries like Egypt, Sudan, and Somalia, the main purpose of FGM is to preserve a woman's virginity for marriage. In those regions, It is widely believed that a woman is not suitable for marriage if they have not undergone the procedure and may even be shunned by the local community.

Key Issues

Culture (tradition)

FGM is found in many cultures, traditions, and even religions. The reasons for practicing FGM depends on the region and its sociocultural factors. Some common reasons include social acceptance, marriage legibility, ensuring virginity, and helping a woman remain "clean". Parents are often led astray, believing that FGM is an act of compassion and love in the form of protecting their daughters from external harm. The procedure is meant to ensure they are suitable for marriage, have good hygiene, or even to increase a man's sexual pleasure. In some societies, it is believed that a woman should not have a clitoris. They create tales and spread superstitions, such as, if a baby's head were to touch the mother's clitoris during childbirth, the baby would die. Practice of these traditions are insisted upon for preserving a woman's reputation.

Healthcare

Depending on the type of FGM a woman receives, her healing process and consequences may vary. While many who undergo Type I or Type II will be able to avoid long-term consequences, those who undergo Type III are more likely to develop bad reactions. Women who have undergone infibulation are more susceptible to both long-term and more severe immediate reactions. In the short-term, complications include infection, fever, or even death. In the long-term, outcomes such as sexual

dysfunction, trouble with pregnancy and childbirth, and UTIs may also occur. Defibulation, a surgical procedure performed under regional or general anesthesia that opens the infibulated scar and exposes the urethra and introitus, may help alleviate the suffering of a Type III patient. However, many patients do not have access to this treatment.

FGM is mostly practiced in rural areas of Africa, where women do not have access to healthcare of any sort. The resources they can access are neither sterile nor advanced enough to truly resolve their health issues. With many uncertified doctors performing dangerous surgeries under unideal operating circumstances, these women risk their lives going under the knife for a procedure that brings them nothing but harm.

Gender Stereotypes

Unlike male circumcision, female circumcision can have very severe physical consequences. Moreover, the mental trauma some women experience can be extremely harmful as well. In some ways, the promotion of FGM is also the promotion of gender inequality. Without the procedure, women will be viewed as unclean, unworthy of marriage, and ostracized from society. Mainly found in patriarchal and traditional societies, FGM is a practice that enforces gender stereotypes through social pressure where women, similar to children, have no power to fight back for their rights.

Major Parties Involved and Their Positions

World Health Organization (WHO)

WHO stated that “it [FGM] is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.” It further

suggests that FGM brings absolutely no health benefits, and as the complexity of the procedure increases, so does the risk a female faces.

The World Health Assembly passed a resolution (WHA61.16) in 2008, hoping to eradicate the practice of FGM by suggesting changes that needed to be made in various sectors including education, health, justice, and women's affairs.

United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA)

Working alongside WHO, UNICEF and UNFPA have made great efforts in eradicating the practice of FGM. Conducting thorough research, changing various public policies, and also working with local communities, these organizations made progress on a local, national, and also international scale. Their work includes wider international involvement to stop FGM, international monitoring bodies and resolutions that condemn the practice, revision of legal frameworks, and growing political support to end FGM (this includes a law against FGM in 26 countries in Africa and the Middle East, as well as in 33 other countries with migrant populations from FGM practicing countries). As a result, the prevalence of FGM has decreased in most of these countries, and an increasing number of women and men who reside in communities practicing the procedure support its abolition.

Timeline of Events and Relevant Documents

Date	Description of Event
1867	The British medical profession rejects and effectively bans clitoridectomy.
1920's	The Egyptian Doctors' Society calls for the first FGM ban.
1956 – 1959	A council of male elders in Kenya announces a ban on FGM; a large movement of girls, calling themselves Ngaitana ("I will circumcise myself"), start to perform these procedures on themselves and each other in retaliation. This is described by historians as an important episode because it shows how its victims are also its perpetrators.
1959	Though FGM has been legally banned, Egyptian hospitals still allow and perform partial clitoridectomies under parent consent.
1960's	Central African Republic, Guinea and Ghana restrict FGM.
1962	Amnesty International becomes a permanent organization in Belgium.
1966	The U.S. federal Government bans FGM.
1979	The United Nations General Assembly adopts the Convention on the Elimination of All Forms of Discrimination Against Women.
1980	The first time the term "Female Genital Mutilation" is used.
1993	According to the United Nations General Assembly, the Declaration on the Elimination of Violence against Woman defines female genital mutilation as violence against women.
1995	At the World Conference on Women in Beijing, the eradication of "harmful cultural practices" is called for in the "Platform for Action."

