

# WORLD HEALTH ORGANIZATION



BACKGROUND GUIDE

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# DEBATING WAYS TO ELIMINATE FEMALE GENITAL MUTILATION

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## LETTER TO THE DELEGATES

Dear Delegates,

It is with enormous pleasure that we welcome you to this year's World Health Organization committee.

My name is Sofia Pepe and I couldn't be more thrilled about chairing this committee. I'm a twelve-grade student at the Humboldt Schule of São Paulo and participated at SMUN back in ninth grade, so this conference holds a special spot in my heart. Chairing this specific committee is a true honor, considering the leading role the World Health Organization has played in the world these past years, therefore I'm beyond excited to help guide you through this topic.

We recognize our chosen topic is a challenging one, however, we are looking forward to seeing you all invested in the debate! We hope you can expand your horizons as much as possible, understand your country's political and economic position, their allies and enemies, and be able to come up not only with exciting discussions but also smart solutions to such an important topic. Wish you all the best in preparing yourselves for our debate and can't wait to see what the outcome will be.

Kind regards

Dear delegates,

It is with great pleasure that we introduce you to the WHO topic for this year's SMUN. I am Ana Clara Thá, a freshman from the Swiss School of Curitiba and I wish you all take this event as a chance to learn about all the serious issues our world currently faces and that, sometimes, we don't even realize are happening. I also hope that the SMUN experience brings you not only long distance friendships and improved debating skills, but also a change in your inner self (let's hope it's for the better!!).

Enjoy every step of your preparation, use this opportunity to grow and, last but not least, whether you are a beginner or almost an official diplomat, you are to have fun! And as a chair, my only duty is to proportionate you the best debate



possible, so if there are any doubts, questions or you just want to get in touch with us, please don't hesitate to send an email or a text message.

See you soon!

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## HISTORY OF THE COMMITTEE



The World Health Organization was officially created on April 7th, 1948. The Organization is headquartered in Geneva, Switzerland, with six semi-autonomous regional offices and more than 150 field offices spread worldwide.

The Organization's primary goal is to assure "the attainment by all people of the highest possible level of health". The goal is hoped to be achieved throughout the organization's mandate, which includes measures such as advocating for universal healthcare, monitoring public health risks, coordinating responses to health emergencies, and promoting human health, well-being, and a better future for all.

The WHO provides technical assistance to countries that need it, sets international health standards and guidelines and collects data on global health issues through the Global Health Survey. Through the World Health Report, WHO provides expert opinions, information, and advice on health situations in every nation.

The WHO exercises an extremely important role in the fight against emerging epidemics, harmful medical practices, communicable diseases, and chronic diseases among other matters.

Since 1997 the WHO has been actively fighting the practice of female genital mutilation which is one form of harmful medical practice, through research in

most affected areas, work within communities, changing public policy, starting programs, statements as well as adopting resolutions, among other matters.



# DEBATING WAYS TO ELIMINATE FEMALE GENITAL MUTILATION

## Overview of the topic

### ***What is female genital mutilation?***

Female genital mutilation or cutting, also known as FGM or FGM/C , is the act of cutting out parts or modifying the external part of the female genitalia by clandestine procedures, which go against fundamental human rights. The origin of this practice is not precise, but it has been seen on mummified corpses dated from even before Christ, so it is clearly not a recent issue. Quite the opposite, the recent issue is that today, the practice still exists and continues to put, yearly, around 4 million girls in huge danger of acquiring serious health issues like infertility, hemorrhage, and/or death.

### ***Why is it practiced***

The reason why cutters practice FGM in young girls is, sometimes, not even clear to themselves nor to the victim. The practice has been going on for so long now that it has become just another tradition passed on from generation to generation, and that people don't even question themselves about. When they do present a reason for the mutilation, cutters, or the victim's relatives, may argue that the procedure helps girls keep their vaginal hygiene, but the biggest root to the problem is known to be the sexiest belief that it purifies girls, as well as makes them unpenetrable until they find proper husbands, hence, FGM is completely tied to the idea of early forced marriage.

