

**Forum:** UN Women

**Issue #UW-02:** Eliminating Female Genital Mutilation (FGM)

**Student Officer:** Maria Belen Mora

**Position:** Deputy President of UN Women

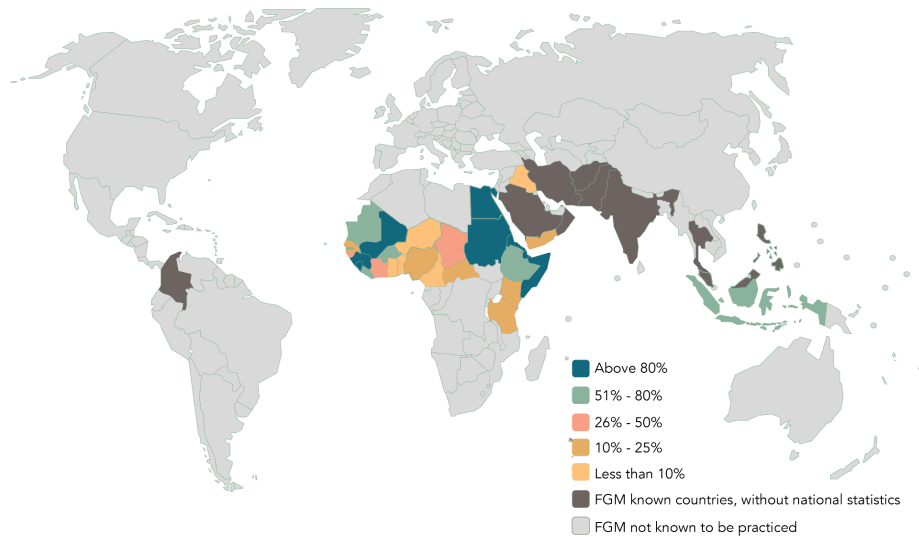
## Introduction

The United Nations Population Fund defines Female Genital Mutilation/Cutting (FGM/C) as “all procedures that involve partial or total removal of the external female genitalia, or other injuries to female genital organs for non-medical reasons” (WHO, 2018). FGM is recognized as a violation of human rights all around the world, however, many countries do not have any specific laws against it. It is considered a violation of human rights due to the fact that it clearly violates the health, security, and physical integrity of an individual. Not only that, but it violates the right to be free from torture and inhumane treatment. Nearly all the time, FGM is practiced on underaged girls and, more often than not, is carried out without their consent. According to UNICEF, in half of the countries with available data, the majority of girls were cut before age 5 (UNICEF, 2013). Therefore, FGM isn't only against women's rights, but children's rights.

WHO classified FGM/C in 4 different types, all in varying degrees of severity:

Type 1 - Clitoridectomy	The partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and/or the prepuce (the clitoral hood or fold of skin surrounding the clitoris).
Type 2 - Excision	Partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia (the labia are the 'lips' that surround the vagina).
Type 3 - Infibulation	Narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together. The adhesion of the labia results in near-complete covering of the urethra and the vaginal orifice.
Type 4	All other harmful procedures to the female genitalia for non-medical Purposes, such as, but are not limited to pricking, piercing, incising, scraping, and cauterization.

Globally, Type I and Type II are the most common FGM procedures. They account for more than 85 percent of all procedures (HRW, 2010). A joint study made by the WHO and UNICEF estimates that 200 million girls and women alive have been cut in 28 African countries, in the Middle East (Yemen, Saudi Arabia, Oman) and in Asia (India, Indonesia, Malaysia, Sri Lanka, Brunei, Thailand) where FGM/C is concentrated. The report also found that five percent of all affected girls and women are estimated to be living in Western countries and that another 30 million girls are at risk of being cut in the next decade (UNICEF, 2013).



*Prevalence of FGM around the world (SRHR)*

The reasoning behind these acts varies from region to region, but most come from sociocultural factors. In places where FGM occurs, it is often justified by saying it's a cultural practice and that it has been passed down through generations. The preservation of culture basically acts as an excuse for the practice of these inhumane acts. Another reason is the tight gender roles and the perception that certain societies that practice FGM have on women and girls. They see them as the representatives of their family's honor, which is closely linked to their "purity" and "innocence", therefore, lack of desire. Because of that reason, FGM is practiced as it's sometimes seen as a way to ensure premarital virginity and marital fidelity. This is because they will have no pleasure during intercourse, meaning there's no reason for them to have it apart from having children. Another reason why some justify FGM stems from looks and aesthetics. They believe that anyone that hasn't undergone such a procedure is unclean and dirty. This is based on the belief that the female genitalia is impure and unclean.

