

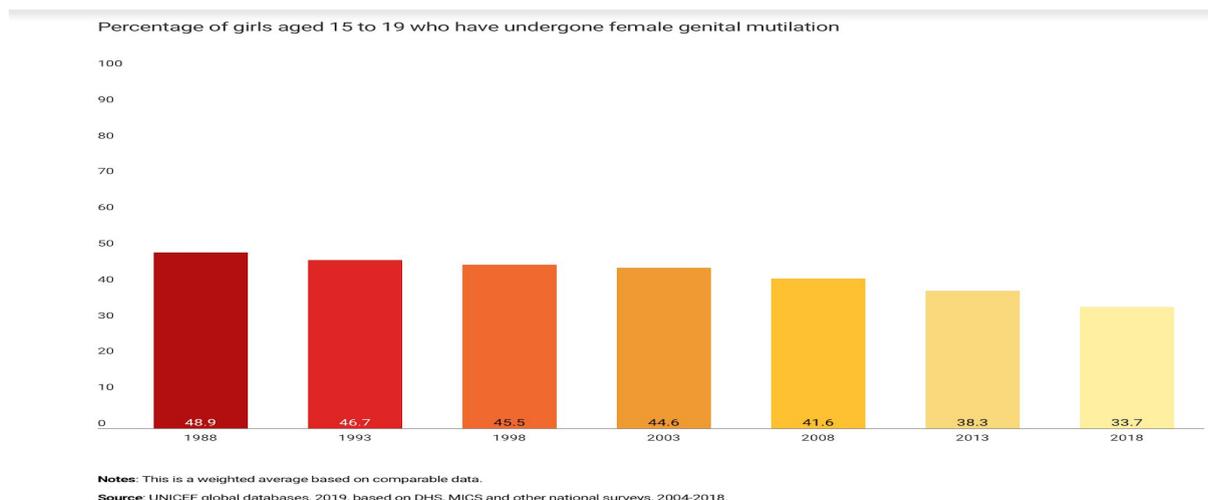
Issue: Combating Female Circumcision
Forum: Human Rights Council
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Introduction

The World Health Organization estimates that currently more than 200 million women live with a type of female circumcision.¹ Female Circumcision, which is often referred to as Female Genital Mutilation (FGM), is practiced as a coming of age ritual for girls. Girls between the age of 3 and 15 years old undergo the procedure and it is estimated that 3 million girls are at risk of circumcision every year.² The procedure is deeply rooted in various communities' traditions, yet, it poses a very high health risk for girls. The procedure is often done in unsanitary conditions and leads to severe health complications.

The International community has strongly condemned FGM on numerous occasions, qualifying it as a violation of Human Rights and Children's Rights. However, their attempts to solve the issue have not been as successful as they hoped. The data released by UNICEF in 2019 show a slow and uneven decrease in FGM since 1988.³ The analysis of FGM in 30 countries over 30 years shows that the amount of genitally mutilated women has only decreased from ½ to ⅓ in 30 years which is considerably lower than what was originally estimated by UNICEF.⁴



¹ WHO, "Female Genital Mutilation", (2018).
<https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

² Ibid.

³ UNICEF, "Female Genital Mutilation", (2019).
https://data.unicef.org/topic/child-protection/female-genital-mutilation/#_edn1

⁴ Ibid.

The role that tradition and culture play in Female Genital Mutilation makes it a particular challenging issue as legal action is not sufficient to stop the practice. The issue needs to be tackled at an international, national and regional level for it to be solved effectively.

This study guide will attempt to explain some of the issues around combatting female circumcision, explore ways in which the Member States can work together more effectively to tackle FGM and provide impulses for possible solutions.

