

Commision on the Status of Women

MUNOB

***Tackling the effect of
female genital mutilation***

-Research Report-

Indira Verinica

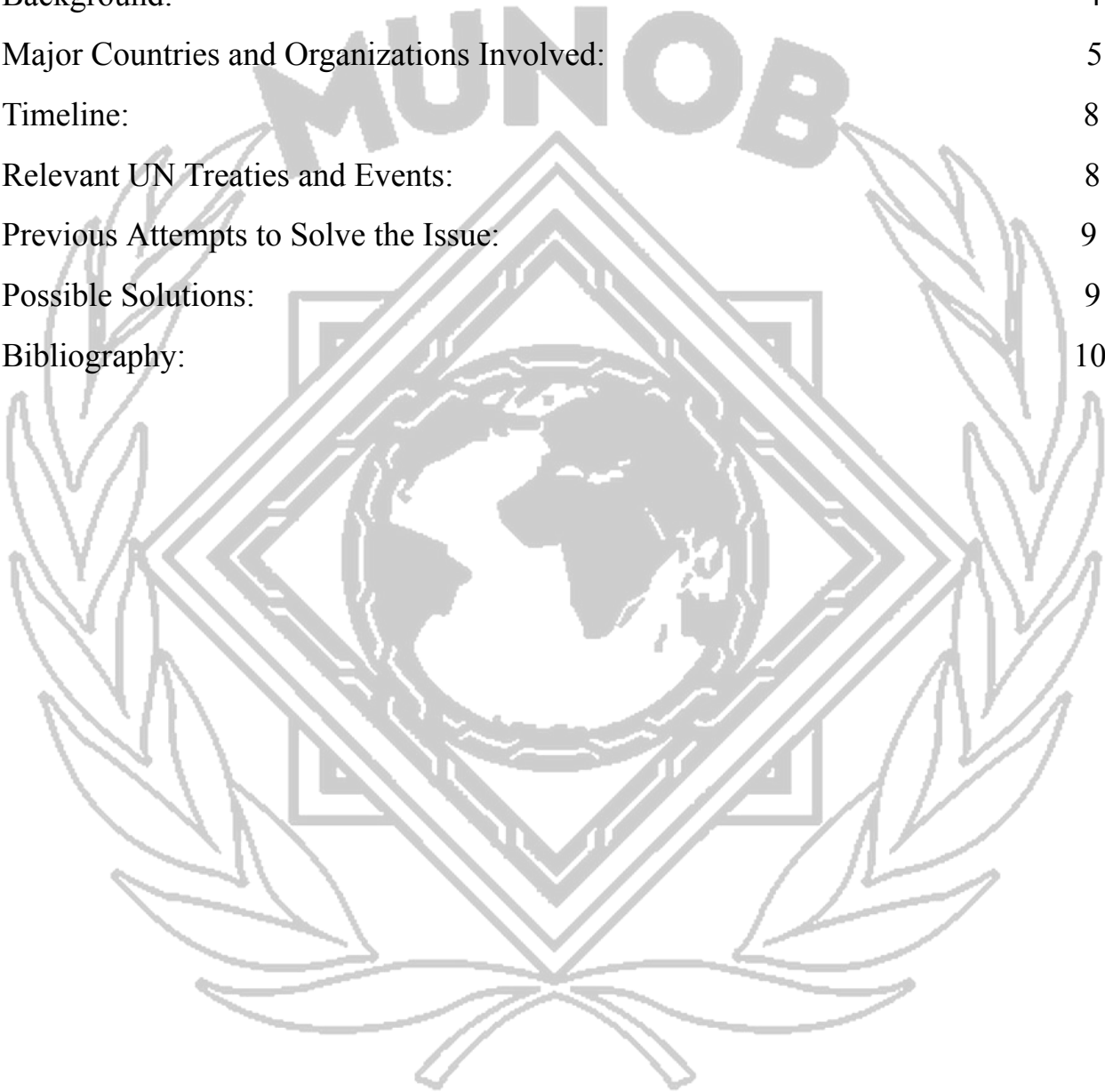
-Main Chair-

Maia Chen

-Deputy Chair-

Table of Contents

Introduction:	3
Definition of Key Terms:	4
Background:	4
Major Countries and Organizations Involved:	5
Timeline:	8
Relevant UN Treaties and Events:	8
Previous Attempts to Solve the Issue:	9
Possible Solutions:	9
Bibliography:	10



