

MISMUN'23

UNITED NATIONS COMMISSION ON STATUS OF
WOMEN



AGENDA- Addressing Female Genital Mutilation

UNCSW

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LETTER FROM THE CHAIRS

Dear Delegates,

It gives us immense pleasure to invite you to join the Commission on the status of Women (CSW) at MISMUN'23 and is looking forward to meeting you and witnessing your valuable contribution towards the committee. The agenda that has been set for this committee has been the point of discussion and thought for countless hours which is "**Addressing Female Genital Mutilation**". Our discussion will play a vital role in shaping resolution that addresses the challenges faced by woman in various aspect of life and work towards achieving a sustainable solution.

Despite the fact that the topic is broader than usual, We are curious to see how each one of you influence the committee. You will find relevant information about the issue we will be debating below. The purpose of this "Background Guide" as the name implies, is to assist you in your study rather than to prescribe it.

We strongly advise each delegate to conduct additional outside research in order to be fully prepared for the conference on the day of the event. Please keep in mind that the views expressed below may not be shared by all of the countries represented. As a result, make sure you comprehend not only the topic, but also your country's position and policy on the subject.

We are looking forward to seeing you all on the conference day, and we can't wait to hear what you have to say. If you are facing any issues regarding research, feel free to email us at (unsw email).

Sincerely,

CHAIR: Arpan Anand

VICE-CHAIR: Yashvi Arora

COMMITTEE OVERVIEW

The Commission on the Status of Women (CSW) is the principal global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women. A functional commission of the Economic and Social Council (ECOSOC), it was established by **ECOSOC resolution 11(II) of 21 June 1946**.

The CSW is instrumental in promoting women's rights, documenting the reality of women's lives throughout the world, and shaping global standards on gender equality and the empowerment of women.

In 1996, ECOSOC in **resolution 1996/6 (see p. 20)** expanded the Commission's mandate and decided that it should take a leading role in monitoring and reviewing progress and problems in the implementation of the Beijing Declaration and Platform for Action, and in mainstreaming a gender perspective in UN activities. During the Commission's annual two-week session, representatives of UN Member States, civil society organization and UN entities gather at UN headquarters in New York.

They discuss progress and gaps in the implementation of the 1995 **Beijing Declaration and Platform for Action**, the key global policy document on gender equality, and the **23rd special session of the General Assembly** held in 2000 (Beijing+5), as well as emerging issues that affect gender equality and the empowerment of women. Member States agree on further actions to accelerate progress and promote women's enjoyment of their rights in political, economic, and social fields.

The outcomes and recommendations of each session are forwarded to ECOSOC for follow-up.

UN Women supports all aspects of the Commission's work. We also facilitate the participation of civil society representatives.

AGENDA OVERVIEW

Female Genital Mutilation (FGM), also known as Female Genital Cutting (FGC) or Female Circumcision, is a deeply rooted traditional practice that involves the partial or total removal of the external female genitalia for non-medical reasons. FGM is typically performed on girls between infancy and the age of 15, though it can also happen to women older than that.

FGM is prevalent in some regions of Africa, the Middle East, and parts of Asia. It is considered a harmful practice that violates the human rights of women and girls. The practice is driven by a combination of cultural, social, religious, and sometimes misguided medical beliefs.

FGM can cause severe physical and psychological health consequences. Immediate complications may include severe pain, bleeding, infections, and difficulties in urination and menstruation. In the long term, women who have undergone FGM may experience chronic pain, reproductive issues, childbirth complications, and psychological trauma.

Efforts to combat FGM have been ongoing worldwide, led by international organizations, governments, NGOs, and local communities. Laws and policies have been implemented in many countries to criminalize FGM and protect women and girls from this harmful practice. Additionally, education and awareness campaigns have been conducted to change societal attitudes and eliminate the misconceptions surrounding FGM.

It's crucial to continue addressing the root causes and challenging deep-rooted beliefs and cultural norms that perpetuate FGM. Empowering women and communities, promoting gender equality, and providing access to education and healthcare are essential components in the fight against this harmful practice.

TOPICS TO LOOK INTO

1. Since FGM is part of a cultural tradition, can it still be condemned?

Yes. Culture and tradition provide a framework for human well-being, and cultural arguments cannot be used to condone violence against people, male or female. Moreover, culture is not static, but constantly changing and adapting.

Nevertheless, activities for the elimination of FGM should be developed and implemented in a way that is sensitive to the cultural and social background of the communities that practice it. Behaviour can change when people understand the hazards of certain practices and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture.

