Committee: WHO (World Health Committee)
Question of: Combating female genital mutilation
Student Officer: Teresa Martínez Hormaechea

Introduction:

Female genital mutilation is the removal of the external female genitalia , either in whole or in part, together with other non-medical damage to the external female genitalia , either in whole or in part, together with other non-medical damage to the genitalia. The removal of the clitoris , the labia minora and labia majora , the narrowing of the vaginal opening by joining the two sides of the wound, leaving only a small opening for urine and menstrual fluids , and any other non-medical injury such as scraping, incision, pricking or puncturing. Several variations, including partial or complete removal of the clitoris, labia minora and labia majora, narrowing of the vaginal opening by joining the two sides of the wound, leaving only a small opening for urine and menstrual fluids, and any other non-medical injury such as scraping, incising, pricking or burning. Genital mutilation causes discomfort, infection, problems with sexual intercourse, urinary problems, complications during childbearing and death.

Female genital mutilation is believed to have affected at least 500,000 women in Europe and 200 million women worldwide. It is believed to have affected at least 500,000 women in Europe and 200 million women worldwide. The practice continues at the current rate, and it is estimated that between 2015 and 2030 an estimated 28 million FGM/Cs will be performed in 25 different countries.

Furtyhermore, it is estimated that around 600.000 women are living with the consequences of FGM in Europe. This number is taken summing different studies done at national level with the numbers from an overall study based on the 2011 European Census, to fill the research gaps where needed. FGM exists in Europe and has been around for a long time. While data does exist on FGM in Europe, obtaining the figures has always proven to be difficult and hindered by many challenges. Research has shown that there are still many gaps that need to be addressed in order to develop adequate evidence-based national and European policies on FGM.

The Issue:

According to the World Health Organization, the practice of FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. It is nearly always carried out by traditional practitioners on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and the right to life, in instances when the procedure results in death. In several settings, there is evidence suggesting greater involvement of health care providers in performing FGM due to the belief that the procedure is safer when medicalized. WHO strongly urges health care providers not to perform FGM and has developed a global strategy and specific materials to support health care providers against medicalization.

Types of female Genital Mutilation:

There are 4 major types of female genital mutilation. These are the following:

Type 1:partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

Type 3: Also known as infibulation, this is the 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 removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterizing the genital area.

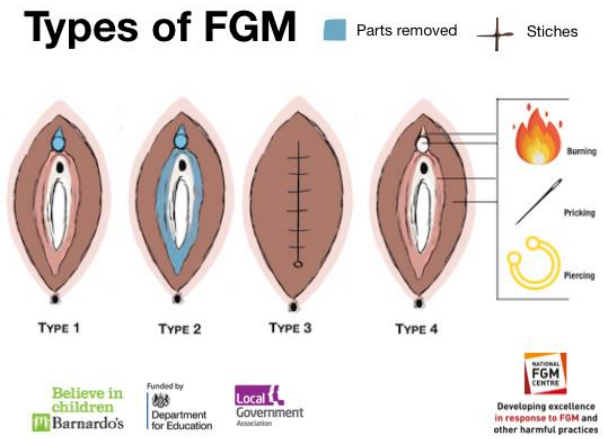

Image 1: Types of female genital mutilation

Procedure:

The type of mutilation performed, the age at which it is carried out and how it is performed differ depending on a number of factors. These include:

- The woman's or girl's ethnicity
- The country in which they live (rural or urban)
- Their socio-economic status.

The screening procedure is carried out at different ages, from shortly after birth to during the first pregnancy. While not always the case, it is most commonly performed between the ages of 0 and 15 years, an age that is decreasing in some countries. In some countries, the technique has been linked to women's rites of passage.

FGM is often performed by traditional practitioners using a sharp object such as a knife, razor blade or broken glass. There are also indications of an increase in FGM performed by medical personnel. However, the World Health Organisation denounces the medicalisation of FGM.