Delegates must come together to ensure the eradication of female genital mutilation and the development of a plan to help the survivors of FGM.

## Definition of Key Terms

### Female Genital Mutilation

A practice that involves partially or completely removing external genitalia on young girls and women, or other acts of mutilation.

### Sustainable Development Goals

A collection of 17 global goals designed to be a "blueprint to achieve a better and more sustainable future for all." Relevant goals are gender equality and reduced inequalities.

### Inequality

The existence of unequal opportunities and rewards for different social positions or statuses within a group or society.

### Sexism

Prejudice or discrimination based on sex or gender.

## **Survivor**

A person who survives, especially a person remaining alive after an event in which others have died / a person who copes well with difficulties in their life

## **Clitoridectomy**

The partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and/or the prepuce (the clitoral hood or fold of skin surrounding the clitoris).

## **Excision**

Partial or total removal of the clitoris and the inner labia, with or without excision of the outer labia (the labia are the 'lips' that surround the vagina).

## **Infibulation**

Narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together. The adhesion of the labia results in a near-complete covering of the urethra and the vaginal orifice.

## **Issue Overview**

Female Genital Mutilation is a practice that overall is sexist which reflects deeply rooted inequality as it attempts to control women's sexuality and behavior, consequently preventing Goal 4 of the Sustainable Development Goals to be achieved. The United Nations views FGM as a form of torture and inhumane/degrading treatment. The fact that women are put through this without a choice is outright misogynistic. Moreover, as FGM/C was proven to have no health benefits and simply cause both physical and mental damage, it makes it impossible for girls who are affected to have the same chances and opportunities as boys.

## **The Origins of FGM**

The history of FGM remains unclear; however, it is believed to have originated in Africa as far back as the fifth century B.C and has taken place in Ancient Egypt, ancient Rome, Arabia, and Tsarist Russia (Little, 2003). This shows that this has been an ongoing tradition, so it's hard to argue that this doesn't have cultural meaning. The practice was also believed to have been implemented on enslaved women in Ancient Rome to deter them from sexual intercourse or pregnancy.

## **Health Complications**

According to WHO, there are two different types of health complications caused by FGM. According to them, the greater the severity of the FGM, the greater the side effects of the procedure. However, all types of FGM are known to cause physical complications.

### ***Immediate Risks***

Immediate risks include the pain that occurs during the cutting and the healing process. It causes bleeding (which may lead to severe hemorrhage), shock (which comes from the violence of the act and the trauma it produces), fever, infections, HIV transmissions, and even death (WHO, 2016).

### ***Long Term Risks***

Long-term risks can include urinary problems, menstrual problems, sexual problems (pain during intercourse, decreased satisfaction, etc.), increased risk of childbirth complications, and need for later surgeries (WHO, 2016).

### **Psychological Side Effects**

FGM doesn't only impact women and girls at the moment, but it follows them into their adult life, putting significant weight on their psychological wellbeing. FGM is nothing less than trauma-inducing and, for obvious reasons, affects women in the same ways any type of trauma does. Women with FGM/C often show signs of psychological trauma: anxiety, somatization, depression, post-traumatic stress, and other mood disorders (GWU). Apart from this, FGM is also closely linked to having trust issues with parental figures/caregivers. Moreover, sexual dysfunction and incapacity to have children may also contribute to marital conflicts or divorce. Adding on, another effect FGM has on a woman's mental health doesn't come from the actual event, but from actually talking about it to other people. They might feel shame when discussing it with medical professionals or friends who don't truly understand what they went through. Women who went through this also report experiencing anger towards family members that put them through such things (GWU).

### **Medicalization**

The concept of the medicalization of FGM is a highly controversial and debated topic. Although it reduces the health risks that usually come from the procedure since they're done with sterile products, and they're performed by medical professionals, it still does not address the unethically of the procedure itself. Many argue that it's a safer way of performing FGM in areas where eradicating FGM isn't an option yet, yet still, some argue that it's not ethical anyhow. This is because it fails to take into account long-term gynecological and obstetrical complications, as well as psychological problems that were discussed earlier on. Apart from this, it also fails to realize that many cases of FGM happen in rural or poor areas that will not have access to such resources.

