



Research Report General Assembly 2

The question of Female Genital
Mutilation (FGM) around the world

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Introduction

Female Genital Mutilation (FGM) covers any procedure that involves partial or total removal of, or other injury to, the external female genitalia for non-medical reasons. The practice is most commonly found in Africa, Southeast Asia and the Middle East. FGM has internationally been recognized as a violation of the human rights of girls and women because it is said to reflect an inequality between the sexes. To the ones carrying out this procedure it is seen as a Rite of Passage into womanhood and marriage and therefore a religious obligation. However, those opposed maintain that the procedure violates the rights of children and possibly affects a person's health, security and physical integrity.

The Committee

In MUNA, General Assembly 2 deals with issues on human rights, which can include an immense number of topics. In this General Assembly, nations come together to discuss one's (individual) rights and find solutions in a peaceful and respectful manner. When debating on different solutions, it is important to note money is not an issue as nations can call upon the UN's unlimited funds. Hence, a delegate should never vote or speak against a resolution because of financial reasons.

An important fact to note is that the real Second Committee deals with economic and financial issues and that the Human Rights Council would actually discuss the issues we do in this committee. During MUNA, due to restrictions in space, human rights are being dealt with in General Assembly 2.

A peculiarity for all General Assemblies is the participation in the Plenary Session. This session will take place on the last day of MUNA in the main hall and one resolution from each General Assembly will be discussed. In our committee, we will have to pass a resolution, which can then be discussed at the Plenary Session.

Keywords

- **Female Genital Mutilation:** a procedure in which the female genitals are deliberately cut, injured, or changed without a medical reason. It is also known as 'female circumcision'.
- **Vulva:** the female external genitalia
- **Clitoridectomy:** the surgical removal, reduction, or partial removal of the clitoris
- **Excision:** the partial or complete removal of the inner labia, which can be combined with the partial removal of the clitoris and outer labia
- **Infibulation:** the practice of removing the clitoris and labia and stitching together the edges of the vulva to prevent sexual intercourse
- **Refugee:** a person who has been forced to leave their country in order to escape war, persecution, or natural disaster