General consequences:

The first manifestations of female genital mutilation are severe pain and bleeding, shock, difficulty urinating, infection, injury to nearby genital tissues and sometimes death. According to the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, Manfred Nowak, the procedure can cause death from severe bleeding leading to haemorrhagic shock, neurogenic shock as a result of pain and trauma, and overwhelming infections and septicaemia.

Virtually all women undergoing FGM suffer pain and bleeding as a result of the procedure. The act itself is traumatic, as girls are restrained during the procedure. The danger and complications increase with the type of FGM and are more severe and frequent with infibulations.

"The pain inflicted by FGM does not end with the initial procedure, but often continues as an ongoing torture throughout a woman's life," says the UN Special Rapporteur on Torture, Manfred Nowak.

In addition to severe pain during and in the weeks following cutting, women subjected to FGM experience a range of long-term physical, sexual and psychological effects.

They may suffer from chronic pain, chronic pelvic infections, development of cysts, abscesses and genital ulcers, excessive scar tissue formation, infection of the reproductive tract, diminished enjoyment of the genitalia, and a lack of sexual and reproductive health care.

What´s more, as mentioned before, it is worth highlighting that the consequences of female genital mutilation have both physiological and psychological complications, including short- and long-term complications. The method in which the procedure is performed can determine the extent of short-term complications. If the process was completed with non-sterile equipment, without antiseptics and antibiotics, the victim may be at increased risk of complications. Primary infections include staphylococcal infections, urinary tract infections, excessive and uncontrollable pain and bleeding. Infections such as human immunodeficiency virus (HIV), Chlamydia trachomatis, Clostridium tetani, and herpes simplex virus (HSV)2 are significantly more common among women who underwent type 3 mutilation compared to other categories. As short-term complications manifest, the risk of mortality increases due to the limited medical care available in low-income economies. While data on the mortality of girls subjected to female genital mutilation are unknown and difficult to obtain, it is estimated that 1 in 500 circumcisions results in death. The belief that the procedure produces protective factors against sexually transmitted infections (STIs), like male circumcision, was disproved in a case-control study in Sudan. Once the area heals, victims suffer the long-term consequences.The development of keloid scar tissue over the cut area is one of the most common long-term complications. Such disfiguring scarring can be a source of anxiety and embarrassment for women who have undergone FGM. Neuroma can develop due to nerves trapped within the scar

causing intense pain, especially during sexual intercourse. The first sexual intercourse can only take place after a gradual and painful dilatation of the opening left after mutilation. In a Sudanese study, 15% of the women interviewed reported that cutting was necessary before penetration could be achieved. Secondary complications include cysts, haematocolpos, dysuria and recurrent urinary tract infections, and possible infertility. Childbirth in infibulated women presents the greatest challenge, as maternal mortality rates are significantly higher due to complications arising during delivery. During delivery, infibulated women (i.e., with tightly closed genitalia) have their perineal area cut so that the baby can be delivered safely.

Post-traumatic stress disorder (PTSD), anxiety, depression, neuroses and psychosis are common late complications associated with female genital mutilation. In developing countries, these conditions often go undetected and, if left untreated, can lead to mental problems later in life.

Who is at risk? Implications and limitations

Mostly FGM is carried out on young girls between infancy and adolescence, and occasionally on adult women. Based on available data from 30 countries where FGM is practised in the western, eastern and north-eastern regions of Africa, as well as some countries in the Middle East and Asia, more than 200 million girls and women alive today have been subjected to the practice, and it is projected that more than 3 million girls are at risk of FGM.

Long-term psychological health consequences

According to a study carried out 2010, by the Norwegian Knowledge Centre for the Health Services, study level results suggested that women with FGM/C may be more likely than women without FGM/C to experience psychological disturbances (have a psychiatric diagnosis, suffer from anxiety, somatisation, phobia, and low self-esteem).