I. Introduction

Whereas over the past ten years, females who reside in certain areas in Africa, the Middle East and certain Asian countries have undergone the process of female genital mutilation. However, some policies that attempt to end this type of mutilation has made little to no impact because of the culturally embedded elements and ignorance surrounding it. Chronic pain, complications in childbirth, emotional trauma, and infections are some of the potential side effects of FGM. The practice may be done for cultural, social, or even religious elucidations. But it is an act of deprivation of basic human rights where girl suffers badly, physically and psychologically.

Addressing the effects of FGM can lead to serious medical and psychological problems, but it is also a matter of prevention, through awareness campaigns, advocacy and implementation policies. While governments, NGOs, and grassroots organizations are working toward decreasing FGM rates nowhere is the war against FGM more critical than in changing beliefs held through denominations or religious family beliefs while ensuring that every girl is free from such damaging practices.

And it does not stop there, as the victims receive medical and psychological support and awareness for the prevention of FGM is raised through awareness campaigns, advocacy and legislative measures. Despite some progress in addressing the scourge of FGM by governments, NGOs, and community-based organizations, creating a fundamental shift in entrenched beliefs and ending this harmful practice for all girls continues to be a long journey ahead.

This topic will cover what FGM so frequently means for women, why it is so hard to end and how we should and can support survivors and work towards the long-term goal of eliminating the practice. Addressing the consequences of FGM, we take steps towards a future where all women and girls can exist in dignity, autonomy and free of abuse.

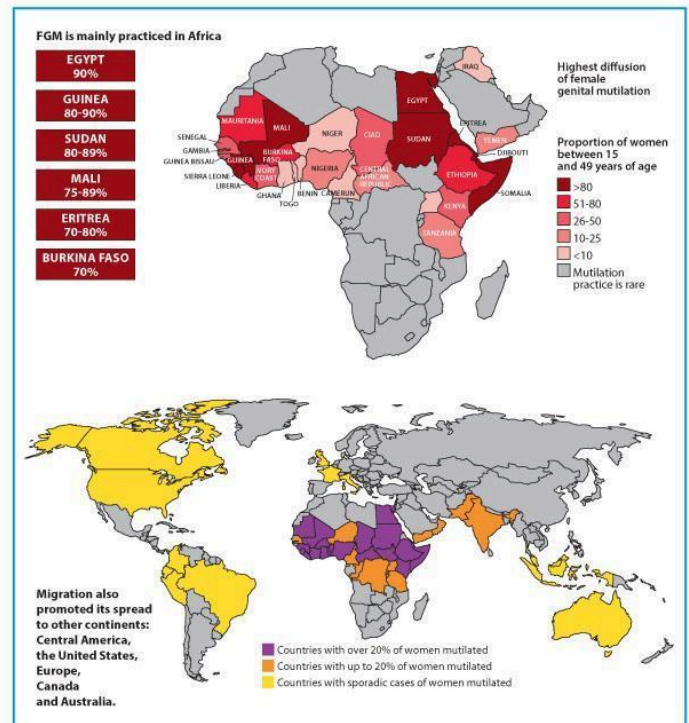


Figure 2. Epidemiology of female genital mutilations in the world. Source: Hassanen et al, 2019.³

II. Definition of Key Terms

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. It is most often carried out on young girls between infancy and age 15. In every form in which it is practiced, FGM is a violation of girls' and women's fundamental human rights, including their rights to health, security and dignity.¹

Infibulation

The practice of excising the clitoris and labia of a girl or woman and stitching together the edges of the vulva to prevent sexual intercourse. It is traditional in some north-eastern African cultures but is highly controversial.