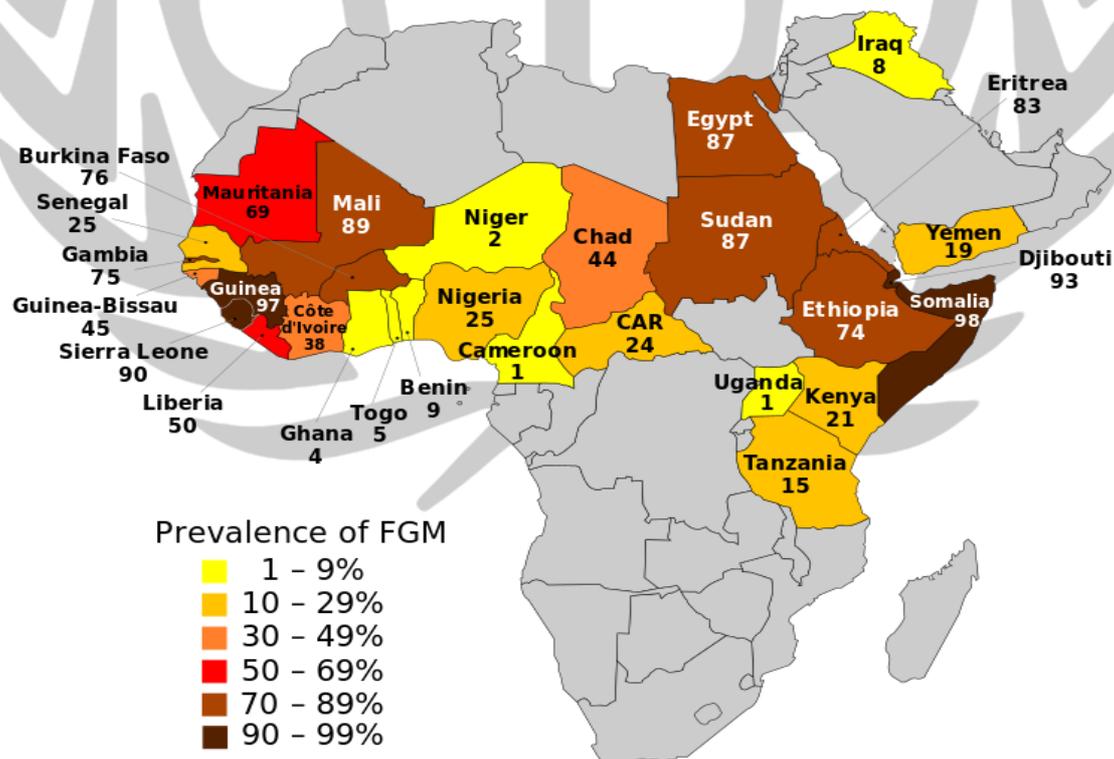
Overview

To discuss the issue of FGM, it is important to understand how the procedure is carried out and what it entails for the women undergoing it. It has been estimated by The

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United Nation's Children's Fund (UNICEF) that over 200 million women have undergone the procedure of female circumcision. It is mostly carried out in countries in Africa, along with some countries in the Middle East and Asia. Who the major parties are who are involved in the discussion on FGM will be explained in more detail further along in the research report.

The procedure is mostly carried out on girls between infancy and the age of 15, though in some areas it can go up to the age of 20. However, it is important to note that in half the countries of which we have data, the procedure is performed before the age of 5. The procedure and age of the girl differ per region or ethnic group. To classify the different procedures, the World Health Organization (WHO) has come up with four types and to know the differences between these types is essential. Firstly, type 1, often referred to as clitoridectomy, which is the partial or complete removal of the clitoris, a small and sensitive part of the female genitals. Secondly, type 2, also called excision, which encases the partial or complete removal of the inner labia (the inner folds of the vulva) along with the possible removal of the outer labia and clitoris. Thirdly, type 3, also known as infibulation, implicates the removal of the external genitalia and closing off of the wound, possibly by it being sewn shut. Type 3 is found especially in Somalia and Sudan and there are over eight million women in Africa living with this type of FGM. In type 3 FGM only a small hole is left for the woman's passage of urine and menstrual fluid, but it is reopened when she gets married later in life to have sexual intercourse. It may however be shut again (reinfibulation) after childbirth, divorce or widowhood. Finally, there is type 4, which includes all other procedures that can be performed on the female genitalia for non-medical purposes; this can also include symbolic circumcision. As previously mentioned, the type that is performed varies per region or ethnic group. For example, type 1 is the most common in Egypt and southern parts of Nigeria. While type 3 is mostly present in north eastern Africa.



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UNICEF and the WHO see FGM as an incredibly harmful practice, with no health benefits for the girls and women undergoing it. According to the WHO, it is rooted in the inequality between the sexes and is an extreme form of discrimination. Not only because of the violation of one's health, security and physical integrity but especially because of the consequences it can have on a woman's health. To only name a few of the direct consequences, there is severe pain, excessive bleeding, urinary problems, and even death. On a long-term basis, these problems can obviously continue to occur but risk of childbirth complication, psychological problems and other health complication can be added to the list.

These health issues are the main reason for the Human Rights Council to discuss FGM. However, the psychological damage cannot be disregarded and this will most likely be a debate of ethical tradition against the lawful rights of women.

In addition to the complications mentioned previously, the way FGM is usually performed is also part of the issue. Typically, FGM is carried out by a traditional circumciser using no anaesthetic and a blade, which may or may not have been cleaned before using it on different girls, depending on the region it is performed in. Additionally, the age at which it is performed differs between different regions as well. This has to do with the different reasons for the female circumcision.