Studies show that, in most countries where FGM is common, the average age period in which it is performed on girls is between 0 to 4 years old. Furthermore, as the years go by, and the problem still remains, the average age at which girls go through the procedure tends to decrease, meaning that the more we wait, the earlier girls will start having to deal with the sequelae that come with the mutilation.



## ***Economic Cost***

Besides the social impacts, FGM also has a substantial economic cost. Countries all over the world spend millions a year to repair health complications due to these procedures, the complications are designated as one the following: acute, urogynecological, obstetric, and psychological/sexual.

According to research made in 27 high-burden countries over 30 years, the expectations are for the burdens due to FGM to increase significantly, especially due to population growth. In 2018 the costs of prevalent cases of health complications repair in 27 countries would be evaluated at 119.4 million US\$, in 2047 the same case would be evaluated at 205.8 million US\$. The current incidence of economic burden is US\$1.4 billion/year, rising to US\$2.1 billion/year in 2047. The case scenario is in constant increase, which as a consequence leads the annual economic burden to increase as well, from approximately US\$1.4 billion in 2018 to over US\$2.1 billion per year in 2047.

Medical costs to be covered include human resources, medicines, consumables, and other resources required for individual clinical interventions.

The included countries in such research were: Benin, Burkina Faso, Central African Republic, Côte d'Ivoire, Cameroon, Chad, Djibouti, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Gambia, Guinea-Bissau, Iraq, Kenya, Mali, Mauritania, Niger, Nigeria, Sudan, Senegal, Sierra Leone, Somalia, Togo, United Republic of Tanzania and Yemen.

## Historical Background

The first practice of FGM/C dates back to 2000 years ago in regions such as ancient Egypt and Sub-Saharan Africa. The practice is often associated with religious purposes, however, research conducted evince the practice pre-dates Islam and Christianity.

The practice has expanded worldwide and the United Nations has fiercely fought to contain the practice and assist its victims.

The United Nations has been working on solutions for the issue for long decades, however, it was in 1997 when the WHO first issued a joint statement against the practice of FGM alongside the UNICEF and UNFPA.

## Current situation

### ***UN's concern***

Since 2008, UNFPA and UNICEF lead the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, the largest global program to accelerate the cessation of FGM. It currently focuses on 17 countries, in Africa, and in the Middle East, and supports regional and global initiatives. With the support of the program, more than 5.5 million girls and women received prevention, protection, and care services related to FGM.

To help end FGM faster, the UN has specifically addressed it on goal 5.3 of its sustainable development agenda, calling upon all countries to work together to have the problem solved by 2030. According to the United Nations, one of the main actions to be taken is education. The lack of information on women who have gone under FGM causes, many times, women who do not know that their bodies have been altered or that that is not a “normal” practice happening to everybody else around the world. Besides that, the parents also need to be carefully educated. In most regions where FGM is “normal”, the decision to cut or not young women is up to their fathers, who tend not to fully understand the lifetime consequences the procedure brings to females. Moreover, mothers who have primary education are 40 percent less likely to have their daughters cut than



mothers who have no education at all, proving, once again, that education is key to stopping FGM.

One great obstacle the UN and other organizations face is keeping the victim's privacy during the conducting of research, or the lack of volunteers to be studied, which may lead into underreporting of the problem. Besides that, the fact that many countries have laws prohibiting anything that goes against women's human rights, but not specifically prohibiting FGM, is also a huge issue because the interpretation of what is violence against women may not be the same to the UN and to some ethnic groups, which may argue that FGM it is just an expression of their culture.