Deinfibulation

Deinfibulation refers to the practice of cutting open the narrowed vaginal opening in a woman who has been infibulated (Type III FGC); this is often necessary to enable vaginal intercourse or childbirth.²

Reinfibulation

Reinfibulation is resuturing after delivery or gynecological procedures of the incised scar tissue resulting from infibulation.³

III. Background

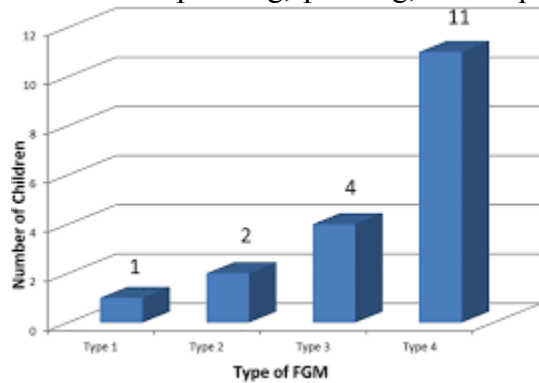
Female Genital Mutilation, (FGM) is a practice that is embedded in culture and consists of modification and or maiming of female reproductive organs for socio-cultural faults. FGM is believed to have originated more than two millennia ago and there is archeological evidence suggesting the practice was carried out in ancient Egypt, some parts of Arabian Peninsula as well as a few areas of sub-Saharan Africa. In the past, FGM has been practiced with notions of 'purity', femininity, and as a social status indicator. It has often been perceived as a rite of passage into womanhood and a pre-requisite to marriage. It is one of the practices meant to regulate and monitor women's sexuality, guaranteeing 'respectable' virginity before marriage, and protecting family values. It is usually defended on the basis of tradition and, in some instances, religion, but none of the major religions sanction FGM.

¹ <https://www.unicef.org/protection/female-genital-mutilation>

² <https://pmc.ncbi.nlm.nih.gov/articles/PMC6987000/>

³ <https://pubmed.ncbi.nlm.nih.gov/20138274/>

There is a wide variety in the ways through which this practice is carried out, along with the intensity. The World Health Organization (WHO) breaks FGM into 4 main Types – Type I encompasses partial or complete clitoridectomy, Type II Excision represents: resection of the clitoris with the inner labia; Type III Infibulation, the most severe form involves removal of labia and clitoris with sewing shut of the vagina; Type IV covers a range of other destructive processes that include pricking, piercing, or scraping.... These procedures are carried out on young girls



between infancy and puberty. The use of non-sterile instruments poses a great risk for the victims as they are prone to severe pain, infections, various ailments in the future or even death.

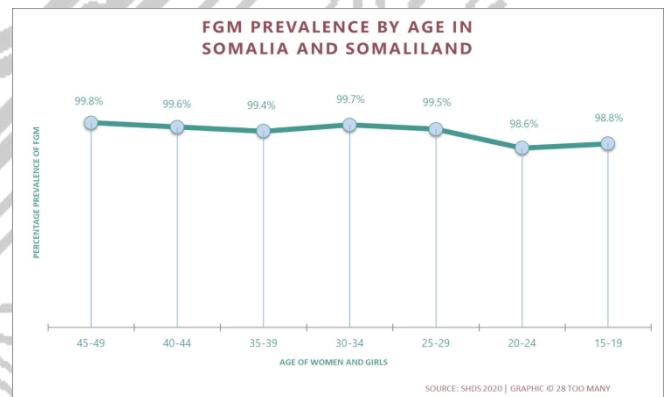
FGM has devastating and life-altering repercussions on an individual’s physical and mental wellbeing. Along with chronic pain, infections, and urinary issues, FGM leads to extreme bleeding and suffering. Women also experience menstrual irregularities, child-bearing complications, and reproductive system dysfunction. The most staggering statistic is the elevated danger of death to women and infants. On the psychological spectrum, PTSD, depression, anxiety, and family related ill feelings are the primary concerns that FGM survivors suffer from.

