

AMSTERDAM UNIVERSITY COLLEGE
MODEL UNITED NATIONS 2022



UNITED NATIONS ENTITY FOR GENDER EQUALITY
AND THE EMPOWERMENT OF WOMEN (UN WOMEN)



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1. Introduction of Chairs

1.1 Murren Meers

Hi! My name is Murren, I am 18 years old and a first year student at Leiden University College The Hague after completing the International Baccalaureate at United World College in Maastricht. I am Belgian but raised in Germany where I started doing MUN at 11 years of age. Throughout the years I have taken on various roles within MUN including that of admin, delegate, chair and deputy Secretary General. AUCMUN 2022 will be my third chairing experience and second conference since COVID. I am very excited to be chairing UN Women for this year's AUCMUN as I am personally very passionate about this council and the topic we have decided upon this year. I look forward to meeting you, delegates, and hearing all your thoughts on this far-reaching and deeply rooted topic!

1.2 Sophie Lisbonis

Hey! I am Sophie, a first year student at Amsterdam University College after completing the International Baccalaureate at Ecole Jeannine Manuel in Paris, France. I am half American and half French, I was born and raised in Paris. Through my school's club I was able to participate in a multitude of MUN conferences worldwide and chair a few locally. I cannot wait to meet all of you and see where you take this topic. Just like Murren I am very passionate about both the topic and the committee itself and cannot wait to see what directions this debate will take in attempting to find a solution. I am very excited to meet all of you and assist in the rich debate that will take place.

2. Introduction to the Committee

The United Nations Women Council was created by the United Nations General Assembly (GA) in July of 2010. UN Women is the entity for gender equality and the empowerment of women.¹ Within the entirety of the UN system, this council is “mandated to lead, promote and coordinate efforts to advance the full realization of women’s rights and opportunities.”² Their role includes strengthening UN action on all levels towards gender equality, while also supporting policies, advocating for resources and guiding and guiding programmes. Most of all, UN women aim to hold the international community accountable to its commitment to gender equality worldwide.

The main role of UN Women is to support, protect and advance gender equality. Towards the end of 2021, the Executive Board of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) released their strategic plan for 2022-2025 (attached [here](#)) This plan aims to guide UN women for the next 4 years towards, especially towards reaching the 2030 Sustainable Development Goals (SDGs). UN Women highlights the interconnectedness of the global challenges we face and has tailored its plan to include integrated approaches to address “the root causes of inequality.”³ In addition, UN Women will be focusing on (1) governance and participation in public life; (2) economic empowerment; (3) ending violence against women and girls; (4) humanitarian action and disaster risk reduction to promote the peace and security of women. As chairs of this committee, we encourage you to review the strategic plan 2022-2025 and the convention on the elimination of all forms of discriminations against women (CEDAW) which this plan is anchored in.

In 2020, the CSW64 (Beijing+25) was held; celebrating the 25th anniversary of the fourth World Conference on Women and the adoption of the Beijing Declaration and Platform for Action (1995). As a result of Beijing+25, UN Women has responded and is committed to supporting: (1) the strengthening of global normative framework, and gender-responsive laws, politics and institutions; (2) financing for gender equality; (3) positive social norms, including through engaging men and boys; (4) women’s equitable access to services, good and resources; (5) women’s voice, leadership and agency; (6) the production, analysis and use of gender

¹ <https://www.unwomen.org/en/about-us/about-un-women>

² <https://www.unwomen.org/en/how-we-work/un-system-coordination>

³ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/186/22/PDF/N2118622.pdf?OpenElement>

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statistics, sex-disaggregated data and knowledge; and (7) Un system coordination for gender equality and women's empowerment. UN Women has dedicated itself to extensive and imperative goals. However, the question remains, will they live it up to these commitments?