2. Is FGM required by certain religions?

No religion promotes or condones FGM. Still, more than half of girls and women in four out of 14 countries where data is available saw FGM as a religious requirement. And although FGM is often perceived as being connected to Islam, perhaps because it is practiced among many Muslim groups, not all Islamic groups practice FGM, and many non-Islamic groups do, including some Christians, Ethiopian Jews, and followers of certain traditional African religions.

FGM is thus a cultural rather than a religious practice. In fact, many religious leaders have denounced it.

3. Is there a link between FGM and the risk of HIV infection?

When one tool is used to cut several girls, as is often the case in communities where large groups of girls are cut on the same day during a socio-cultural rite, there is a risk of HIV transmission.

Additionally, due to damage to the female sexual organs, sexual intercourse can result in the laceration of tissue, which greatly increases risk of HIV transmission. The same is true for the blood loss that accompanies childbirth.

4. Why is FGM performed?

In every society in which it is practiced, female genital mutilation is a manifestation of deeply entrenched gender inequality. Where it is widely practiced, FGM is supported by both men and women, usually without question, and anyone that does not follow the norm may face condemnation, harassment and ostracism. It may be difficult for families to abandon the practice without support from the wider community. In fact, it is often practiced even when it is known to inflict harm upon girls because the perceived social benefits of the practice are deemed higher than its disadvantages.

The reasons given for practicing FGM fall generally into five categories:

Psychosexual reasons: FGM is carried out as a way to control women's sexuality, which is sometimes said to be insatiable if parts of the genitalia, especially the clitoris, are not removed. It is thought to ensure virginity before marriage and fidelity afterward, and to increase male sexual pleasure.

Sociological and cultural reasons: FGM is seen as part of a girl's initiation into womanhood and as an intrinsic part of a community's cultural heritage. Sometimes myths about female genitalia (e.g., that an uncut clitoris will grow to the size of a penis, or that FGM will enhance fertility or promote child survival) perpetuate the practice.

Hygiene and aesthetic reasons: In some communities, the external female genitalia are considered dirty and ugly and are removed, ostensibly to promote hygiene and aesthetic appeal.

Religious reasons: Although FGM is not endorsed by either Islam or by Christianity, supposed religious doctrine is often used to justify the practice.

Socio-economic factors: In many communities, FGM is a prerequisite for marriage. Where women are largely dependent on men, economic necessity can be a major driver of the procedure. FGM sometimes is a prerequisite for the right to inherit. It may also be a major income source for practitioners.

5. Challenge the discriminatory reasons FGM is practised

Among the discriminatory reasons FGM is practised is a perceived need to control female sexuality.

“The purpose of female genital cutting is to ensure that a girl behaves properly, saves her virginity until she gets married and then stays faithful to her husband.” says Alima, 70.

“Sometimes, when my husband isn’t home, I’ll sit with my neighbours and we’ll discuss all kinds of things. They think the same way as me about cutting.” daughter-in-law Fatoumata, 25, explains.

“I too think it should be stopped.” says Alima. “Even if nobody listens to you and just carries on, you have to stand firm and maintain the dialogue. Such an ingrained custom can only be changed through perseverance.”

6. Isn't it safer for FGM to be performed by a skilled health worker rather than by somebody without a medical background?

In addition, there is no medical justification for FGM. Advocating any form of

cutting or harm to the genitals of girls and women, and suggesting that medical personnel should perform it is unacceptable from a public health and human rights perspective. Trained health professionals who perform female genital mutilation are violating girls’ and women’s rights to life, physical integrity and health. They are

also violating the fundamental medical ethic to “do no harm.”

Furthermore, the belief that a “minor” genital cut will help avoid more severe forms of FGM is unproven. **Several studies** have shown that girls can be subjected to FGM repeatedly when members of their family or community are dissatisfied with the results of earlier procedures. There is also evidence that FGM procedures described as “just a nick” are often actually more severe forms of FGM. One study from Sudan found that, among the women who claimed to have undergone a type of FGM considered “just a prick,” about one third had actually been subjected to infibulation, and all had experienced the removal of their clitoris and labia minora. When medical personnel perform FGM, they wrongly legitimize the practice as medically sound or beneficial for girls and women’s health. And because medical personnel often hold power, authority and respect in society, it can also further institutionalize the procedure.

COUNTRY STANCE

REPUBLIC OF SUDAN

FGM/E is frequently performed on groups of girls from different families at camps or at home in Guinea, where it is primarily considered as an initiation ceremony. However, the survey reveals a rising trend for individual excisions, driven by budgetary limitations and apprehension about potential legal repercussions, particularly when it comes to infants and very young girls.