IV. Major Countries and Organizations Involved

Somalia

Somalia has the highest rate of female genital mutilation in the world. The United Nations Population Fund has claimed that the type III infibulation procedure is inflicted on 98 percent of girls aged five to eleven. The outcomes are disastrous, including chronic pain, depression, birth complications, infections, pregnancy health problems, infertility, and even death in the most dire situations.

Over 230 million women and girls across the globe are victims of human rights abuse. FGM is a norm because of rampant religious and cultural misconception, ignorant stigma, and lack of understanding of its consequences. Some Somalis consider FGM a religious obligation, while others see it as necessary for a girl to get married.



India

The Dawoodi Bohra, one sect of Islam in India, is famously known for practicing FGM, and other Bohra sects are also reported to practice the same. The operation is usually done at the age of 7, and entails all procedures involving the partial or total mutilation of the external female genitalia or other injury to female genital organs. The procedure is usually performed by a traditional health care practitioner and is done with a knife or blade. It ranges from type I to type IV. FGM is associated with a variety of consequences, ranging from discomfort to infection, and is also associated with psychiatric consequences such as post-traumatic stress disorder.

FGM is performed on girls belonging to Dawoodi Bohra, a Shia sect of Islam with over a million members in India. The procedure known as Female Genital Mutilation is of partial or total excision of the clitoral hood of girls aged six to seven. The Mufaddal Saifuddin, a spiritual leader of the Dawoodi Bohra, explained that while “religious books written more than one thousand years ago detail the qualifications for both males and females as a form of religious purification,” the Bohras have to “obey the law of the land,” and so do not carry out Islamic female circumcision in countries where it is banned. Other Bohra sects, including the Sulemani and Alavi Bohras, as well as some Sunni communities in Kerala, have been reported to practice FGM.

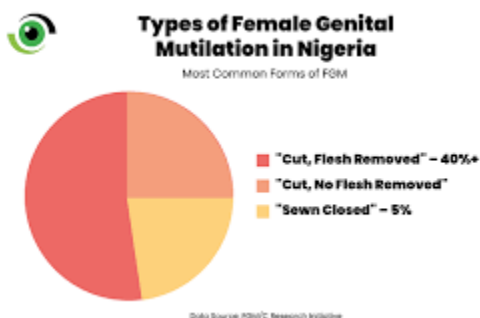
Arab Republic of Egypt

In Egypt, the culturing cutting taboo, especially infibulation and clitoridectomy or excision for females is the most widespread type of FGM that is routinely used. Although these practices are widespread, there is a considerable concentration in rural communities. These are prevalent amongst Muslims and also Coptic Christians. In Egypt south, certain tribes practice type III circumcision, called infibulation or Sudanese circumcision.

In the year 2000 USAID provided funds for Egypt's Demographic and Health Survey (DHS) number 4 who's in depth in demand interview sampling aimed at set enumeration areas with as per the record, 15,648 female participants aged 15-49 and ever married. This study revealed that nearly all Egyptian women of reproductive age, had underwent FGM. Based on the preliminary analysis of the 2000 data, and considering the 1995 DHS results, approximately 97 percent of the surveyed women had experienced one of these procedures. The least common form, Type III, remains the most popular form of mutilation.

Nigeria

Civilizations where FGM is practiced are sensitive to its implications, yet regard the practice as central to their culture. In region of FGM, it is always associated with ethnicity, culture, and social status and even regarded as a religious obligation. This practice is common in Nigeria among Muslims, Christians, and Jews. The practice is common among Muslim communities, but there is no allusion to it in the Quran, nor in the primary texts of Christianity and Judaism. The majority of cases reported are when family members (parents and grandparents, most often



mothers or grandmothers) conduct FGM on their girls and female grandchildren. It is associated with enhancing a daughter's status in marriage, and obtaining a desirable bride price, family shame and family honor. Perceptions of FGM abolition being harmful to Nigerian sociocultural norms are common especially among older women who underwent FGM in their youthful days.

