Research Report

General Assembly III

Implementing measures to eradicate the practice of female genital mutilation

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Introduction

Female Genital Mutilation (FGM) is a common practice in Northern African Regions, some regions in Asia and in the Middle East. It comes attached to a number of physical and ethical complications. The amount of women and girls that are affected by FGM is between 100 million and 140 million, and it is not decreasing. There are more than 3 million girls at risk of FGM every single year.

The international community believes that this practice is a violation of human rights and the rights of children, mainly because the majority of FGM operations are performed on minors. The most alarming part of FGM is that there are no health benefits related to this practice. Women who have undergone the procedure have countless health problems, which can result in infertility, an increased risk of childbirth complications, and newborn deaths. So far, 36 nations have implemented laws and/or measures against female genital mutilation. The World Health Organization (WHO) has also started a global campaign against FGM and several methods to prevent FGM from occurring.

The practice stems from rural cultures and different religions, and it continues to spread because the procedures are appealing to multiple beliefs. FMG is most prevalent in smaller communities, and is mostly carried out by important figures in the community, who often do not have the necessary training and skills to perform such a procedure, and sometimes not the appropriate equipment. However, more than 18% of all female genital mutilation is performed by health care providers and there is a trend towards medicalization of such practices. This development could make FMG an even greater issue then it already is, as the involvement of

health care providers and modern equipment could lead to the exposure and globalization of female genital mutilation.

Definition of Key Terms

Female Genital Mutilation (FGM)

The World Health Organization (WHO) defines female genital mutilation 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."

Clitoridectomy

It is defined by the WHO as the “partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).”

Excision

It is defined by the WHO as the “partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).”

Infibulation

It is defined by the WHO as the “narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.”

General Overview

The forms of female genital mutilation

In total, the World Health Organization has classified Female Genital Mutilation into four distinct forms:

Clitoridectomy

Clitoridectomy (defined in the previous section) is a practice that was performed by gynecologists in the 19th century throughout the Western world, mainly in the United States of America and Europe. It was believed that if the clitoris was to be removed, it could cure women against insanity and masturbation. However, this procedure did not cure anything. Furthermore, this form is very harmful, but it has been shown that it is possible to be reversed through surgery. Of course, this form could have further consequences if performed under poor conditions involving unsterile or incorrect equipment, poor hygiene and insufficient medical knowledge to perform the procedure. These conditions could induce some very serious infections, ranging from urinary tract infection to cysts and even infertility.

Excision

This form is very similar to the previous form of FGM. Nonetheless, there is no current record of it being a reversible procedure. Again, this form of FGM could be very dangerous and harmful if performed under poor conditions as mentioned above. Excision is connected to a number of similar serious infections.

Infibulation

This practice is extremely painful and is the most severe out of the forms of Female Genital Mutilation. The worst part of this particular form is that there is an on-going infection risk because only a very small opening is left for urine and menstrual fluid. In most cases, the tissue surrounding the opening gets infected. This makes sexual intercourse considerably painful since it means that the skin would have to be re-opened and this could lead to more bleeding. Furthermore, giving birth becomes difficult and the procedure causes complications such as child death and major blood loss.

Other

These forms of FGM procedures are less common, but still fall under the criteria of Female Genital Mutilation defined by the WHO. The complications and risks vary since these forms range from intensive operations to piercings. This form is very difficult to track and to combat because it is very uncommon, but NGOs are trying to gather as

much data on the other forms as possible to make attempts to eradicate FGM more effective.

The Origins of FGM:

The location of origin is not completely clear, but it is to be believed that the first cases occurred in Africa, more specifically in Ancient Egypt. “The philosopher Philo of Alexandria (c. 20 BCE – 50 CE) contrasted the Egyptian practice with God's commandment in the Book of Genesis (c. 950–500 BCE)” that the marriageable youth of Egypt was to be circumcised, both boys and girls.

Even though no religions directly prescribe female circumcision, communities and believers still practice this procedure because of hearsay, neighboring communities or misinterpretation of practice or scripture. Female genital mutilation is practiced to support the religion in which the community believes. The general idea of female circumcision is to preserve the purity and cleanliness of a virgin until marriage. The protection of purity is a very common belief in many cultures, and it may be a reason why FGM is practiced as much as it is.

In later years, around the 19th century, some forms of FGM were found in Europe and North America when doctors believed that the removal of a clitoris would treat multiple psychological problems such as hysteria. However, these treatments were inconclusive and are not used in practice today for these reasons.

