



PORG Model United Nations 2017

Human rights committee research paper

Content

Introduction.....	2
Definition of key terms.....	2
General overview	2
Regional situation.....	4
Major parties involved	4
Timeline of key events and previous attempts to resolve the issue	5
Most governments in countries where FGM is practiced have ratified international conventions and declarations that make provisions for the promotion and protection of the health of women and girls. For example:	5
Appendix.....	5
Bibliography.....	5

Ensuring the Implementation and Enforcement of Measures that Would Lead to Eliminating the Practice of Female Circumcision and Other Forms of Female Genital Mutilation

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Introduction

Over hundreds of years female genital mutilation has been performed all around the world. It involves the total or partial removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. People believe that by doing such a barbarian violation of human rights they will ensure faithfulness on their marriage. Moreover without bearing in mind the consequences it can carry. It is estimated that between 100 and 140 million girls and women have undergone such procedures, causing them terrible pains during sex, as well as, mental and physical consequences. It does violate many of the clauses stated in the Universal Declaration of Human Rights, but it also puts numerous innocent lives in danger.

Definition of key terms

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. Typically carried out by a traditional circumciser using a blade, with or without anaesthesia. It is conducted from days after birth to puberty and beyond; in half the countries for which national figures are available, most girls are cut before the age of five.

General overview

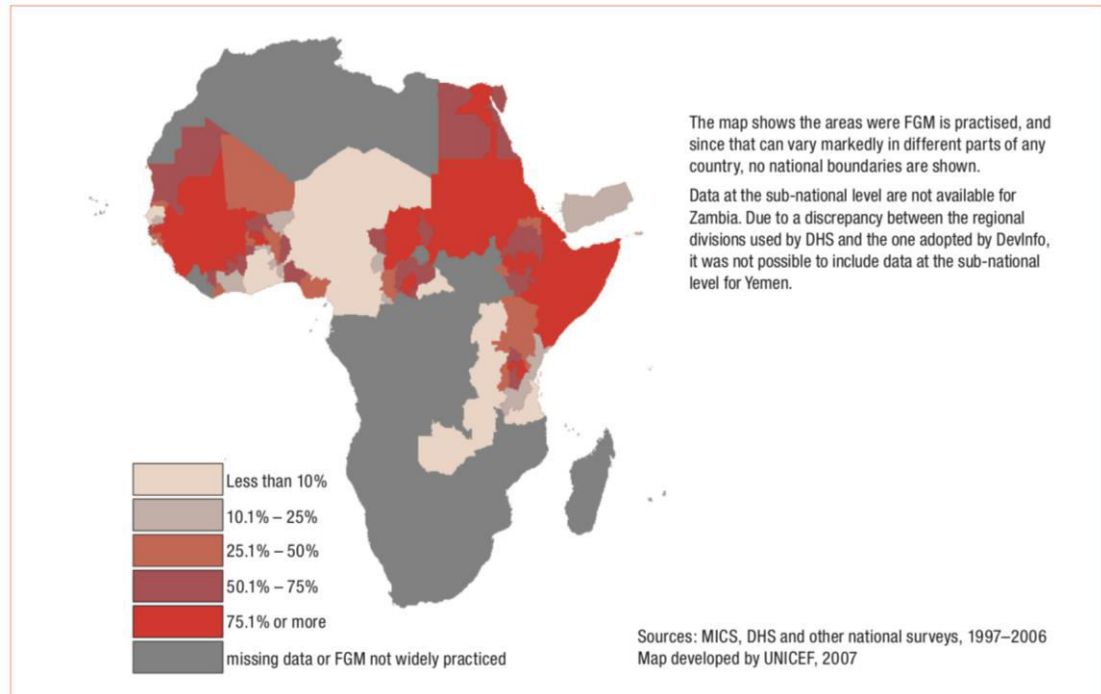
Classification

In this section it will be explained the different types of genital mutilation, classified by the WHO.

- I. This type can be classified in to sub-groups:
 - a. Lies in the removal of the clitoral hood, this usually is not supposed to happen but it can occur when the practice has stopped in the middle of the procedure and never has been finished
 - b. The complete removal of the clitoral hood and the clitoral glans. This procedure will ensure that the woman will never enjoy sexual acts.
- II. This type can be divided in three sub-groups:
 - a. This is the complete removal of the inner labia.
 - b. The removal of the inner labia and the clitoral glans.
 - c. The removal of the inner labia and the clitoral glans and outer labia.
- III. This type of FGM has been practiced on over eight million girls in Africa, according to a study done in 2008. This section involves the fusion of the created wound and the removal of the external genitalia. This section can be divided into two sections:
 - a. This is the complete removal and closure of the inner labia.
 - b. This is the complete removal and closure of the outer labia.

IV. This is defined by the WHO as "all other harmful procedures to the female genitalia for non-medical purposes" such as piercing, incising or scraping. This also includes labia stretching and gishiri cutting.

Figure 1. Prevalence of female genital mutilation in Africa and Yemen (women aged 15–49)



Female genital mutilation has harmful consequences

FGM has serious implications for the sexual and reproductive health of girls and women.

The effects of FGM depend on a number of factors, including the type performed, the expertise of the practitioner, the hygiene conditions under which it is performed, the amount of resistance and the general health condition of the girl/woman undergoing the procedure.

Immediate complications include severe pain, shock, haemorrhage, tetanus or infection, urine retention, ulceration of the genital region and injury to adjacent tissue, wound infection, urinary infection, fever, and septicemia. Haemorrhage and infection can be severe enough to cause death. Long-term consequences include complications during childbirth, anaemia, the formation of cysts and abscesses, damage to the urethra, dyspareunia (painful sexual intercourse), sexual dysfunction, hypersensitivity of the genital area and increased risk of HIV transmission, as well as psychological effects.