Definition of Key Terms

Female Circumcision:

Female Circumcision is often referred to as **Female Genital Mutilation (FGM)**. The United Nations has defined it as the process of removing part of or the integrity of the female genital organ for non-medical reasons.⁵

The World Health Organization has categorized female circumcision into four different types of mutilation:

Type 1: clitoridectomy

- the partial or total removal of the clitoris and/ or the prepuce

Type 2: excision

- the partial or total removal of the clitoris and labia minora, with or without ablation of the labia majora

Type 3: infibulation

- reducing the vaginal orifice by cutting and repositioning the labia minora, and/ or labia majora and stitching them together to create a seal.

Type 4: all other harmful procedures

- all other procedures removing a part of the female genital organ for non-medical reasons not covered by the previous type. They often include more severe types of mutilation.⁶

General Overview:

Contrarily to popular belief Female Genital Mutilation (FGM) is not restricted to sub-Saharan African countries, but also affects a variety of populations around the globe. It is practiced

⁵ WHO, "Female Genital Mutilation", (2018).

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

⁶ Ibid.



in countries in the Middle East (Iraq, Yemen...), South America (Columbia...) and Asia (India, Indonesia, Malaysia ...).⁷ FGM cases are also present in Europe and North America and are usually found in immigrant communities.

Cultural and Social factors:

Female circumcision is a deeply rooted tradition in various communities. The cutting of female genital parts is considered a ritual of passage to womanhood and gives an introduction to the pain that will be experienced during childbirth.⁸ It is believed the circumcision will prevent the temptation of adultery and pre-marital sex in women as sexual intercourse will be painful.⁹ Once these genital parts are removed, girls are considered pure.¹⁰ Women who have undergone the procedure are more eligible for marriage as it increases their social status. Their value increases when looking for a groom and families often receive a higher dowry for a circumcised woman.

The social pressure around the circumcision is very present in some communities. It is done out of respect for family loyalty and a strong belief in their communities system and traditions.¹¹ Girls are often coerced into undergoing the procedure by their family members (e.g.: mothers...) that have also undergone the procedure when they were younger. This makes it very difficult for girls to refuse and makes the experience more traumatic as they feel betrayed by their loved ones. Women who refuse to undergo the procedure end up running away and are often shunned by their families and communities.

Furthermore, it is often believed that FGM is a Muslim practice. However, it is practiced in Jewish, Muslim and Christian communities and was carried out before the appearance of Islam.¹² It is important to note, that female genital mutilation is not prescribed in any of the Holy Books.¹³

Health Risks:

The health risks surrounding female circumcision are extremely high. The circumcision is often performed by a local midwife, in unsanitary conditions and without the use of

⁷ UNICEF, “Female Genital Mutilation”,(2019).

https://data.unicef.org/topic/child-protection/female-genital-mutilation/#_edn1

⁸ Kalev, “Cultural Rights or Human Rights”,(2004).

⁹ Ontiveros, “What is FGM?”,(2019).

¹⁰ Groeneveld, “Tradition versus Human Rights”,(2013).

¹¹ Le Bris, “The Fight against Female Circumcision”,(2019).

¹² Ibid.

¹³ WHO, “Female Genital Mutilation”, (2018).

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



anesthetic. During the excision women often suffer from severe pain as well as external/internal haemorrhaging. Furthermore, the razor blade used during the procedure is used on several women leading to infections such as tetanus and the spread of HIV. Once the procedure is completed, health risks remain present with severe urinary, vaginal and menstruation problems frequently arising.¹⁴ FGM is also a health risk as it can lead to complication whilst and after giving birth for both the mother and the child (postpartum haemorrhage..). On the long term, it leaves very extensive psychological trauma with women suffering from post-traumatic stress disorder, depression and severe anxiety.¹⁵

The 'Culture' and 'Custom' argument:

One of the biggest challenges that arises when combating FGM is the cultural aspect of the practice. Some consider that FGM is an ancestral practice that is part of their cultural heritage. These communities have been performing these circumcisions for generations and they consider it not only as a ritual to reach womanhood, but also as a way of honoring their ancestors.¹⁶ Attempts at banning the rite are perceived as an attempt to destroy their cultural heritage and westernize their culture. This is especially the case in countries like Somalia, where more than 98% of the women are circumcised and 64.5% of women aged 15–49 believe that FGM should continue.¹⁷ This makes legal action particularly challenging as during trial it is not only an individual that is being tried but a whole community and its traditions. This has led to countries not enforcing the ban on Female Genital Mutilation by not pursuing legal action and/or inappropriate sentencing for the committed offence. Furthermore, minority groups have been demanding 'group rights' to be able to continue practicing their cultural rituals which include FGM.¹⁸ This has led to debate of to what extend 'group rights' should be granted to minority groups whose cultural practices include FGM.