### ***The COVID-19 pandemic***

It is no surprise that the COVID-19 pandemic has negatively affected the medical system all over the world. However, the damage the pandemic had on the progress the UN had already achieved against FGM is sometimes overlooked. With the spotlight focused on the Coronavirus, the topic of female genital mutilation became less discussed, which disrupted the UN's target 5.3 of its Sustainable Program, and resulted in the growth in the number of girls predicted to have undergone female genital mutilation by 2030 (2 million girls more than the original prediction). In comparison though, the effort countries have been putting in against the practice has, fortunately, gone up.

### **Timeline of important events**

163 B.C: The oldest document known today that, supposedly, talks about FGM is written; a greek papyrus that can now be found at the British Museum. This is relevant because it proves that the beginning of the practice might have happened before the creation of Islam, a religion that is commonly, and falsely, said to have created FGM as a religious requirement.

155: "*Istoria Venetiana*", by Pietro Pembo, is published. It was the first piece of work to ever explicitly talk about infibulation.



They now left the other countries, sailed into the Red Sea and visited several other countries, inhabited by blacks, excellent men, brave in war. Among these people, the private parts of the girls are sewn together immediately after birth, but in a way not to hinder the urinary ways. When the girls have become adults, they are given away in marriage in this condition and the husbands' first measure is to cut open with a knife the solidly consolidated private parts of the virgin. Among the barbarous peoples an indubitable virginity at the marriage is held in such high esteem. (Bembo, 1964, p. 118)

After this, many other authors started reporting FGM practices, which they had seen on trips, in their works.

1885: Heinrich Hermann Ploss writes his book "*Das Weib*," sharing a great amount of knowledge about women's health. The german gynecologist was the first to write about excision and infibulation (FGM types 2 and 3) with concern, recognizing it as an issue. From then on, a lot of attention has been brought to the topic.

2007: Was signed to existence the Joint Programme on Female Genital Mutilation/Cutting by UNICEF and the UNFPA.

2008: The statement " Eliminating female genital mutilation: an interagency statement" was issued by ten United Nations partners, including the World Health Organization. The statement served the purpose of providing evidence collected on research made about the FGM practice all over the world. The statement emphasized the need for improvement in all sectors, such as health, education, finances, justice, and women's affairs.

2010: Was published the "Global strategy to stop health care providers from performing female genital mutilation" by WHO alongside international organizations, as well as other UN agencies.

2012: UN´s General Assembly designates February 6th as the International Day of Zero Tolerance for Female Genital Mutilation, with the aim to amplify and direct the efforts on the elimination of this practice.



September 2015: UN submits the SDG, where goal 5.3 directly addresses the issue of FGM and makes its total eradication by 2030 a global goal.

2016: The UNFPA and UNICEF, alongside WHO published guidelines on the management of health complications from FGM, these guidelines were the first evidence-based guidelines on the topic.

19th August, 2016: The East African Community (EAC) prohibits FGM with the ratification of the Prohibition of Female Genital Mutilation Act, turning its member states some of the few countries that have official laws against (criminal provision) the procedure.

2018: The WHO made available a clinical handbook on FGM. The intention was to prevent or make more manageable the complications which happen to women due to FGM, through the improvement of skills, knowledge, and attitude of health care providers.

2021: An ethical guidance for conducting FGM-related research was created as a complement to a research agenda for FGM created by UNICEF and supported by WHO, UNFPA, and Population Council.

2022: A training manual on person-centered communication was published by WHO with the intention of encouraging health providers to challenge their FGM-related attitudes and build their communication skills to effectively provide FGM prevention counseling.

## **Overview of individual country's position**

### ***United States of America***

The United States of America has made it illegal to perform any type of FGM/C since 1996 when was passed the Federal Prohibition of Female Genital Mutilation Act. In the same decade, the US government conducted research on how many



girls and women were at risk of FGM, estimating that around 168,000 women in the United States, in addition, around 50,000 of them being under the age of 18. A new study in 2004 showed an increase of almost 35% from the research in 1996, the new results showing more than 227,887 thousand women and girls were at risk of FGM. Nowadays, the United States forbids the practice of FGM/C inside its territory as well as condemns the aware transport of women and girls out of the United States for the purpose of FGM/C, respectively the *Federal Prohibition of Female Genital Mutilation Act* and the *Transport for Female Genital Mutilation Act*.