Current encounters with FGM:

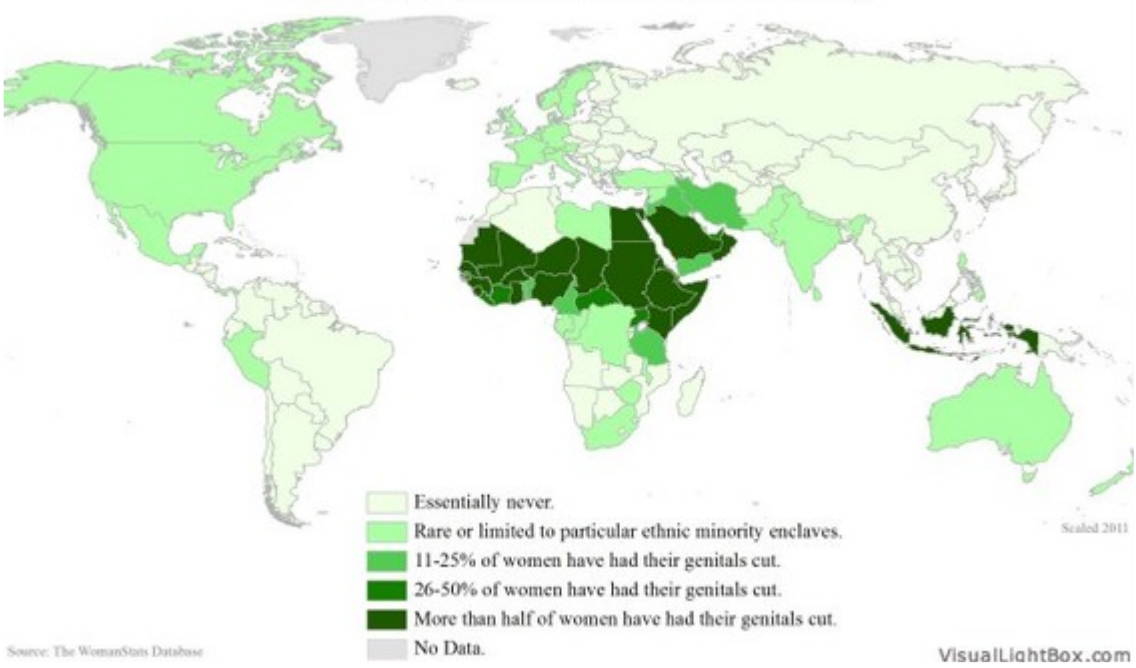
The focus of this issue has mainly been the regions in Africa, Asia and the Middle East; Europe may seem very alienated from the subject. However, this is not always the case, Indeed, on March 21st, 2014, the United Kingdom announced the first Female Genital Mutilation prosecution.

Dr. Dhanuson Dharmasena, 31 years of age, from Ilford, East London, was prosecuted for an alleged offence of FGM while working at the Whittington Hospital in London. Hasan Mohamed, 40 years of age, from Holloway, North London, faced a charge of intentionally encouraging FGM. Both were fully charged for their crimes, both were granted unconditional bail.

Nevertheless, not all cases go as well as in the United Kingdom. In Somalia, where a “rape epidemic” is ongoing, Amnesty International has reported instances of FGM. Even though

FGM is not a form of rape, it is a form of sexual violence that has taken place over the last two decades due to the conflict going on in the country. Fortunately there are organizations that are combating this problem, for example with an increase in Somali authorities in the field of protecting women and children, driven by Amnesty International.

To give a holistic view of where FGM is taking place, the map below highlights the areas. The title, which reads “Prevalence of Female Genital Cutting”, is in reality the same process as FGM.



Prevalence of Female Genital Cutting

Map of Female Genital Cutting." The WomanStats Project and Database. N.p., n.d. Web. 26 May 2014. <http://womanstats.org>

These current encounters show that this issue is very relevant to this date and that these procedures are a threat to women globally. It is important to see that this issue is different in different parts of the world, and that one method does not solve all cases.

Major Parties Involved and Their Views

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 different 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 problem is that medical professionals are practicing FGM, which is a huge obstacle in the process of eliminating the practice.

United Kingdom

As seen in the current encounters with FGM in Europe, there is a trial going on against FGM in the UK. This clearly states the United Kingdom's view on FGM: it is illegal to perform FGM and the country is raising awareness on the illegal aspect of the procedures. The United Kingdom was one of the first nations to have explicit laws on FGM and it is supporting NGOs in ending FGM. In fact, together with predominantly the WHO and Amnesty international, they have launched a new program to reduce this practice by 30% in at least 10 countries in the next 5 years. The initiative includes: direct hands-on support in communities where these practices take place, starting funding for effective broadcasting of the problems caused by FGM and, most of all, raising awareness in all social groups that are at risk.

This initiative is driven by the fact that in the United Kingdom, at the moment, "over 20,000 girls under the age of 15 are at risk of FGM in each year, and it is estimated that 66,000 women have undergone the practice. The Female Genital Mutilation Act 2003 makes it illegal to practice FGM in the UK or take girls who are British nationals or permanent residents abroad for FGM," according to the British government.

