

UN Women

Topic: Female Genital Mutilation in Asia

Background of Committee:

The UN General Assembly created the organization UN WOMen in July 2010 in order to accelerate current UN goals on gender equity and the empowerment of women. UN Women is utilized to help build on the important work of four previously sectors of the UN which were known as Division for the Advancement of Women, International Research and Training Institute for the Advancement of Women, Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI), and the United Nations Development Fund for Women (UNIFEM). By carrying the mission of these previous systems, UN Women aims to increase women's leadership and participation, end violence against women, engage women in all aspects of peace and security processes, enhancing women's economic empowerment, and making gender equality central to national development planning and budgeting. UN Women stands by its mission of successfully achieving the Sustainable Development Goals to make women and girls have equal participation in all areas of their life.

Goals of Committee:

The goals of the committee include finding an effective solution on limiting and or stopping the use of female genitaliation in Asia, finding a way to enforce laws and regulations against female genital mutilation, and finding a way to address cultural issues and traditions deeply tied to FGM. Through energized debate and inventive solutions, we hope you can tackle this problem that greatly harms many Asian nations today.

Background:

Female genital mutilation is the process of intentionally altering or injuring the female genital regions for non-medical reasons, a practice that is internationally recognized as a human rights violation. This earliest record of this practice dates back to 25 BC where excision occurred on Egyptian girls. However it is not fully known where the practice of female genital mutilation originated. Some believe it originated during the slave trade while others believe it began with the arrival of Islam in sub-Saharan Africa. The practice is believed to be used to ensure women's virginity and have control over a woman's sexual behavior. Many communities in Asia and other countries viewed FGM as a rite of passage to womanhood while other communities see it as a way to preserve a girl's virginity until marriage. Over time primitive communities have developed the belief that female circumcision is vital for marriage and without being circumcised, one would not be able to get a husband. The age at which FGM occurs is relative among cultural groups as some perform as early as infancy while others wait until puberty. It is usually performed in rural areas by birth attendants and midwives and is carried out through the use of special knives, scissors, blades, or scalpels. Female genital mutilation is classified into 4 major types known as the clitoridectomy, excision, infibulation, and type 4 which encompasses all the previous types. This process has no health benefits and only causes harms to girls and women as it damages already healthy tissue and imposes on the natural functions of the female body. It can lead to many immediate complications such as severe pain, urinary problems, shock, and

infections as well as long term complications such as vaginal problems, psychological problems, increased risk of childbirth complications, as well as sexual problems. Today more than 200 million girls have been victims of FGM in countries in Africa, the Middle East, and Asia. In Indonesia more than half of the girls under the age of 11 have undergone FGM. In Malaysia, FGM is even more common as more than 90% of women have been circumcised due to religious reasons. In other countries such as Brunei and Singapore this practice is completely legal and is not frowned upon due to its cultural significance. Despite the decline of FGM in many Asian countries where it is prevalent, many of these countries are experiencing rapid population growth which will cause the number of women to go through FGM to increase if efforts are not taken.

UN Involvement

The United Nations has worked to target female genital mutilation through various efforts. In 2008, UNFPA and UNICEF collaborated in the Joint Programme on FGM/C, a global programme intended to accelerate the abandonment of FGM as well as finding ways to provide care to those harmed by FGM at a local, national, and global level. UNFPA currently still works to mobilize health workers to refrain from performing FGM due to social pressure and to instead protect the females in the communities they work in. In 2008, WHO issued a statement to eliminate FGM called, "Eliminating female genital mutilation: an interagency statement" and passed resolution WHA61.16 which focused on eliminating FGM by calling for action in the health, education, and finance sectors. In 2010, WHO published a Global strategy to stop health care providers from performing female genital mutilation" alongside many UN Agencies and later in 2016 collaborated with the Joint Programme on FGM/C to launch the first evidence based guidelines on how to manage health complications that arise from FGM. WHO is also currently working to eliminate FGM through strengthening the health sector response, gaining more advocacy, and building a database of evidence about the process to distribute to health care providers. In 2012, the UN General Assembly adopted a resolution against female genital mutilation and called for global cooperation to put an end to the practice once and for all. Later in 2015, the Sustainable Development Goals included FGM and called for the elimination of it within the next 15 years.

Bloc Positions:

- **Asian Bloc:** Many Asian countries practice FGM for many religious and cultural reasons. Though it is not prevalent in Asian countries, this bloc supports FGM due to their views on gender equity and long-standing traditions.
- **Western/ European Bloc:** Many of the European countries hold females and males to the same standard and believe in the rights of the individual. Many of these countries are opposed to FGM since it contradicts with their nation's values.
- **Latin American Bloc:** Many of the Latin American countries also believe that FGM goes against the rights of the individual. There is currently one tribe that practices FGM in Colombia but the remaining countries stand strong with their beliefs.

- **Middle Eastern Bloc:** Many Middle Eastern countries practice FGM since they do not hold women at a high value. Gender inequality and religious customs additionally contribute to high prevalence of FGM in this region.
- **African Bloc:** The African Bloc has a high number of countries that are known to use FGM practices due to long held traditions and religious customs. Women in many African countries are also not seen as equal to men which also contributes to the attitude surrounding FGM.

Guiding Questions

1. Should religion and cultural values allow for FGM to still occur in Asian countries?
2. How can FGM be put an end without infringing on many Asian countries' embedded values?
3. How can care be provided to victims of FGM in Asian countries?
4. Will improving a women's status in Asian countries help eliminate FGM? If so, what are ways to eliminate the gender inequality and raise a women's status?

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