Violation of Human Rights :

The practice of Female Circumcision is considered as a bodily harm being inflicted for non-medical reasons and thus being a violation of a several fundamental Human Rights. It is most often seen as a violation of the right to "liberty and security of person" (Article 3)

¹⁴ WHO, "Female Genital Mutilation", (2018).

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

¹⁵ Kalev, "Cultural Rights or Human Rights", (2004).

¹⁶ Le Bris, "The Fight against Female Circumcision", (2019).

¹⁷ 28tooMany, "Country profile: FGM in Senegal", (2015)

[https://www.28toomany.org/static/media/uploads/Country%20Research%20and%20Resources/Senegal/senegal_country_profile_v2_\(august_2018\).pdf](https://www.28toomany.org/static/media/uploads/Country%20Research%20and%20Resources/Senegal/senegal_country_profile_v2_(august_2018).pdf)

¹⁸ Kalev, "Cultural Rights or Human rights", (2004).



and the right to be free from “cruel, inhumane and degrading treatment” (Article 5) of the Universal Declaration of Human Rights.

Furthermore, the mutilation of young girls who are socially pressured into undergoing FGM causing long term bodily and mental harm is considered as a violation of Children’s Rights to be protected from ‘ violence, injury or abuse’ (Article 19) outlined in the UN Convention of the Rights of the Child.

Women’s Rights:

FGM is a discriminatory practice towards women in general. It violates their right to equality and protection as their bodies have to be mutilated for them to be considered pure and fit socially acceptable standards.¹⁹ It directly contrasts with their rights to be protected from bodily and mental harm. Moreover, it is considered as a discriminatory practice as it is exclusively aimed towards harming women and perpetuates the idea that women are subordinate to men.

The International community has established that FGM is a violation of Human Rights, yet, has been unable to eliminate the practice. The Human Rights Council has to take concrete and efficient action to prevent this abuse of Human Rights from continuing.

Timeline of Key Events

1981	The Convention on the Elimination of Discrimination Against Women.
1995	Declaration and Platform for Action of the Fourth World Conference on Women in Beijing.
1997	Joint statements condemning FGM and expressing their action plan to eliminate the practice, issued by WHO/UNICEF/UNFPA.
1999	Adoption of Resolution 53/117 (A/RES/53/117) by GA.
2002	Adoption of Resolution 56/129 (A/RES/56/129) by GA.
2007	Initiation of the “Joint Programme on Female Genital Mutilation/Cutting” by UNFPA and UNICEF.
2010	Initiation of "Global strategy to stop health care providers from performing female genital mutilation" by WHO.
2013	Adoption of Resolution 67/146 (A/RES/67/146) by GA.
2016	Development of guidelines to tackle the health risks of FGM by WHO and UNICEF.

¹⁹ Novakovic, “What is Female Genital Mutilation?”,(2017).

Major Parties Involved & Previous attempts to resolve the Issue:

United Nations:

General Assembly:

The United Nations as a whole has worked on combating Female Genital Mutilation. The international community has recognized it as a violation of Children, Women and Human Rights and have strongly condemned the practice. The General Assembly passed several resolutions on the topic (**A/RES/53/117 ; A/RES/56/128 ; A/RES/67/146**) and sub-committees have addressed the issue in statements and reports such as in the interagency statement “Eliminating Female Genital Mutilation” (2008).