### ***United Kingdom***

The practice of FGM is considered illegal in the United Kingdom by the declaration of two acts, which each determine the crime in different parts of the UK's territory. In England, Wales, and Northern Ireland the *Female Genital Mutilation Act 2003* contains the criminal and civil legislation for FGM, however, in Scotland the criminal legislation for FGM is held in the *Prohibition of Female Genital Mutilation (Scotland) Act 2005*. Despite the publication of both acts, in 2015 the United Kingdom conducted research with data from a previous study in 2011 with the intention of calculating the number of girls at risk of FGM in the country. Approximately 60,000 girls aged 0 to 14 were born in England and Wales to mothers who had undergone FGM, 103,000 women aged 15 to 49, and approximately 24,000 women aged 50 and over who have migrated to England and Wales are living with the consequences of FGM.

### ***People's Republic of China***

The country tends not to send reports to data collection about FGM. Despite that, recent studies show that in the People's Republic of China FGM is "essentially never" practiced and that in the country there are no regulations against FGC as a specifically-named act (and this includes cases where FGC can only be performed in a medical setting, or must be prosecuted under a non-specific law



such as assault)., as stated on INFIB-SCALE 1; INFIB-SCALE 2 and INFIB-SCALE 3 of [womanstats.org](http://womanstats.org).

### ***Republic of Senegal***

Back in 1999, Senegal enacted a law of prohibition of FGM in the country, however, that did not seem to be enough, once the levels of the practice have been quite the same since the change in the legislation (which punishes not only cutters, but also those who order the procedure). In relation to other countries in Africa, such as Sierra Leone and Somalia, the national levels of FGM, which vary between each senegalese region, are not that big, although they are still incredibly concerning and show that Senegal needs to drastically adjust itself if it wants to reach the elimination of female genital mutilation by the end of 2030. As for the people, most of them agree that FGM should end, but then again there is a disagreement to that coming from the less educated part of the population. women say that they agree to the practice , and the most common reason cited is social acceptance.

### ***Russian Federation***

The practice of FGM is not officially considered illegal in the Russian Federation, nonetheless, the practice goes against a constitutional article of the criminal code, which considers illegal any form of serious harm to human health. Since the fall of the Soviet Union in 1991, the number of cases has considerably risen, mainly in areas such as the North Caucasus, a region with Muslim predomination. In more recent investigations many cases of FGM/C have been identified in Dagestan, a remote mountain region. However, there have been reports from metropolitan areas such as medical clinics in Moscow, in spite of the reports the center never openly admitted being responsible for the practice.

### ***The Republic of Guinea***



Since 1965, FGM is prohibited in Guinea, and in its 2016 Criminal Code, on article 259, it is specified that:

Anyone practising FGM, whether by traditional or modern methods, or promoting or participating in these practices in any way, is punishable by imprisonment for a minimum of three months up to two years or a fine of 500,000 to 2,000,000 Guinean francs (approximately US\$55–220 6 ), or both.

Despite the law, statistics show that around 99% of all Guinean women aged 15 to 49 have gone under the procedure and, in the biggest ethnic groups, the percentage of women who have gone under it is 100%, making the country one with the biggest rates all around Africa.

### ***French Republic***

In France, the practice of FGM/C has no specific law considering it a crime including various international convection condemning FGM/C, the practice is also condemned if practiced outside the country by the penalty of extraterritoriality.

However, it is considered illegal under general criminal law. France has registered more than 100 arrests for carrying out FGM/C. Researches show more than 125,000 women living in France have gone through FGM/C. Recent studies made in 2007 estimate around 61,000 FGM victims in France.