It has also been connected to higher sexual enjoyment for men, increased fertility and ability to conceive for women, and increased newborn survival rates; however, these claims are erroneous. Families usually follow tradition due to social pressure and the fear of being excluded from the community. Girls who have not had the procedure are frequently regarded as unfit for marriage and filthy, and it is a societal taboo. They may also face bullying and discrimination in society. In many cases, girls succumb to peer and cultural pressure because of fear of stigma and rejection from their group, viewing the practice as normal and necessary.

United States of America

In the United States, FGM is particularly prevalent in immigrant groups and major metropolitan regions. Data on the prevalence of FGM in the United States was initially collected in 1990 using census data. CDC reports utilizing data from early 2010 to 2013 show a decline in FGM in the United States, while rising immigration causes numbers to appear higher.

In addition to being widespread among immigrant populations in the United States, FGM was considered a regular medical procedure in America for the majority of the nineteenth and twentieth century. Physicians conducted varied degrees of intrusive surgery to cure a variety of diseases, including hysteria, depression, nymphomania, and frigidity, as well as to discourage masturbation. The medicalization of FGM in the United States enabled these practices to continue until the end of the twentieth century, with some surgeries funded by Blue Cross Blue Shield Insurance until 1977.

United Kingdom of Great Britain and Northern Ireland

Female genital mutilation, or FGM fell under the enact of Female Genital Mutilation Act 2003 in UK. Up until recently, cutting was a crime AND aiding it and removing somebody abroad to have the procedure performed. But it does not stop FGM from happening in reality and especially within some migrant groups coming from countries where it is practiced. This UK government response. As part of its actions, they have made specific on certain professions (doctors, teachers, ...) to report. They also have protective orders for girls not to be exported out of the country for FGM and they have programs on awareness. There have been very few prosecutions —despite the fact that FGM is known to occur in the UK and the NHS thinks hundreds of women and girls are diagnosed as affected each year.

V. Timeline of Events

1975	The feminist movement highlights FGM as a global issue; Fran Hosken publishes <i>The Hosken Report</i> , documenting its prevalence and health impacts.
1979	The World Health Organization (WHO) organizes its first seminar on harmful traditional practices, focusing on FGM.
1981	The Inter-African Committee on Traditional Practices (IAC) is founded to combat FGM across Africa.
1985	WHO officially condemns FGM as a harmful cultural practice.
1993	The UN Vienna Declaration classifies FGM as a form of violence against women and a human rights violation.
1997	WHO, UNICEF, and UNFPA release a joint statement defining FGM and calling for its eradication.
2003	The African Union adopts the Maputo Protocol, requiring member states to eliminate harmful practices like FGM.
2008	UNFPA and UNICEF launch the <i>Joint Programme to Eliminate FGM/C</i> , a coordinated global effort.
2012	The UN declares February 6th as the International Day of Zero Tolerance for FGM .
2015	The United Nations' Sustainable Development Goals (Goal 5.3) call for the elimination of FGM by 2030.
2020	Sudan criminalizes FGM, punishing offenders with up to three years in prison.
2025	Over 30 countries have criminalized FGM, but enforcement remains a challenge, with 4 million girls still at risk annually.

VI. Relevant UN Treaties and Events

- <file:///C:/Users/cipri/Downloads/Final%20L2%20ending%20female%20genital%20mutilation%20-%20advance%20unedited.pdf> (2008)
- <file:///C:/Users/cipri/Downloads/n1645313.pdf> (2016)
- <https://docs.un.org/es/A/RES/73/149> (2018)
- UNGA Resolution 67/146 (2012)
- UNGA Resolution 71/168 (2016)
- **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979**

The goal is to eliminate prejudice against women and promote gender equality in all aspects of life. It demands countries to enact laws and policies that guarantee equal rights for women in areas such as education, employment, healthcare, and protection from harmful practices such as FGM. CEDAW requires governments to taking active actions to eliminate gender-based violence and improve women's rights worldwide.