World Health Organization (WHO):

WHO has acknowledged that FGM is a deeply rooted traditional practice, however, has classified it as a severe form of violence against women and an abuse of fundamental Human Rights. They have put together several action plans to combat the practice. These are primarily based on education of the local population to the dangers of the practice. An example of the WHO’s publications are: “FGM: Integrating the Prevention and Management of the Health complication” (2001) targeting not only populations but also medical personnel (nurses...) who erroneously practice FGM believing that the risk are lower if done by a medical professional.²⁰ Furthermore, WHO considers FGM a health risk not only for the circumcised women, but also the rest of the community. The unsanitary conditions in which the circumcision is performed has allowed for outbreaks of infections and hinders the effective combating of HIV.

United Nations International Children’s Emergency Fund (UNICEF):

UNICEF has played an active role in combating FGM. They have targeted vulnerable populations and helped raise awareness. They have initiated programs such as “the Joint Program on Female Genital Mutilation/Cutting” and have worked extensively with other UN Committees such WHO and UNFPA. Furthermore, they have provided data on the evolution

²⁰ WHO, “Teacher’s Guide: Female Genital Mutilation”, (2001).
https://www.who.int/gender/other_health/teachersguide.pdf



of the situation and have published reports monitoring the situation of children and women's rights in the countries most subject to the practice of FGM.²¹

Human Rights Council (HRC):

Over the years, the international community has regularly called out the practice as being a Human Rights abuse. HRC sees it as a practice that prevents women empowerment and attaining the Sustainable Development Goals (SDG) in 2030. Eradicating FGM is one of the main points outlined in the SDG number 5: Gender Equality.²² In 2016, the Human Rights Council passed Resolution A/HRC/RES/32/21 : “ The Elimination of female genital mutilation”. They urged countries to adopt stronger legislation preventing the practice of FGM as well as enforce them to protect further victims. They have emphasized the importance that education and raising awareness around the health risks have in solving the issue.

Member States:

The practice of FGM can be found in various populations around the world, this is why it has to be tackled on a global scale. Member states have decided to tackle the issue in different ways. Some countries have outlawed FGM specifically, whilst others just consider it as a form of mutilation.²³

Most action has been taken on a legal level and a major part of these communities are not aware of the existence of these laws. The problem arises on a cultural level as in some countries the majority of the population supports the practice due to the social and customary aspect of it. We see this in countries like Somalia, Sierra Leone and Mali.

Percentage of girls and women aged 15 to 49 who have heard about FGM and think the practice should end.

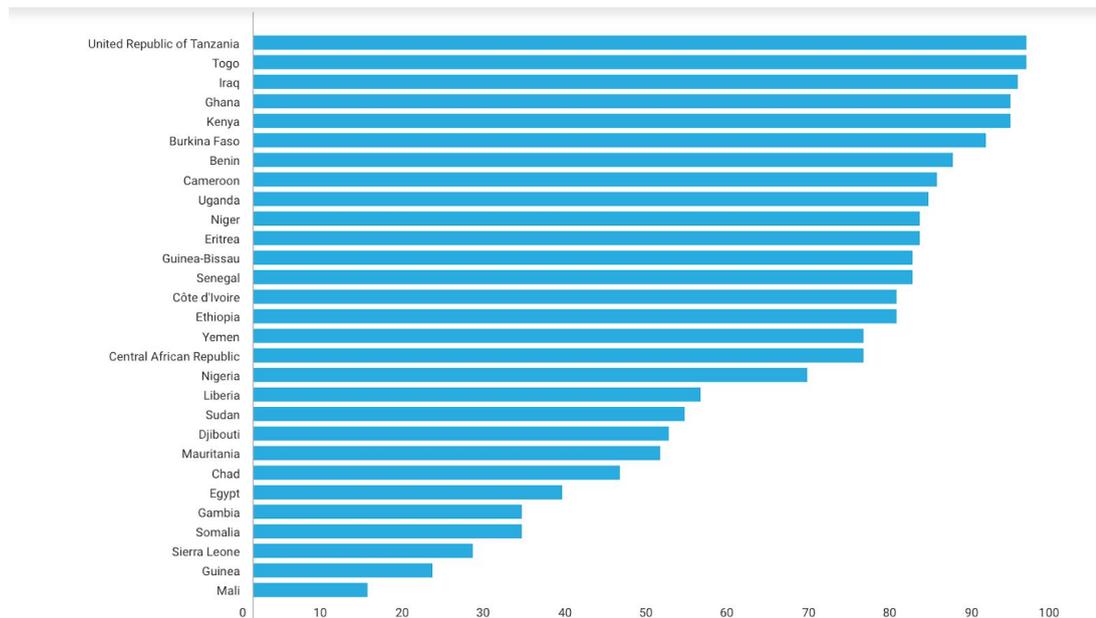
²¹ UNICEF, “Female Genital Mutilation”,(2019).