The practice is not considered traditional in France, and it is believed to stay alive within immigrants' and refugees' cultures. Even considering France has no specific law prohibiting FGM/C the last National Action Plan on Violence Against Women holds an entire chapter on measures to deal with FGM/C, the country also implemented public bodies and civil society organizations such as the Regional Directorates for Women's Rights and Equality, working on implementing public policies.

### ***Republic of Sierra Leone***



Sierra Leone has taken part in multiple conventions which condemned FGM but, still, the delegation has no official law specifically against it (although some districts have criminalized it within their borders). In 2007, the country adhered to the Child Rights Act, an act of which would substitute all past individual laws related to children's rights. The document had a clause dealing only about FGM but, after a parliamentary debate, it was removed from the official version. In relation to other African countries, Sierra Leone has also a quite high rate of FGM and it has a high rate of its population supporting it (a 2019 study showed that only 34 percent of women who have heard about it think it should be discontinued).

### ***The Republic of Sudan***

Sudan is also parts of the countries in Africa with the highest number of FGM (around 87% of all Sudanese women aged from 14 to 49 have had the procedures done. To try to end that, the delegation has specifically criminalised female genital mutilation and made it punishable by 3 years in jail, helping itself become a UN-recognized "model for abandoning the practice of Female Genital Mutilation (FGM) in Africa and around the globe". However, the practice is still seen as necessary by a big part of its population, and that might be an issue for Sudan's future (52.8% of women aged 15–49 who have heard of FGM believe it should stop).

### ***Portuguese Republic***

Portugal is a country that was not traditionally affected by FGM, however, it is now considered by WHO a risk country for the practice. The delegation receives high inflows of African migrants, who may come from countries where FGM is extremely prevalent, so it is easy to perceive that the Portuguese Republic puts in an special effort to prevent the practice levels from expanding within its population. Although it does not have a specific law against it, FGM is, in the huge majority of cases, framed on national laws related to physical, mental or sexual violence and may be punishable even if it is practiced outside the country. Lastly,



since 2003 Portugal has been issuing multiple action plans against FGM, making it one of the only eight countries in the world that have developed national action plans dealing only about this topic (data from 2013).

### ***Federal Democratic Republic of Ethiopia***

The ethiopian population is made out of several ethnic groups, and the FGM levels vary between each one of them. The highest prevalence of the procedure (98.5%) is found among women aged 15-49 from the Somali tribe and, generally, the east side of the country has the highest FGM rates. In the country, the performance of FGM on a woman of any age is punishable by the law (as stated on articles 565 and 566 of the Ethiopian Criminal Code), although these legislations are often disregarded and the law enforcement has been reported to be extremely weak. Despite that, great outcomes have been shown since the year 2000, when the ethiopian support for FGM elimination started increasing, while the number of women undergoing it started decreasing.

### **Guiding questions**

1. What is your country's position in relation to the issue?
2. How is it affected by the issue? (bring official data/numbers)
3. Do people come to your country from places where FGM is a crime to have the procedure?



4. Do people leave your country to have the procedure legally?
5. How does the procedure, and the name it receives, affect the victim's mental health?
6. What has your country already done to try to stop the issue?
7. What are possible solutions your country sees?
8. What are the economic costs this practice has brought to your country? (bring official data/numbers)
9. What consequences have the health systems suffered from this practice?

## **Further research**

1. [Five things you didn't know about female genital mutilation - UNICEF Connect](#)
2. [Economic burden of female genital mutilation in 27 high-prevalence countries | BMJ Global Health](#)

## **United States**

1. [U.S. Government Fact Sheet on Female Genital Mutilation or Cutting \(FGM/C\)](#)
2. [Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012 - PMC](#)
3. [Female genital mutilation in the United States - Equality Now](#)

## **United Kingdom**

1. [Prevalence of Female Genital Mutilation in England and Wales: National and local estimates | Trust for London](#)
2. [Female genital mutilation: resource pack - GOV.UK](#)

## **The Republic of Senegal**

1. [Female genital mutilation in Senegal - UNICEF DATA](#)



2. [Female genital mutilation in Senegal - Insights from a statistical analysis.](#)
3. Ciment J. Senegal outlaws female genital mutilation. BMJ. 1999 Feb 6;318(7180):348. doi: 10.1136/bmj.318.7180.348. PMID: 9933182; PMCID: PMC1114828.