### **Financial Burden**

According to WHO, a study conducted by them proved that FGM was detrimental to a countries economy, as the treatment of FGM-related complications of around 27 countries in one year totaled up to around 1.4 billion USD. It is predicted that if the prevalence of FGM remains the same, the cost will rise up to 2.3 billion in around 30 years. However, if countries abandon FGM, these costs would decrease by 60% over the next 30 years.

### **Historical Background**

The first step against the FGM/C was taken in 1997 when the WHO, together with UNICEF and UNFPA, issued a joint statement against the practice. There were great efforts elaborated on research, work within communities and changes in public policy have been made ever since in order to counter FGM/C at international, national, and regional levels. The involvement to tackle the issue widened among the international community and as political support grew, the legal framework around FGM/C was reformed in 26 African and Middle-Eastern countries where the practice is common. As a result, the prevalence of FGM/C dropped in most countries where it

was broadly carried out, and the number of people, men, and women, in practicing communities who support ending it also increased

## Latest Events

### Covid-19

Covid-19 has had a deep effect on the fight against FGM. The COVID-19 pandemic could reverse decades of global progress in stamping out female genital mutilation (UNW, 2021). According to UNW, “This means an additional two million girls could be affected by 2030, according to the UN children’s agency, UNICEF, resulting in a 33 per cent reduction in global efforts toward eradication” (UNW, 2021). This is because when girls aren’t able to access vital things such as education they’re more prone to violence such as FGM.

## Major Parties Involved

### Guinea

According to UNICEF, Guinea has the second-highest Female Genital Mutilation prevalence rate in the world. This isn’t for anything other than sociocultural reasons. FGM is a tradition, and it is important for their culture that they partake in it. Since a girl is dependent on her family until she gets married, she must obey their orders. If a girl decides to have this procedure, she might be shunned by her community and have difficulties finding a husband. This shows that it has a great impact on their life.

Although FGM is illegal in Guinea, no one has actually been prosecuted for it. Fortunately, different NGOs are stationed around Guinea to help solve the problem by confronting communities and educating them on the dangers and risks of FGM. Sadly, this hasn’t been proven to be successful, as 96.9% of Guinean women have been cut.

### World Health Organization (WHO)

The WHO has been very active in solving the issue of FGM, essentially by submitting and publishing numerous statements and campaigns to eliminate the FGM problem. The WHO has clearly set out measures on how to stop these types of practices in many scenarios.

The WHO’s main focus is to stop this practice through all means necessary. They believe that by controlling the following factors, FGM will stop occurring: health, education, finance, justice and women's affairs. They have been successful so far, however they fear that the latest concern is that medical professionals are practicing FGM, which is a huge obstacle in the process of eliminating the practice.

## Timeline of Events

Date	Description of Event
1997	WHO, the United Nations Children’s Fund (UNICEF), and the United Nations Population Fund (UNFPA) implement a global campaign to counteract the malpractices of female circumcision;
2008	WHO issues a new statement on the elimination of FGM to support increased advocacy for the abandonment of FGM;
May 24th, 2008	The resolution, called Female Genital Mutilation, is passed on the elimination of FGM by the World Health Assembly;
2010	WHO publishes a "Global strategy to stop health care providers from performing Female Genital Mutilation”;
December 2012	The UN General Assembly adopts the resolution on the elimination of female genital mutilation from 2008;
May 2016	The first evidence-based guidelines on how to manage complications from FGM/C are launched thanks to a collaboration between UNICEF, UNFPA, and WHO. It aims to improve the way women living with FGM/C are taken in charge by health care professionals throughout their lives.

## Relevant UN treaties and Events

- I. Resolution: Female Genital Mutilation, May 24th, 2008 ([WHA61.16](#))
- II. The legal framework for the protection and promotion of the human rights of girls and women, and recognizing the importance African States attach to the [African Charter on the Rights and Welfare of the Child](#), 1990
- III. [The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa](#), July 11th, 2003
- IV. [Eliminating Female Genital Mutilation \(An interagency statement\)](#), published in 2008

## Past Action

Throughout the years, there have been many attempts at resolving this issue. Although the results have been apparent and effective, they haven't been effective enough to eradicate this issue completely. Steps have been taken in the right direction, but are not quite there yet. Countries are aware that this is an issue, however, most are not addressing them the way they should. The suggested steps to eliminate FGM have either been poorly or not at all executed by the member states.