Infibulation, or type III FGM, may cause complete vaginal obstruction resulting in the accumulation of menstrual flow in the vagina and uterus. Infibulation creates a physical barrier to sexual intercourse and childbirth. An infibulated woman therefore has to undergo gradual dilation of the vaginal opening before sexual intercourse can take place. Often, infibulated women are cut open on the first night of marriage (by the husband or a circumciser) to enable the husband to be intimate with his wife. At childbirth, many women also have to be cut again because the vaginal opening is too small to allow for the passage of a baby. Infibulation is also linked to menstrual and urination disorders, recurrent bladder and urinary tract infections, fistulae and infertility.

Why the practice continues

In every society in which it is practised, female genital mutilation is a manifestation of inequality between sexes and discrimination against women. Where it is widely practised, it is supported by both men and women, usually without question, and anyone departing from the norm may face condemnation, harassment, and ostracism. In many countries it is considered to be necessary to raise a girl properly and prepare her for adulthood and marriage. Girls themselves are forced to undergo the procedure because of social pressure and concern of being rejected by their own communities if they do not follow the tradition. Furthermore, in some communities after having undergone the procedure they are given reward such as, gifts, public recognitions and celebrations. Thus, in cultures where it is widely practised, female genital mutilation has become an important part of the cultural identity of girls and women and may also impart a sense of pride. In some other communities it is thought to restrain sexual desire, thereby ensuring fidelity and preventing sexual behaviour considered to be immoral. In many communities it is associated with religion beliefs, even though it can be found among Christians, Jews and none of the holy texts of any of these religions prescribes female genital mutilation.

Regional situation

FGM has been banned by most African countries affected by the practice as well as many other European and Western nations. Penalties range from a minimum of six months to a maximum of life in prison. Several countries also include monetary fines in the penalty. However these laws are not always enforced and FGM continues in many places, affecting the lives of millions of women and girls.

Western, Eastern and North-Eastern regions of Africa

FGM is concentrated in 27 countries in Africa. According to the World Health Organization 92 million girls over the age of ten undergone a FGM surgery in Africa. Countries with the highest prevalence among girls and women aged 15 to 49 are Somalia 98 per cent, Guinea 97 per cent and Djibouti 93 per cent.

Asia and the Middle East

Certain ethnic groups in Asian countries practice FGM, including in communities in India, Indonesia, Malaysia, Pakistan and Sri Lanka. In the Middle East, the practice occurs in Oman, the United Arab Emirates and Yemen, as well as in Iraq, Iran, the State of Palestine and Israel.

North America and Europe

In Eastern Europe, Georgia and the Russian Federation.

Major parties involved

The parties, which play the most important role include:

WHO

WHO began when our Constitution came into force on 7 April 1948. They are now more than 7000 people working in 150 country offices, in 6 regional offices and at the headquarters in Geneva. This organisation tries to collect data on issues worldwide concerning health and documents them. The organisation also helps a lot when it comes to matters such as education and providing sanitary necessities.

United Nations International Children's Emergency Fund (UNICEF)

UNICEF is a leading humanitarian and development agency working globally for the rights of every child. Child rights begin with safe shelter, nutrition, protection from disaster and conflict and traverse the life cycle: pre-natal care for healthy births, clean water and sanitation, health care and education.

UNICEF has spent nearly 70 years working to improve the lives of children and their families. Working with and for children through adolescence and into adulthood requires a global presence whose goal is to produce results and monitor their effects. UNICEF also lobbies and partners with leaders, thinkers and policy makers to help all children realize their rights—especially the most disadvantaged.

Timeline of key events and previous attempts to resolve the issue

Most governments in countries where FGM is practiced have ratified international conventions and declarations that make provisions for the promotion and protection of the health of women and girls. For example:

In 1948 the Universal Declaration of Human Rights proclaims the right of all human beings to live in conditions that enable them to enjoy good health and health care. In 1989 the Convention on the Rights of the Child protects against all forms of mental and physical violence and maltreatment; calls for freedom from torture or cruel, inhuman or degrading treatment. Also, in 1993 the Vienna Declaration and the Programme of Action of the World Conference on Human Rights expanded the international human rights agenda to include gender-based violence, including FGM. Furthermore, in The Addis Ababa Declaration on Violence against Women serves as an important step towards the formulation of an African charter on violence against women, providing the framework for national laws against FGM, later the Banjul Declaration condemns FGM and demands its elimination. And in 2001 the European Parliament adopted a resolution on female genital mutilation calling for measures to protect survivors of the practice and urging member states to recognize the right to asylum for women and girls at risk of being subject to FGM.

Appendix

<http://www.un.org/en/documents/udhr/> -Universal Human Rights Declaration

<http://www.ohchr.org/en/professionalinterest/pages/crc.aspx> -The Convention on the Rights of a Child

http://www.un.org/womenwatch/daw/csw/pdf/Addis_Ababa_Declaration.pdf- Addis Ababa declaration on violence against women

<http://www.endvawnow.org/en/articles/645-sources-of-international-human-rights-law-on-female-genital-mutilation.html>- Banjul Declaration

<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P5-TA-2001-476> - European Parliament Resolution

Bibliography

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

<https://data.unicef.org/topic/child-protection/female-genital-mutilation-and-cutting/>

<http://www.unfpa.org/female-genital-mutilation>

<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>