Despite a 2010 ruling that clearly forbade public or private health facilities from doing it, there is an increasing movement towards medicalizing FGM/E, even though it is typically performed by traditional excision practitioners.

THE ARAB REPUBLIC OF EGYPT

This research examines the societal ramifications of the practise of female circumcision in Egypt. Female circumcision is the partial or whole removal of the external female genitalia, which can range from the partial excision of the clitoris, labia minora, and labia majora to the full excision. The majority of Egyptian women undergo first- or second-degree circumcision. The custom most likely developed in Pharaonic Egypt, where it was given mythological importance. Due to the notion that it reduces women's sexual drive, Islamic tradition has strengthened the practise.

REPUBLIC OF INDIA

The Dawoodi Bohra, an Indian Shia Muslim sect with one million followers, engages in FGM. The treatment, also known as khatna, khafz, or khafd, is carried out on girls aged six to seven and involves the whole or partial excision of the clitoral hood.

Not only is female genital mutilation practised in Africa, but also right in the middle of Mumbai. HT talks to a number of "victims" who are emerging as the face of a gallant resistance.

AFRICA

In the 30 countries in Africa, the Middle East, and Asia where female genital mutilation (FGM) is practised, more than 200 million girls and women alive today have endured FGM. FGM is typically performed on young girls between the ages of one and fifteen. FGM is a violation of women's and girls' human rights. FGM is performed for psychosexual purposes since it is a technique to manage women's supposedly excessive sexual appetites. This is especially true of the clitoris. It is said to boost male sexual pleasure and to guarantee virginity before marriage and loyalty afterward.

REPUBLIC OF SUDAN

In 1946, Sudan passed a law outlawing Type III FGM, but it was mostly disregarded, and when Sharia law was implemented in 1983, it was completely repealed. Before 2020, attempts to criminalise it since then—including with the National Child Act of 2009—had fallen short. In Sudan, FGM became illegal in 2020.

The justifications for FGM vary from place to region and comprise a variety of sociocultural elements within families and communities. People in Africa viewed FGM as a necessary cultural legacy for women to develop healthily, as a condition for marriage, and as a way to regulate women's libido.

REPUBLIC OF PAKISTAN

FGM is typically carried out on Dawoodi Bohra girls in Pakistan around the age of seven, making them helpless children unable to freely consent or oppose (Bootwala, 2019b; Khoso, 2014; Moin & Mustansar, 2017). Muslims from the Dawoodi Bohra and Sheedi sects in Pakistan and India engage in female genital mutilation because they think it promotes purity.

In many societies around the world, female genital mutilation (FGM) is still a common practise (Sahiyo, 2018; World Health Organisation [WHO], 2020). Invasive damage to or change of the external female genitalia

ISLAMIC REPUBLIC OF IRAN

FGM has been discovered to be practised in at least four Iranian states thus far. Khatne (circumcision) or Sonnat (tradition) are the terms used to describe it. It occurs frequently in the south but also in some Kurdish areas of the west. Different regions implement it in different ways. Female genital mutilation is practised in at least four important districts in Iran, according to the first reputable study on the subject, despite the government's silence.

FGM is more common than anywhere else in the nation in the southern province of Hormozgan and its neighbouring islands (Qeshm and Hormuz), according to research by social anthropologist Kameel Ahmady published on Thursday.

COUNTRY MATRIX

1. Guinea
2. Republic of Sudan
3. Egypt
4. Republic of India
5. United Kingdoms
6. United States of America
7. Jordan
8. Indonesia
9. Maldives
10. Pakistan
11. Sri Lanka
12. Somalia
13. Saudi Arabia
14. Nigeria
15. Ethiopia
16. Sierra Leone
17. Gambia
18. Kenya
19. Tanzania
20. Uganda
21. Iran
22. Oman
23. Malaysia
24. Yemen
25. Germany

Reliable Resources

Conduct research with the help of credible resources: Make use of the official UN website and committees, some credible sources of information are-

1. BBC
2. Al Jazeera
3. Reuters
4. All Africa
5. The New York Times and International Herald Tribune
6. The Wall Street Journal
7. The Washington Post
8. The Economist
9. The New Yorker
10. The Atlantic
11. The Politico

While researching on the agenda, delegates should think about five different types of research:

1. Country Profile
2. Topic Background
3. Past International Action
4. Country Policy
5. Possible Solutions