

Committee: African Union

Issue: The issue of Female Genital Mutilation

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Position: Deputy President

PERSONAL INTRODUCTION

My name is Olga Katsara. I am a 17 year-old high school student at the Experimental High School of the University of Patras. I will be serving as one of your chairs (Deputy President) through ACGMUN 2017. Therefore, I would like to welcome you all to the African Union. The topic of Female Genital Mutilation is a very serious one, as it refers to an unhealthy and inhumane practice that stems from cultural belief and ideology. As it occurs mostly in Africa and Asia, it is an issue that affects the African Union on a great level and calls for debate.

I sincerely wish that the resolutions conceived through professional collaboration among the delegates will be full of innovation and inspiration. In case you have any questions, do not hesitate to contact me.

Kind Regards,

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TOPIC INTRODUCTION

Female Genital Mutilation is a cruel and unhygienic practice that involves harming the female genitalia. Although this may seem as something distant in today's Western societies, FGM is a part of cultural ideology in many countries. Young girls around the world are being subjected to physical harm and pain, most often without their consent, in order to become part of a societal group. Even if these girls wish to express their disagreement with being subject to the procedure, in most situations they cannot do so. The pressure by elders of the society, people that have carried out this practice for centuries, as well as the fear of being seen as uneager to officialize their belonging to a group, are two of the most common factors that drive girls to agreeing to FGM. If this catastrophic cycle of Female Genital Mutilation is not halted, most African countries will continue to suffer from problems concerning health risks, gender inequality and illiteracy.

DEFINITION OF KEY TERMS

Female Genital Mutilation

Female genital mutilation (FGM), also known as female genital cutting and female circumcision, is the ritual removal of some or all of the external female genitalia. The practice is found in Africa, Asia and the Middle East, and within communities from countries in which FGM is common. UNICEF estimated in 2016 that 200 million women alive today in 30 countries (27 African countries, Indonesia, Iraqi Kurdistan and Yemen) had undergone the procedures.¹ FGM was banned by the UN in 2012.²

Classifications of FGM by the WHO:

Type I: Clitoridectomy-> partial or total removal of the clitoris, and in very rare cases, only the prepuce.

Type II: Excision-> partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III: Infibulation-> narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without the removal of the clitoris.

¹ Source: Wikipedia

² According to UN General Assembly Resolution 67/146 on Intensifying global efforts for the elimination of female genital mutilations

Type IV: every other harmful procedure to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, etc.

FGM Prevalence

Term used to describe the proportion of females who have undergone FGM at some stage of their lives in a specific country.

BACKGROUND INFORMATION

Although numerous theories on the origins of female genital mutilation have been raised, no accurate conclusion has been reached as to how, when or where the practice started. One thing is for sure: FGM is strictly a violation of fundamental human rights, which has no health benefits for women and girls. UNICEF and the WHO have estimated that 200 million females alive today have undergone some type of FGM. The procedure is usually conducted between the first days after childbirth and puberty, but can be extended to the age of 50, in several areas. Most African states have made efforts for the elimination of FGM practice by criminalizing it (penalties include min.3 months to a lifetime of imprisonment or monetary fines) with no wide success on its prevention.



#1: In rural areas, FGM is practiced with unsterile instruments and in unsanitary conditions

Why is it practiced?

The existence along with the wide spread of Female Genital Mutilation cases, while a strictly religious act in the past, is currently linked to cultural matters as well. Any type of FGM may be practiced, among other reasons, for:

1. Reassurance of premarital virginity.
2. Reinforcement of fidelity during marriage.
3. Promotion of hygiene and aesthetic appeal, since female genitalia is considered ugly and dirty, etc.

Health Risk

The practice of female genital mutilation is not only cruel, but very detrimental to a woman's health. It does not only cause short-term damage; the