First of all, FGM is a social norm in some countries, which means it is needed for an individual to be accepted socially in their community. This basically means the peer pressure applied by a girl's community leads her into the procedure, but it is a standard way of living in the specific region. Likewise, it can be seen as part of a girl's upbringing, saying it is a rite of passage between childhood and adulthood. In this case it is usually performed on girls between the age of 10 and 15. Nonetheless, most girls are cut before the age of 5, which leads us to the other reasons for FGM. The procedure is often used to ensure premarital virginity and fidelity. Communities believe that by performing type 3 FGM, the pain of opening the vaginal opening will keep women from any sexual intercourse outside of their marriage. Moreover, FGM can be associated with purity, beauty and cleanliness since the body parts that are considered unclean have been removed. Lastly, FGM is repeatedly said to have religious motives, although this has not been found in practice very often. To find even more reasons for FGM, please refer to the sources in the 'links and sources' list.

The WHO refused to investigate FGM when the UN asked them to in 1959 on the grounds of it not being a medical matter, but after a rise of feminism in the 1970s the UN did take it up into discussion. Since then, several reports on FGM have been published and in 2012 the UN called upon any doctor to stop performing FGM in any form.

Major parties involved

This section is dedicated to the countries that are majorly involved with the issue. Not only countries in which FGM is performed, but also some countries that have fought against it very fiercely. Despite not being mentioned in this section, your assigned country may still be involved quite a bit, just less than some others and research is recommended.

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Egypt

In Egypt, the percentage of women between the age of 15 and 49 that has been cut is as high as 91 percent as of June 2017. It is immensely important to note that there have been surveys on the national attitude towards FGM in a country. Over 50 percent of women in Egypt supported the perpetuation of FGM in Egypt and along with that, it has been shown to be a religious requirement. Along with that, 77 percent of the procedures in Egypt were performed by medical professionals as of 2016 and even a local anaesthetic was given. However, the first opposition to FGM started in Egypt in the 1920s when the Egyptian Doctors' Society wanted to ban the procedure, which eventually happened in 2007. The women that still want to have FGM performed on their daughters usually seek this through cosmetic surgery.



Somalia

The percentage of women between the age of 15 and 49 who have been circumcised is actually highest in Somalia, being 98 percent as of June 2017. Whereas in many countries a higher level of education among women results in a decrease in the number of FGM procedures, the situation in Somalia was the other way around. Over 80 percent of the girls are cut between age 5 and 14 and just like in Egypt; over 50 percent of women actually support continuing FGM. Opposition to FGM first occurred in 1977, when Edna Adan Ismail discussed the health consequences of FGM with the Somali Women's Democratic Organization. Furthermore, there are records of women that have fled the country to avoid FGM, causing it to be recognized as a form of persecution in countries such as Canada.



Sweden

Most Western countries have outlawed the practice of FGM and Sweden was the first to do so in 1982 with the *Act Prohibiting the Genital Mutilation of Women*. Unlike some countries such as Canada and the US, Sweden has banned any operation performed on the female genitalia regardless of age and consent.



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France

The French nation is among the countries that have introduced new laws or revised existing legislation to ban FGM. France is now known to be fiercely against FGM, after it took the life of two girls in 1982. Since 1991 protection is provided for FGM victims because the French court ruled that the Convention Relating to the Status of Refugees should do so.



Arguments

In favour

To speak in favour of FGM, most arguments will have to be built upon social standards and morals. The issue will make for an ethical discussion and the reasons that were mentioned in the overview of the issue can also be used as main arguments in favour of FGM around the world. Therefore, the arguments in favour should include the tradition of the countries in which it is performed. It should however not be forgotten that even ethical arguments can be supported by facts and figures. For instance, a delegation in favour of FGM could support their argument by referring to the surveys that found the willingness among women in a country to continue performing FGM. Additionally, the women seeking FGM elsewhere, such as in cosmetic surgery in Egypt, also show the consent that is given to FGM. As a result a statements supporting FGM are not completely unacceptable.