Amnesty international in cooperation with the European Union (EU)

The WHO has started a global campaign and operates on a large scale with NGOs in ending FGM. One of those NGOs is Amnesty international, and they have set up with the

support of the European Union an effort to end these practices. Their aim is to ensure "that the EU adopts a definitive strategy to end FGM and provide protection to women and girls who flee their countries for fear of being mutilated," (Amnesty International).

Currently, the organization has 42,446 signatures for a petition to the European Commission, which calls for immediate action against FGM. With this petition, Amnesty International hopes that there will come an end to FGM in Europe, which would be a considerable step for the total eradication of FGM.

Guinea

Guinea has the second highest Female Genital Mutilation prevalence rate in the world according to UNICEF. This is because the practice is firmly rooted in their tradition. Girls are dependent on their families until they marry. If a girl resists having the procedure, she will likely be alienated by her community and would have difficulty in finding a husband. Thus, this procedure has a major impact on a girl's life.

FGM is illegal in Guinea. However, no one has ever been prosecuted for this crime. 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 and that there are less harmful ways of symbolizing purity. However, these programs have not been as successful as hoped because to this day, 96% of Guinean women have been cut.

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	Resolution 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";

March 2010	The Employment and Social Council (EPSCO) requests for the creation of tools and exchange of knowledge and practices to end violence against women, including FGM by establishing a European observatory;
December 2012	The UN General Assembly adopts the resolution on the elimination of female genital mutilation from 2008;

UN involvement, Relevant Resolutions, Treaties and Events

- Resolution: Female Genital Mutilation, May 24th, 2008 **(WHA61.16)**;
- 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;
- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, July 11th, 2003;
- Eliminating Female Genital Mutilation (An interagency statement), published in 2008;

Note: the final Statement has been the most influential statement on this topic because it is the only statement that solely focuses on FGM.

Evaluation of Previous Attempts to Resolve the Issue

So far there have been many attempts to resolve this issue and it is visible that these have been effective to a certain extent. Many countries are now aware of the problem. However, the suggested steps to eliminate FGM have either been poorly or not at all executed by the member states.

The figures state that 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 the member nations were to set up such laws condemning FGM. This would indeed encourage other nations to support the movement of eliminating FGM.

The next 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 have to be necessary to lose this mind set. 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% in 2013.

Another solution was to increase research on how to best treat women and girls with FGM, and this has been very conclusive since professionals are able to reverse some of the forms of FGM. However, this has given birth to another problem: medical professionals can now perform these procedures, but with fewer complications, making the procedure more attractive to a larger range of people. Nonetheless, this is an improvement for the victims of FGM. However, it is a lateral step for the WHO and other organizations that wish to eliminate FGM entirely.

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. It seems that internationally, there are some nations with laws in place that ban FGM, and that a reasonable goal would be to unite nations and increase the number that ban FGM.

Possible Solutions

A solid solution to this issue would be to create legislation or treaties that are solely dedicated to the eradication of the FGM practices. These treaties would state that signatories to the treaty would no longer support the practices of FGM and will take further action against those who have and do practice such practices. However, this solution could only be optimized if a majority of member states agree to the treaty. If many nations condemn the idea of FGM, the neighboring communities to the current practicing communities are very demotivated to copy, hence tackling the issue of communities copying each other and sustaining and furthering FGM.

A common solution could also be to simply encourage many nations to ban FGM and to prosecute those who take part in such practices. Simple and effective, similar to the first solution, this will be very effective if there is large support for such laws. Once again, this discourages communities and any other individuals that take part in such practices.

A more subtle solution would be to regularly inspect communities who have had the medical and psychological aid from the previous resolution. This would be implemented to prevent any "relapses" and to effectively stop FGM. This would make all the aid that is currently provided a lot more effective. However, some communities might not be open to such inspection and close collaboration.

A solution to the more recent problem - the issue that medical professionals are engaging in FGM - would be to suspend the licenses of the individuals or to heavily discredit those professionals. To strengthen the solution, the medical institutions that specialize in procedures that are related to circumcision and Female Genital Mutilation could be regularly inspected. This way medical professionals will be discouraged to practice FGM. Of course, transparency and the correct organization to monitor would be necessary for this solution to work at its full potential.

Finally, there should be a hotline or authority figure to call if a women or girl feels that she is going to be victim or has already undergone FGM. Currently, lots of measures are taken in hindsight of FGM and no measures are done to prevent FGM from happening. Whilst this could also empower women if successful, the unequal status of women in many of the cultures where FGM is prevalent may hamper the effectiveness of such a solution. Many husbands and even local authorities would not be in favor of women taking matters into their own hands, and would prevent and even punish women for trying to get into contact with hotlines or higher authorities.

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