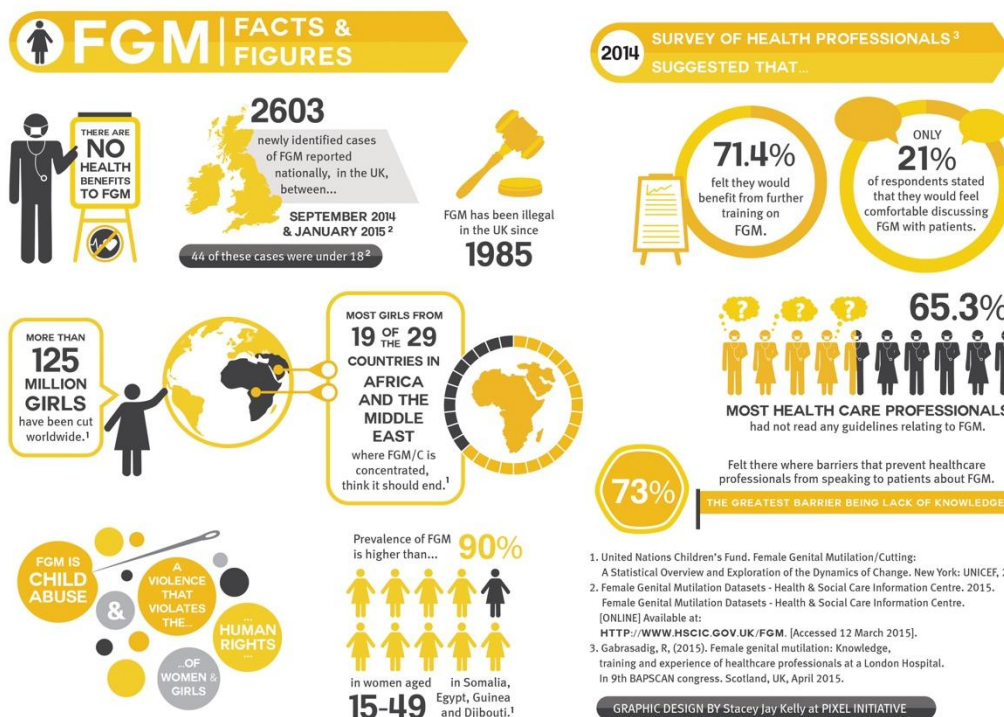
effects of the practice are long-lasting. As Manfred Nowak, UN Special Rapporteur on Torture, said, ““The pain inflicted by FGM does not stop with the initial procedure, but often continues as ongoing torture throughout a woman’s life”.³

Both the sexual and reproductive health of girls and women, who have experienced FGM, is damaged. Apart from the immediate complications, which are obvious after FGM practice, such as severe pain, shock, hemorrhage, tetanus or infection, urine retention, ulceration of the genital region and injury to adjacent tissue, wound infection, urinary infection and fever, there are also numerous long-term consequences. Amongst these are: complications during childbirth, anemia, the formation of cysts and abscesses, damage to the urethra resulting in urinary incontinence, dyspareunia (painful sexual intercourse), sexual dysfunction, hypersensitivity of the genital area and increased risk of HIV transmission.

Psychological Effects

Several studies have proved the significant likelihood of psychological complications in women who have undergone any kind of FGM procedure. For instance, the majority of females who experienced the practice, even if it was not during their early childhood, will most likely suffer from Post Traumatic Stress Disorder (PTSD), depressed mood with reduced social functioning, worthlessness, guilt, and even suicidal ideation. It is also very common for the subjected women to end up with emotional distance, flashbacks, sleep disorders, social isolation, and somatization. Girls who were infibulated and clearly remember the event, are usually led to inabilities to adjust to learning environments, such as school, or even deal with a role loss in society. Moreover, observing females who have undergone FGM, it is figured that children develop behavioral disturbances and women are diagnosed with anxiety and depression.

³ "What Is FGM." *End FGM*. N.p., n.d. Web. 19 Feb. 2017.