https://data.unicef.org/topic/child-protection/female-genital-mutilation/#_edn1

²² United Nations, “Sustainable Development Goal 5”, (2019).

²³ Le Bris, “The Fight Against Female Circumcision”, (2019).





Notes: The 2011 MICS data for Ghana could not be used to report on attitudes towards FGM due to the fact that information is missing for girls and women with no living daughters; data from the 2006 MICS are used instead. In Liberia, only cut girls and women were asked about their attitudes towards FGM; since girls and women from practising communities are more likely to support the practice, the level of opposition in this country as captured by the 2013 DHS is lower than would be expected had all girls and women been asked their opinion. Data on attitudes towards FGM among girls and women are not available for Indonesia.

Source: UNICEF global databases, 2019, based on DHS, MICS and other national surveys, 2004-2018.

However, whilst some countries have taken little action, others like Senegal have banned the practice.²⁴ Furthermore, the African Union has played an important role in protecting girls and women from FGM with the adoption of the “Maputo Protocol” and “The African Charter on the Rights and Welfare of the Child”.²⁵

NGOs:

NGOs have played an important part in raising awareness and providing relief to victims. They were the first to openly condemn the practice and acknowledge it as a violation of women/human rights. Furthermore, they are also very active in providing medical aid on a physical and psychological level to victims and providing help for women who flee their community in fear of being circumcised. They have tackled the issue of tradition by starting community projects to help the local communities understand the risks of FGM and raised awareness about the laws forbidding the practice.

²⁴ Kandala, Ngianga-Bakwin, and Paul N Komba. "Geographic Variation of Female Genital Mutilation", (2015).

²⁵ Le Bris, “The Fight against Female Circumcision”, (2019).

Possible Solutions:

In addition to the issues mentioned in the previous sections, the following points should be taken into consideration when drafting resolutions:

- Education: raising awareness around the risks (short and long-term) of the practice can be done through education, this can be particularly effective in rural areas.
- Health Care: improving the access to adequate health care with medically trained personnel that can intervene on both a psychological and physical level can be a way of helping victims.
- Justice: the legal framework around FGM and its prosecution varies across countries. This has caused issues in cases where circumcision was performed on foreign soil.²⁶ Furthermore, communities are not always aware that laws are in place forbidding the practice.
- Women's Rights: FGM is not exclusively a 'women's problem'. Men can play an important role in preventing the practice. It is important to make the difference between 'patriarchal power' which is present in society and 'individual male responsibility' when tackling the issue.
- Prevention rather than Reaction: most solutions are based around protecting victims once they have been genitally mutilated. However, it is important to focus on preventing the procedure from being committed in the first place.
- Customs and tradition: for solutions to be effective it is necessary that the cultural and social aspect of the practice be taken into account. These question could be answered:
 - will banning FGM prevent the practice from occurring or will it force these circumcisions to happen underground in even more unsanitary conditions?
 - is banning FGM a way of oppressing minority groups' cultural heritage?
 - to what extent can governments get involved with cultural practices?
 - how can women's rights and cultural rights be assembled?

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