### **Russian Federation**

1. [Activists Call For Investigation Into Case Of Female Genital Mutilation, Saying It Would Be A First For Russia](#)
2. [Orchid Project Russia](#)

### **The Republic of Guinea**

1. file:///C:/Users/hp/Downloads/FGMC\_GIN.pdf
2. [GUINEA: THE LAW AND FGM](#)
3. <https://www.unfpa.org/data/fgm/GN>

### **French Republic**

1. <https://www.orchidproject.org/about-fgc/where-does-fgc-happen/france/>

### **Republic of Sierra Leone**

1. [Female genital mutilation/cutting in Sierra Leone: are educated women intending to circumcise their daughters? | BMC International Health and Human Rights](#)
2. [Female genital mutilation](#)

### **The Republic of Sudan**

1. [Sudan criminalises FGM, makes it punishable by 3 years in prison | Women News | Al Jazeera.](#)



2. [Sudan criminalises female genital mutilation \(FGM\) - BBC News](#)
3. [Female Genital Mutilation \(FGM\) among girls in Sudan](#)
4. [<https://www.28toomany.org/country/sudan/>](#)

### ***Portuguese republic***

1. [Current situation and trends of female genital mutilation in Portugal | European Institute for Gender Equality](#)
2. [Portugal: Anti-FGM campaign returns to national airports | European Website on Integration](#)

### ***Federal Democratic Republic of Ethiopia***

1. [<https://www.28toomany.org/country/ethiopia/>](#)
2. [ETHIOPIA: THE LAW AND FGM](#)
3. [A Profile of Female Genital Mutilation in Ethiopia - UNICEF DATA](#)
4. [\[https://ora.ox.ac.uk/objects/uuid:70808644-dee9-408c-9162-de0ec3f317b8/download\\\_file?file\\\_format=pdf&safe\\\_filename=YL-PolicyBrief-21\\\_Child%2BMarriage%2Band%2BFGM%2Bin%2BEthiopia.pdf&type\\\_of\\\_work=Record\]\(https://ora.ox.ac.uk/objects/uuid:70808644-dee9-408c-9162-de0ec3f317b8/download\_file?file\_format=pdf&safe\_filename=YL-PolicyBrief-21\_Child%2BMarriage%2Band%2BFGM%2Bin%2BEthiopia.pdf&type\_of\_work=Record\)](#)
5. [\[https://www.refworld.org/docid/50b748242.html#:~:text=The%20Criminal%20Code%20of%20the,crime%20\\(Ethiopia%202005%2C%20Art.\]\(https://www.refworld.org/docid/50b748242.html#:~:text=The%20Criminal%20Code%20of%20the,crime%20\(Ethiopia%202005%2C%20Art.\)](#)

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4. [Intensifying global efforts for the elimination of female genital mutilations: Report of the Secretary-General \(2020\) | Digital library: Publications | UN Women – Africa](#)
5. [Which countries still practice female genital mutilation? | World Economic Forum](#)
6. [The UNICEF Approach to the Elimination of Female Genital Mutilation](#)
7. [Female genital mutilation](#)
8. [Female Genital Mutilation/Cutting in the United States: Updated Estimates of Women and Girls at Risk, 2012 - PMC](#)
9. [The EAC prohibition of Female Genital Mutilation Bill,2016 by Hon. Dora Christine Kanabahita Byamuka | East African Legislative Assembly](#)