Furthermore, according to a research carried out by the Lancet Medical Mental Clinical group in January 2023, health outcomes majorly manifest as long-term disability accompanied by poor psychosocial functioning. Some of these psychological complications could manifest in the form of Post Traumatic Stress Disorder (PTSD), anxiety, depression and experiences of memory loss around the experience of FGM/C too may occur. In a study of the mental health status of 66 immigrant women with FGM/C and an analysis of their psychosocial correlates found a third of them to have above cut-off scores for affective and/or anxiety disorders, and PTSD, substance use also was present, along with risk factors like poor economic empowerment were significantly associated with development of psychopathology. Women with FGM/C may experience negative emotions towards the cutting experience and this only worsens during obstetric and gynaecological examinations and childbirth when the physical and mental adverse effects of the procedure become prominent and are a source of great discomfort to women in question. Depending on how the women cope with the negative effects of FGM/C, they have been classified into the adaptives, the disempowered and the traumatised. Such a classification points to some efforts at classifying mental health burden associated with the experience of FGM/C in women's lives. Other reported mental consequences after FGM/C include feelings of incompleteness, fear, chronic irritability and nightmares, sense of inferiority and suppression of emotions and feeling are associated with a higher risk for psychiatric and psychosomatic diseases. Other research has pointed out that there is enormous emotional and physical pain associated with the practice as well as reconstitutive measures that take place. The psychological

debilities associated with FGM/C as well as the trauma that follows implies poor self-esteem, self-efficacy and turmoil about ones gender and sexual identity, which persists even after the reconstitute surgical process. However there are studies which present evidence that clitoral reconstruction after FGM using sensate labial flaps result in significant improvement of sexual function, clitoral sensation, genital aesthetics and self-esteem.

Likewise, FGM, as mentioned above, can be an extremely traumatic experience that can cause lifelong emotional difficulties, including

Depression, anxiety, flashbacks, nightmares and other sleep disturbances.
In certain cases, women do not remember undergoing FGM, especially if it was performed when they were babies.

Cultural and social factors of performing FGM

The reasons why FGM is practised vary from region to region, as well as over time, and include a mix of socio-cultural factors within families and communities.

FGM is a social convention (social norm), the pressure to conform to what others do and have been doing, as well as the need to be socially accepted and the fear of being rejected by the community, are strong motivations for perpetuating the practice.

Frequently, FGM is seen as a necessary part of a girl's upbringing and a way of preparing her for adulthood and marriage. Among other things, this may include controlling her sexuality to promote pre-marital virginity and marital fidelity.

There are those who believe that this practice has religious support, although no religious scripture prescribes it. Religious authorities take varying positions on FGM, and some contribute to its abandonment.

Female Genital Mutilation and law

Whilst the criminal law focuses on prosecuting those who commit FGM offences, the focus of FGM Protection Orders (FGMPOs) - a civil law measure - is on protecting victims and those at risk of FGM.

Besides, there are a wide variety of countries who have taken strong measures, in order to eradicate female genital mutilation in different countries. As an example, Since 2003, Spain has a specific criminal law provision on FGM. The Organic Act 11/2003 on concrete measures in the eld of citizens' security, domestic violence and social integration of aliens amended Article 149 of the Penal Code, stating that: 'Anyone who causes another person to suer any form of genital mutilation shall be punishable by imprisonment for a term of between six and twelve years. Where the victim is a minor or a person of limited capacity, parental custody or foster care will be withdrawn for a period of four to ten years.' The consent of an adult woman to the mutilation of her genitalia does not affect the legal qualification of the act, however it does reduce the penalties. The principle of extraterritoriality is applicable, making FGM punishable even if it is committed outside the country.

Key events and previous attempts to solve the issue:

2016, prevalence study funded under the Commission's Daphne III programme	The aim was develop a common definition and methodology on FGM prevalence. It shows that over half a million first-generation immigrant women and girls in the EU, Norway and Switzerland had undergone FGM before their arrival
The European Institute for Gender Equality (EIGE)	has developed a common methodology and indicators to estimate the number of girls at risk of FGM. This includes methodological recommendations for all EU Member States.
EU funds grassroots activities focussing on health education, children's rights and development and implementation of laws and regulation prohibiting FGM	The aim is to help counter the belief that girls need to be cut and raise awareness among those in contact with victims of FGM and girls at risk of FGM.
Vice-President Věra Jourová ,2017	dedicated the year 2017 to fighting violence against women. The actions included the funding of projects that deal with FGM/C, as well as an awareness campaign and a dedicated website NON.NO.NEIN – Say No, Stop Violence against Women providing the main platform for these actions. This campaign was extended and intensified during 2018.
9th European Forum on the rights of the child	10 Principles for integrated child protection systems were proposed. They aim to prevent and respond to violence against children, including gender-based violence, FGM and other harmful practices. The Commission funds projects to strengthen national child protection systems, for instance through the Rights, Equality and Citizenship Programme
3 February 2017	a web-based platform on FGM was launched to train judges, nurses, asylum officers, doctors, teachers, police officers and other professionals who are in contact with girls at risk and women who undergone FGM, and to better equip them to prevent it and support these victims. €4.5 million were dedicated to nine transnational projects. Their aim was to prevent, inform about and combat violence against women, young people and children linked to harmful practices.
In 2016	the 10th European Forum on the rights of the child was dedicated to the protection of children in migration
2016	An analysis of European court cases related to

	FGM was published in 2016, in an effort to identify what has allowed states to effectively prosecute.
The Commission in May and July 2016	Aimed to reinforce the protection safeguards available to persons with specific needs, including unaccompanied children seeking asylum in Europe. They mentioned that specific needs of female applicants who have experienced gender-based harm should be taken into account. This included ensuring access to medical care, legal support, appropriate trauma counseling and psycho-social care at different stages of the asylum procedure.

Possible solutions

Addressing this issue requires a comprehensive, multi-faceted approach involving various stakeholders, including communities, governments, NGOs, and international organizations. Here are some possible solutions:

Community Engagement and Education:

- Raise Awareness: Develop and implement educational programs that raise awareness about the harmful effects of FGM on health and well-being. Use culturally sensitive approaches to engage communities in open discussions.
- Involve Community Leaders: Work with community and religious leaders to promote alternative rituals that respect cultural values without harming girls. Engage them in advocating for the abandonment of FGM.

Legislation and Enforcement:

- Enact and Enforce Laws: Establish and enforce laws banning FGM, with appropriate penalties for those who perform or support the practice. Ensure that the legal framework is comprehensive and addresses all aspects of FGM.

Healthcare and Support Services:

- Medical and Psychological Support: Provide medical and psychological support to girls and women who have undergone FGM. Offer reconstructive surgeries, counseling, and other healthcare services to address physical and emotional consequences.
- Training Healthcare Professionals: Train healthcare providers to recognize and address the medical complications associated with FGM. Encourage them to report cases and provide support to survivors.

Alternative Rites of Passage:

- Promote Alternative Ceremonies: Develop and promote alternative rites of passage that celebrate the transition to womanhood without the need for FGM. This can involve cultural ceremonies that emphasize positive values and identity.

Education and Empowerment:

- Girls' Education: Promote girls' education to empower them with knowledge and skills. Educated girls are more likely to make informed choices about their bodies and challenge harmful cultural practices.
- Women's Empowerment: Empower women economically and socially, fostering a sense of autonomy and the ability to challenge traditional norms.

Media and Advocacy:

- Media Campaigns: Utilize mass media campaigns, including radio, TV, and social media, to disseminate information about the dangers of FGM and the benefits of abandoning the practice.
- Advocacy and Celebrities: Engage influential figures, including celebrities, in advocacy campaigns to speak out against FGM and promote positive cultural practices.

International Collaboration:

- Global Partnerships: Collaborate with international organizations, governments, and NGOs to share best practices, resources, and expertise in the fight against FGM.
- Support for Local Initiatives: Provide financial and technical support to local organizations working to eliminate FGM.

Monitoring and Research:

- Data Collection: Invest in research to understand the prevalence and factors contributing to FGM. Regularly collect and analyze data to monitor progress and adjust interventions accordingly.

Addressing FGM requires sustained efforts and collaboration at multiple levels to bring about cultural change and protect the rights and well-being of girls and women.

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