VII. Previous Attempts to Solve the Issue

Various efforts had acknowledged such traditional practices of FGM learning laws, engaging community awareness campaigns, and cooperating internationally to end it. Countries at present are beginning to enact laws against FGM, and yet, in areas where the practice is culturally accepted, enforcement remains an issue. Campaigns to increase public awareness and education as led by organizations like UNICEF and WHO have rapidly rendered some sections of society aware of the health risks associated with FGM. Community-based approaches provided various options to traditional practices, such as Alternative Rites of Passage programs. Women and girls shall become empowered and engaged at all levels of governance; education and economic opportunities are keys to reducing the prevalence of FGM. Such measures will also face obstacles, including cultural opposition and weakness in enforcing new laws. Hence, a multilateral partnership among state governments, international organizations, and local communities would be the only answer to pulling the plug on FGM entirely in guaranteeing rights and a safe life for all women and girls across the globe.

VIII. Possible Solutions

Ending FGM requires a combination of legal action, education, community engagement, and medical care. Governments must establish strict restrictions, including fines for criminals and protections for vulnerable girls. Mandatory reporting by schools and healthcare staff, as seen in the United Kingdom, can assist to prevent cases, while stronger border controls can put an end to FGM tourism.

Cultural barriers can be overcome through education and awareness. The media and religious leaders can help create a shift in attitudes, while schools can thoroughly explain the dangers surrounding FGM. A few communities have successfully performed non-fgm aliation practices that are more ceremonial in nature and target the goal of safeguarding women's health while retaining traditional values.

Survivors need medical and psychological assistance because FGM leads to irreversible trauma. This must come from qualified personnel who can offer the healing, therapeutic support, and safety that the victims require. Initiatives and grassroots movements through the UN will help achieve global development goal 5.3 on the elimination of FGM by 2030. It is fully achievable. Everything depends on the will to get rid of this awful custom.

IX. Bibliography

Definition of key terms

- <https://www.unicef.org/protection/female-genital-mutilation>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC6987000/>
- <https://pubmed.ncbi.nlm.nih.gov/20138274/>

Background information

- <https://www.ncbi.nlm.nih.gov/books/NBK368486/>

Major Countries and Organizations Involved

- <https://reliefweb.int/report/somalia/female-genital-mutilation-daily-grim-reality-girls-somalia>
- <https://www.unocha.org/news/turning-tide-against-female-genital-mutilation-somalia>
- <https://www.unicef.org/media/128221/file/FGM-Somalia-2021.pdf>
- https://en.wikipedia.org/wiki/Female_genital_mutilation_in_India
- [https://www.unicef.org/egypt/media/5311/file/FGM%20\(English\).pdf](https://www.unicef.org/egypt/media/5311/file/FGM%20(English).pdf)
- <https://2001-2009.state.gov/g/wi/rls/rep/crfgm/10096.htm>

Relevant UN treaties and events

- <file:///C:/Users/cipri/Downloads/Final%20L2%20ending%20female%20genital%20mutilation%20-%20advance%20unedited.pdf>
- <file:///C:/Users/cipri/Downloads/n1645313.pdf>
- <https://docs.un.org/es/A/RES/73/149>
- file:///C:/Users/cipri/Downloads/A_RES_71_168-EN.pdf

Previous Attempts to Solve the Issues

- <https://www.unicef.org/media/88751/file/FGM-Factsheet-2020.pdf>
- <https://news.un.org/en/story/2024/06/1151056>

Possible Solutions

- <https://www.globalgoals.org/news/five-ways-to-help-end-fgm/>