



Forum: Third Committee of the General Assembly
Issue: Eliminating female genital mutilation
Chair: Rosa-Lotta Konerding

Description of the Issue

Female Genital Mutilation refers to procedures that remove external female genitals or cause injury to the female genital organs without medical reasons. FGM has no health benefits to the affected women. Moreover, it is highly dangerous, because it is traumatic and painful, and leads to several immediate and long term health issues, both physical and mental.

Background Information

Between 100 and 140 million girls and women are estimated to have undergone such a procedure during their lives, and 3 million girls are at risk to undergo it every year.

It is mostly carried out on girls between the ages 0 and 15 years, by traditional circumcisers (mostly women), who often have other special duties, such as helping with childbirth, and are distinguished members of their communities. Wherever FGM is widely practiced, it is supported by men and women equally without questions.

If one is against the practice, for example parents who do not want their daughters being cut will probably face harassment and social exclusion, which leads to FGM being practiced despite the families knowing of the harmful nature of FGM and makes it very difficult to fight. Only education on the harmful consequences would not work in this case, because it is such an important part of the culture, despite being extremely harmful.

That is one of the reasons why FGM is still a problem in many countries of the world.

Female Genital Mutilation is a highly dangerous practice that contributes to the manifestation of gender inequality. It represents the societies control over women, and the elimination of FGM therefore is helping to achieve the global goal number 5, gender equality.

Examples for short term health effects of FGM:

Pain:



Cutting and/or removing sensitive genital tissue is extremely painful. Often circumcisers do not use anaesthesia or use them wrong. The healing of the wounds produced by the cutting and removing of tissue is also painful.

Impaired wound healing:

Also causes pain and can lead to infections

Infection:

An infection of the wound can appear in the healing process and may spread in the body.

Psychological consequences:

The affected women often call the experience of a FGM traumatic.

Long term health effects of FGM:

Chronic infections on the genitals and the urinary tract:

Chronic infections can lead to chronic pain and can even cause death.

Menstrual problems and painful urination:

Appears mostly among women with type 3 FGM, menstrual problems may also lead to painful menstruation.

Psychological consequences:

Women who have undergone FGM have an increased likelihood of post traumatic stress disorder and depression. The victims also show problems with their sexuality, such as decreased sexual desire and pleasure or absence of orgasm.

The affected women (mostly type3 FGM) also may have problems with childbirth.

Key Terms:

The four types of FGM:

Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).

Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).

Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).

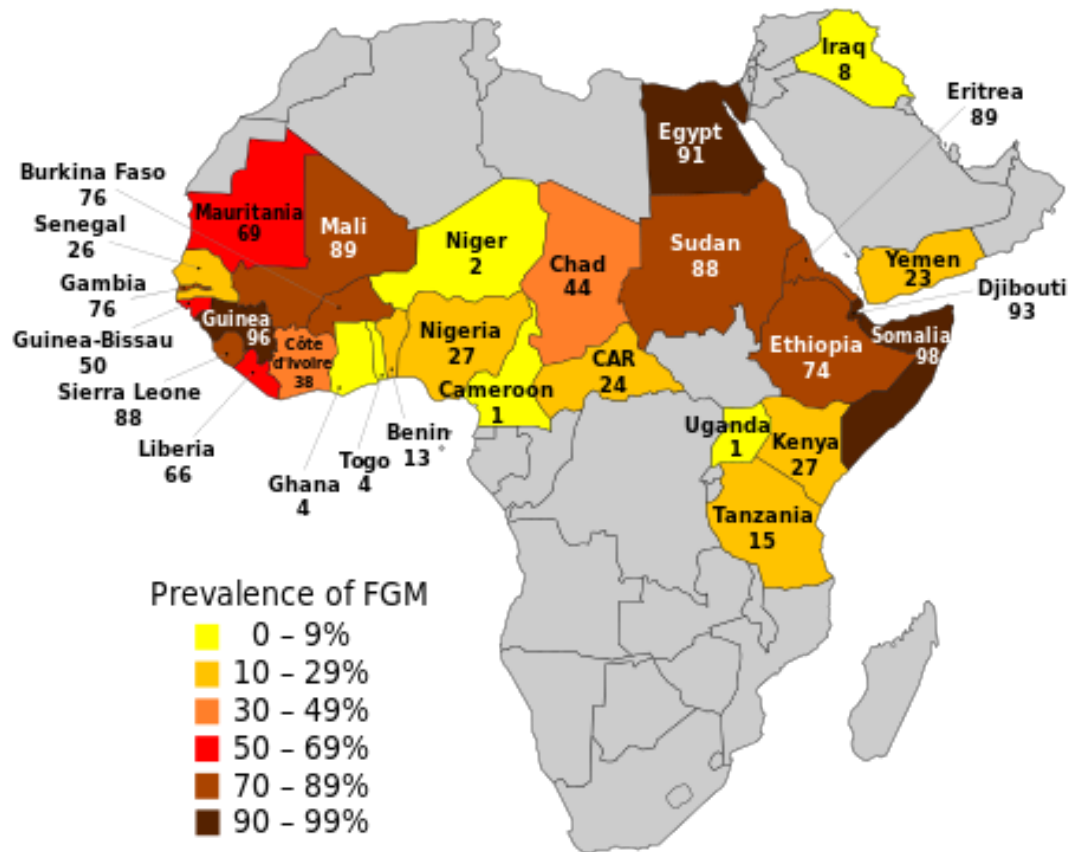
Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

Countries and Organizations involved:



FGM is a phenomenon mostly found in Africa and some middle east countries, as you can see here, the most affected countries are Egypt, Guinea and Somalia.

Seeing as globalization and the recent migrant crisis do their parts, FGM also appears in migrant groups in Europe, there have been cases for Example in the United Kingdom.



(Source: https://en.wikipedia.org/wiki/Prevalence_of_female_genital_mutilation_by_country)

World Health Organization:

The WHO is pushing the work against FGM and is providing programs against it.

Useful Sources:

<https://www.cia.gov/library/publications/the-world-factbook/>

Provides basic information on most countries of the World



<http://www.who.int/mediacentre/factsheets/fs241/en/>

Factsheet of the WHO on FGM

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

A statement by the WHO providing thorough information on the topic

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

You will find more information on the health effects of FGM here

<http://16days.thepixelproject.net/16-organisations-charities-and-grassroots-groups-working-to-stop-fgm/>

Provides information about non governmental organizations that work to stop FGM

Expectations for Position Papers:

Your Position Paper is expected to have the length of about one page, stating your country's stances on both issues discussed in your committee. You should research further on the topic as this Research Report is only providing an overview of the topic. In the following you will find some questions that may help you getting started, and that you should try to answer in your Position Paper.

Questions you should consider during research:

Is my country affected by FGM?

Does my country have policies against FGM?

How do they look?

Are these policies carried out?

How are they carried out?

Is my country willing to change its policies?

Has my country made an effort to



Are non governmental organizations (NGOs) that help affected women supported by the government or does my government maybe even hinder these NGOs?

Think of ways to not only change the policies, but of ways to support NGOs in their work of promoting education concerning FGM.