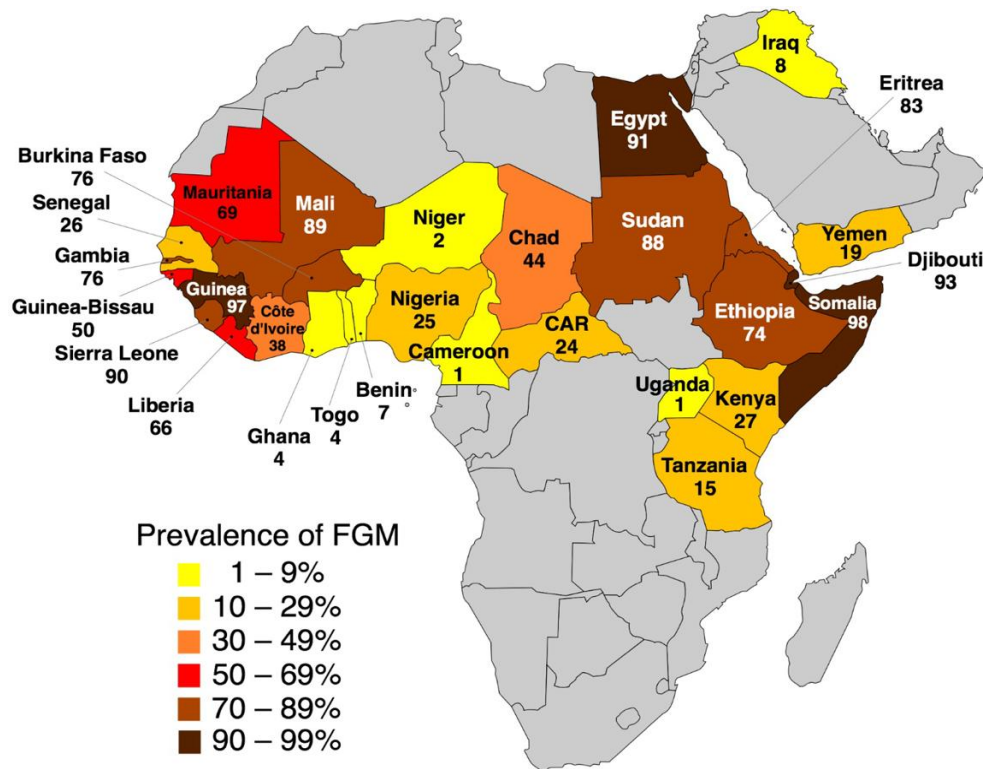
2: Facts and Figures of FGM

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

Female Genital Mutilations have been noted in 30 countries, mostly in Africa. However, FGM cases have also been documented in Middle East, Asia and several European and American regions (due to the large number of immigrants).

List of countries with high FGM prevalence:

1. Somalia (97.9% for the year of 2005)
2. Egypt (over 95% for the year of 2005)
3. Guinea (96% for the year of 2005)
4. Mali (92% for the year of 2007)
5. Sierra Leone (91% for the year of 2008)
6. Sudan (around 90% has been generally documented)
7. Eritrea (89% for the year of 2003, while used to exceed 93% in the past)
8. Burkina Faso (72.5% for the year of 2006)



3: UNICEF's Study on FGM Prevalence in 2013

Somalia

According to UNICEF's Somalia FGM Advocacy Paper⁴ and to the above map, FGM prevalence in Somalia is about 95-98%. It is practiced on girls aged 4-11 and is considered to be a young girl's entry into a societal group, meaning that the girl joins the elder members of the society, who have also been subject to FGM. Also, according to some traditions, FGM is performed in order to prevent premarital sexual intercourse. Although FGM was declared unconstitutional in 2012, there is no legislation that bans it.

World Health Organization (WHO)

The World Health Organization, as the key United Nations body concerning health issues, plays an important role in the effort to end FGM. Not only has the WHO raised awareness on this problem, by issuing a statement on the elimination of FGM with 9 other UN partners in 2008, it has also published evidence-based guidelines on dealing with health complications resulting from FGM in 2016. Finally, the WHO is currently creating tools for health-care professionals, in order to ensure the effectiveness of said guidelines.

⁴ "Eradication of Female Genital Mutilation in Somalia." UNICEF. United Nations, n.d. Web.

European Commission

The European Commission's actions against FGM show that Europe is also concerned in putting an end to the practice, as it is estimated that there are 500,000 victims in the EU alone⁵, a large number of which are African immigrants. Specifically, the European Commission is working to improve knowledge and data collection of FGM by developing more precise estimation methods for the number of victims. Also, the Commission has launched a call for proposals on the development of a web platform for professionals that come into contact with girls at risk and victims, in order to ensure that there is proper cooperation between professionals for the proper treatment of such cases. Finally, the European Commission is funding 4 national awareness campaigns in Member States, directly referring to FGM.

TIMELINE OF EVENTS

Date	Description of event
2003	Khali Adem was the first man arrested and prosecuting for practicing FGM.
2007	UNFPA, UNICEF commenced the 'Joint Program on Female Genital Mutilation/Cutting'.
2008	Statement released by the WHO and 9 UN partners concerning to elimination of FGM.
2010	"Global strategy to stop health care providers from performing FGM" is published.
2012	Adoption of a resolution on the elimination of FGM.
2016	Inclusion of the FGM elimination matter in the Secretary General's report.

RELEVANT RESOLUTIONS, TREATIES AND EVENTS

Convention on the Elimination of all Forms of Discrimination against Women, adopted 18 December 1979 (entry into force, 3 September 1981)

It is considered an international bill of rights for women. It consists of a preamble and 30 articles, construes what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

⁵ "Commission Actions to Fight FGM in the EU and Worldwide." *European Commission - PRESS RELEASES - Press Release - Commission Actions to Fight FGM in the EU and Worldwide*. N.p., 06 Feb. 2015. Web. 19 Feb. 2017.