Against

Most arguments against FGM will obviously be related to the health consequences; both physically and mentally. It is important to look at both the short-term and long-term consequences of FGM, of which there are many. As this will be discussed in the Human Rights Committee, the focus should be on FGM as being a violation of the basic human rights of a woman. There have been several reports on people fleeing their country and actually acquiring refugee status due to FGM. The United Nations has already acted against FGM several times and the following timeline will show more clearly how it has acted; these events can be called stipulated in an argument against FGM to make for a stronger case.

Timeline of Events

In this timeline, the most important events regarding FGM are presented, both in favour and against the practice.

1959	The Egyptian government bans infibulation (type 3) in state-run hospitals, but allows clitoridectomy (type 1) if by parents' request.
1959	The UN asks the WHO to investigate FGM, but the WHO responded by saying it was not a medical matter.
1970s	Feminists take up the issue of FGM, also in Africa.

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1975	Rose Oldfield Hayes, an American social scientist, is the first female academic to publish a detailed report on FGM
1979	The WHO holds a seminar: "Traditional Practices Affecting the Health of Women and Children".
December 1993	The UN's World Conference on Human Rights in Vienna calls for an end to the practice. FGM was listed as a form of violence against women in this conference and so, a human-rights violation, rather than a medical issue. This was done in the Declaration on the Elimination of Violence Against Women in the United Nation General Assembly.
1990s and 2000s	Several governments in Africa and the Middle East pass legislation banning or restricting the practice of FGM.
2003	The African Union ratifies the Maputo Protocol on the rights of women, supporting the elimination of FGM.
2003	The UN sponsors International Day of Zero Tolerance for Female Genital Mutilation from this year onwards.
2005	The United Nation's Children's Fund (UNICEF) Innocenti Research Centre in Florence publishes its first report on FGM.
2007	The Egyptian government completely bans FGM.
2007	The United Nations Population Fund (UNFPA) and UNICEF start the Joint Programme on Female Genital Mutilation/Cutting to fasten up the elimination of the practice.
2010	The UN calls upon healthcare providers around the world to stop performing FGM procedures in all its forms.
December 2012	The General Assembly passes a resolution: "Intensifying global efforts for the elimination of female genital mutilations".
2015	In at least 23 of the 27 countries in Africa in which FGM was being practised, laws restricting FGM have been passed.

Resolution

When putting together a resolution, a delegate should carefully consider their country's perspective and opinion on the matter. To find out if your assigned country is in favour or against FGM is the first step in your research. The links in this document provide a lot of information, but personal research is highly recommended. Fully understanding the subject of the issue is crucial to making points in the debate, so really delve into the subject of FGM. Furthermore, you should keep in mind that the committee's goal is to make resolutions that can be passed, so consider making compromises and study your opposition carefully to be fully prepared.

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Links and sources

For facts and a detailed explanation of FGM, along with the international response and reasons for why FGM is performed

<http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

For answers to frequently asked questions on FGM

<https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions>

For facts on the prevalence, health risks and arguments against FGM

<http://www.who.int/reproductivehealth/topics/fgm/en/>

For the Global strategy to stop healthcare providers from performing female genital mutilation

http://www.who.int/reproductivehealth/publications/fgm/rhr_10_9/en/

For the report: Eliminating female genital mutilation: an interagency statement

<http://www.who.int/reproductivehealth/publications/fgm/9789241596442/en/>

For the health risks of FGM in more detail

http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/

For an infographic on UNICEF's data work on FGM

https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPR_EAD.pdf

For an American article on a woman getting Refugee Status because of feeling FGM

<https://www.nytimes.com/1994/07/21/world/canada-gives-somali-mother-refugee-status.html>

For an article on why some women choose to get circumcised

<https://www.theatlantic.com/international/archive/2015/04/female-genital-mutilation-cutting-anthropologist/389640/>