Only 36 countries have taken active measures to end FGM, this is by means of implementing laws and sanctions towards those who practice FGM. This has been seen to be a very effective way of resolving this issue in those countries. However, it hasn't been effective worldwide, it can only truly be successful if all nations start or continue to implement these measures. If all nations that agree with this cause, implement laws against practitioners of FGM, it will encourage nations who don't to take active measures to end FGM.

The next attempt was to “strengthen: guidelines, training, and policy to ensure that health professionals can provide medical care and counseling 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. However, there is one huge problem with this solution: Many communities have religious or cultural reasons to practice FGM, so it will take more than just a policy to change 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 it has fallen to 96.9% in 2021.

Overall, although some international past action has successfully lowered FGM rates around the globe, it has clearly not been enough of a movement to completely eliminate FGM. Nations must come together to create a strategic plan that checks all the boxes in order to eliminate FGM and control the damage done by past practices.

## Possible Solutions

Thankfully, there are many ways the world can come together to make FGM an issue of the past. What must be kept in mind is that the solution must not only cover the eradication of FGM, but helping out the victims of FGM carry out a normal life.

### Treaties

A smart way to start off a resolution would be to propose a treaty. Said treaty would state that signatories will not continue supporting female genital mutilation and will take further action to prevent FGM. The treaty should also encourage the elimination of the medicalization of FGM. This could be done by the treaty encouraging countries to take the license away of those who continue to practice FGM. However, this resolution would only work if most countries agree to it, since a treaty can't force a country to do anything. Also, if many nations frown upon FGM, neighboring countries will follow and start passing legislation against FGM.



## Sanctions

A simple solution would be to encourage countries to ban FGM and prosecute those who practice it. Applying sanctions and incarcerating those who practice FGM would be an effective way to minimize its practice. Apart from this, the creation of laws would also be helpful. If there were to be such laws, there should be close inspection side by side in order to control the population. However, some communities might not be open to such inspection and close collaboration.

## Phone Line

A phone line for the victims to call for help would be a smart strategy in order to prevent cases and help those who already went through it. The phone line would consist of a center that answers these calls and talks to whoever calls the line. The victim might call for help if they think they're at risk of undergoing a procedure or have already gone through it and want help. The center will then send in a police officer to the victim's location, and they will ask if they need any help. In case they're in immediate danger, they will be taken from their location and taken to a safe allocation where they can stay until they receive help.

## Psychological Help

There must also be a part of the resolution that focuses on the mental well-being of the victims. A good solution would be to create group therapy sessions for victims and provide them with psychological help. Apart from this, there must be education to spread awareness about the current situation.

## Bibliography

Bongyereirwe, H., & Dicko, H. (2022, February 3). *Pandemic threatens push to end Female Genital Mutilation*. UN News. <https://news.un.org/en/story/2022/02/1111232>

FGMC. (n.d.). *What are the mental health effects of FGM/C?* FGM Toolkit.

<https://fgmtoolkit.gwu.edu/are-you-health-care-provider/what-are-mental-health-effects-fgmc>

National FGM Centre. (n.d.). *Types of FGM*. National FGM Centre.

<http://nationalfgmcentre.org.uk/fgm/>

28 too Many. (n.d.). *Guinea*. Refworld. <https://www.refworld.org/pdfid/5a17e5224.pdf>

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting. (2017, July).

*ACCELERATING CHANGE*. ReliefWeb.



[https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA\\_UNICEF\\_FGM\\_16\\_Report\\_web.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_UNICEF_FGM_16_Report_web.pdf)

UNICEF. (2021, February). *Understanding the relationship between child marriage and female genital mutilation - UNICEF DATA*. UNICEF Data.

<https://data.unicef.org/resources/understanding-the-relationship-between-child-marriage-and-fgm/>

UNICEF. (2021, August). *Female Genital Mutilation (FGM) Statistics*. UNICEF Data.

<https://data.unicef.org/topic/child-protection/female-genital-mutilation/>