**African Charter on the Rights and Welfare of the Child, adopted 11 July 1990.
Organization of African Unity. Doc. CAB/LEG/24.9/49 (entry into force 29
November 1999)**

Concerning the protection of the child against harmful social and cultural practices, the Charter mentions that all Parties must implement measures to abolish such practices affecting the “welfare, dignity, normal growth and development of the child and in particular:

- a) those customs and practices prejudicial to the health or life of the child; and
- b) those customs and practices discriminatory to the child on the grounds of sex or other status.”

Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, adopted 11 July 2003, Assembly of the African Union (entry into force 25 November 2005)

In Article 5 of the Protocol, which refers to the elimination of harmful practices, State Parties are urged to condemn and eliminate FGM, specifically practices “which are contrary to recognized international standards”, thus showing the contrast between women’s health internationally and in Africa. The protocol asks that States work on raising public awareness, prohibiting FGM via means such as sanctions, providing victims with healthcare, legal assistance and psychological counseling.

Decision on the Support of a draft resolution at the sixty-sixth ordinary session of the General Assembly of the United Nations to ban Female Genital Mutilation in the world, Assembly of the African Union (Adopted in July 2011)

Recognizes that FGM is a violation of human rights, expresses concern about the continuation of the practice, despite the 30-year campaigning, and finally calls for the creation of a draft resolution on tackling FGM for the sixty-sixth session of the UN General Assembly.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

The African Union has sought to put an end to FGM in many ways, such as by partaking in the International Day of Zero Tolerance for Female Genital Mutilation, encouraging Member States to ratify the African Charter on the Rights and Welfare of the Child as well as the Maputo Protocol, in order to protect rights of children and women. Also, the African Union has encouraged Member States to not only implement any measures deemed beneficial for ending FGM, but to observe and monitor such commitments.

The World Health Organization has strengthened the health sector response with guidelines and trainings to ensure that medical professionals are able to provide the necessary care and counselling to females who have undergone FGM. Furthermore, it has increased advocacy through publications and advocacy tools. International bodies have also tried to put an end to this inhumane practice, by having adopted resolutions condemning it and having revised legal frameworks. The implementation of new legislation has been receiving growing political support, while media campaigns are also receiving attention.

POSSIBLE SOLUTIONS

As FGM takes place mostly in Africa and Middle East, it is essential to raise awareness in the West, where people are unfamiliar with the harmful practice. It is important to create more empathy on the matter instead of apathy. In countries suffering from FGM, women must be educated about their bodies and rights. Moreover, there are several clinics that specialize in rebuilding the clitoris and restoring the genitals to their proper function, as well as grassroots organizations that fund free FGM repair operations through donations. So, reinforcing those clinics and grassroots organizations is a first step.

Furthermore, the WHO is working to create advocates that will work with community leaders and health providers. Another step is implementing legal and political mandates that focus on the rights of women. Thus, all member states should cooperate. This could be achieved with negotiations and building of diplomatic relations. Also, it has been shown that that FGM has psychological effects on its victims, so therapy and counseling should be provided with no cost by NGOs and countries that host FGM victims.

The African Union could suggest the creation of rescue centers, where females that do not wish to undergo the procedure, can seek refuge. These centers should be funded by governments and local agencies and be able to correspond to the women's needs, whether they concern sheltering, alimentation or clothing. Women and girls will have the opportunity to report attempts of FGM. Although this may seem as an extreme measure, it may be of vital importance, as the state and agency officials may play an important role in directly confronting the practitioners and even arresting or sanctioning them, if it is provided in legislation.

Educating those who practice FGM has proven to be very effective, as the UNICEF Advocacy Paper on FGM in Somalia shows that many women that performed FGM, having been victims themselves, when correctly informed on the topic, stopped practicing the tradition and instead, became strong advocates for the eradication of FGM. That being said, experts who have examined the situation in

depth and are in a position to motivate the public about FGM eradication, are expected to conduct further campaigns.

“Education is the best way to halt mutilation, but posters and workshops are not enough...the circumcisers may be aware of the harmful effects of FGM, but if they do not have something else to do, then they will continue to practice it.”. Education is not enough. FGM is also a practice that employs many women, which choose to ignore the cruelty of it and focus on its economic aspect. Therefore, the AU should cooperate with the UN and specific international bodies to create more jobs in countries with high percentages of FGM. Encouraging women to discontinue the practice, while at the same time offering them a different source of income, might be the key to eradicating FGM.

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