1996	Amnesty International Ghana hosts the organization's first workshop on the FGM.
1996	The Egyptian government bans FGM in hospitals.
1999	Senegal along with Togo bans FGM.
2001	Resolution on Traditional or customary practices affecting the health of women and girls passes.
2003	Zero Tolerance Day originates in February 6th during a conference organized by the Inter-African committee on Traditional Practices affecting the health of women and children in Africa.
2007	Egypt officially bans all kinds of FGM.
2007	The EU Agency for Fundamental Rights (FRA) is established.
2008	UNICEF and the UNFPA begin a joint program to support efforts in Semera town.
2008	The World Health Assembly passes a resolution on the elimination of FGM, emphasizing the need for actions in all sectors of health, education, finance, justice, and woman affairs.
2012	Resolution on Intensifying global efforts for the elimination of female genital mutilations passes.

Analysis of Previously Attempted Solutions

Roughly 36 countries have taken active measures to end FGM through legislation, including laws that prosecute practitioners of FGM. This is a very effective attempt at resolving the issue. Nonetheless, it would be much more effective if a majority of Member States were to set up laws condemning FGM, as it would greatly encourage other nations to support the elimination of FGM.

Another attempt was to “strengthen guidelines, training and policy to ensure that health professionals can provide medical care and counselling to girls and women living with FGM,” (United Nations). This has allowed UNICEF to accurately measure the range of women and girls affected by FGM, and it allows the teams to localize the areas with the most cases of FGM. The major fault with this solution is that many communities have religious and cultural reasons to continue the practice, so physical input will be necessary to remove this mindset. This has been relatively successful in some states, but is a very slow process. In Guinea, the prevalence rate of FGM was 98.6 % in 2001, and yet, despite efforts, it fell merely to 96% in 2013.

Overall, the input from the international community has been substantial and the attempts have all been successful in some way. However, it is clear that all these attempts have been far too small to eliminate FGM. Internationally, there are certain nations with laws in place that ban FGM. Therefore, a reasonable goal would be to unite nations and increase the number of countries that ban FGM.

Possible Solutions

Raising awareness

Issues related to the violation of human rights are difficult and require numerous, small steps to solve. One of the main steps that have to be taken is raising awareness on the issue. Although there are many campaigns and international organizations out in the world, not everyone is aware of the existence of such a practice. The use of social

media would be effective, and education for students would be extremely beneficial in solving the issue.

Education

When solving a problem, it is necessary to find out the inherent causes. The main cause of the existence of FGM is the huge gender gap in practicing regions. Therefore, the fundamental solution for this issue has to be related to eliminating gender inequality in said regions. It would be improbable to persuade the older generations to change their social traditions. Therefore, it is essential to tackle the younger generations by providing adequate educational systems. Education can be made more accessible by lowering the cost, constructing a more flexible timetable, choosing an effective location for the school, and including information on the current situation in schools' curriculums. Also, to help educate the greater public, public speeches and rallies can be organized to further raise awareness on the issue of FGM.

Establishment of relevant laws

Furthermore, laws should be established to ban the practice completely, and such laws can be regulated with the help of appropriate organizations. The eradication of the practice will be the most effective and yet difficult way to end FGM, for many countries will not agree. To find a way to make nations agree to a common view is the main goal of the future.

Healthcare programs

The creation of healthcare programs may help ensure that women who have undergone the procedure have access to and receive proper help and care. It may also help to prevent more girls from undergoing the procedure as it can offer shelter and protection for those who feel unsafe in their communities. As the health consequences,

both mental and physical, may take a severe toll on the girls who go through FGM, it is important that they are attended to with proper healthcare and medication to further ensure that they are healthy after coming into contact with unsterile equipment and uncredible traditional remedies.

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