2.1 COMMITTEE STRUCTURE

The UN Women committee is run by an Executive Board consisting of 41 members elected by the Economic and Social Council (ECOSOC) for a three year term. These 41 members are divided by regions of the world: 10 African member states, 10 Asian member states, 4 Eastern European member states, 6 Latin American and Caribbean member states as well as 5 Western European member states and some other states. The last 6 seats are reserved for contributing countries, 4 of which are for countries with high voluntary contributions and 2 developing countries. This Executive Board is responsible for intergovernmental support as well as supervision in all operations.

The head of UN Women is an Executive Director, currently Sima Bahous. She leads the Directorate which is responsible for any administrative functions of the committee as well as human resources. This Executive Director reports back to the Secretary-General of the UN and is appointed by them, currently Antonio Guterres. This direct link with the Secretary-General allows for improving the UN system-wide coordination as well as exchange with other agencies and programs outside the UN system. UN Women is funded by the general UN budget even though operational activities do rely somewhat on its members voluntary contributions. For the 2022-23 period the voluntary contributions from member states totals to 1.0 billion USD.

2.2 COMMITTEE FUNCTION

UN Women focus on two main fronts: the support of international political negotiation in the goal of a formal agreement on the standards of gender equality. Furthermore it aims to help the UN Member States in implementing said standards in advising them and providing financial support. Furthermore the UN Women has a general aim of advancing gender equality also relating to human rights and human development by aiding other parts of the UN system. The work that UN Women aim to achieve is a combination of four previously separate UN committees: the Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI), the Division for the Advancement of Women of the Secretariat (DAW), the United

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Nations Development Fund for Women (UNIFEM), and the International Research and Training Institute for the Advancement of Women (INSTRAW).

UN Women is used as a secretariat for the Commission on the Status of Women (CSW). They are responsible for formulating standard-setting policies, whereas UN Women carries out these policies in operational activities in the field. Furthermore UN Women provides essential policies to bring support to the GA, ECOSOC and Security Council in the hope of advancing a gender equality global agenda.

3. Tackling Female Genital Mutilation (FGM)

3.1 WHAT IS FEMALE GENITAL MUTILATION?

Female Genital Mutilation (FGM) is the umbrella term used to refer to a multitude of procedures which aim to remove external parts of the female genital organ (generally the clitoris) or any other injury to the female genital organ. There are multiple types of FGM:

- Type 1: Removal of the prepuce, with or without removal of part or the entirety of the clitoris.
- Type 2: Removal of the clitoris with the partial or total labia minora.
- Type 3: Removal of part or all of the external genitalia and stitching/narrowing of the vaginal opening (most common in Somalia and Sudan).
- Type 4: Though unclassified involves pricking or incising the clitoris or labia, cauterisation by burning of the clitoris or introduction of corrosive substances or herbs into the vagina. Can also involve burying the clitoris rather than removing it.

FGM shows no health benefits and only causes more long lasting health concerns with periods, urinating as well as child bearing and birth. The health concerns follow the women this procedure is infringed upon from the second the procedure is over and for most of them the rest of their lives. According to the WHO the health concerns that are posed by FGM, within the 27

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countries with the highest rates of FGM have an estimated cost of 1.4 billion USD per year. For which it is projected there will be a rise to 2.3 billion USD if no action is taken.

3.2 HISTORICAL BACKGROUND

Female Genital Mutilation comes in many forms as is seen above and is done all over the world thus it has many origins. It is important to note that FGM is a tradition and holds cultural importance in certain societies.

The history of FGM is hard to fully trace back but it, at least, dates back 2000 years. It is said to have been practiced in ancient Egypt, for the distinction of the aristocracy. Others say it started during slave trades, when enslaved black women first entered Arab societies. It may also have been introduced with the arrival of Islam in sub-Saharan Africa. It also is said that the practice could have developed independently within multiple ethnic groups in sub-Saharan Africa, as a part of puberty rituals. The main assumed intent of the practice is to ensure women's virginities and reduce female desire. It has also been theorised that in primitive societies it was used as a tool to control female sexuality. A certain form of FGM existed in Ancient Rome, this type consisted of inserting rings through the labia majora of female slaves, preventing them from getting pregnant. Many other forms of FGM have existed throughout time and space.

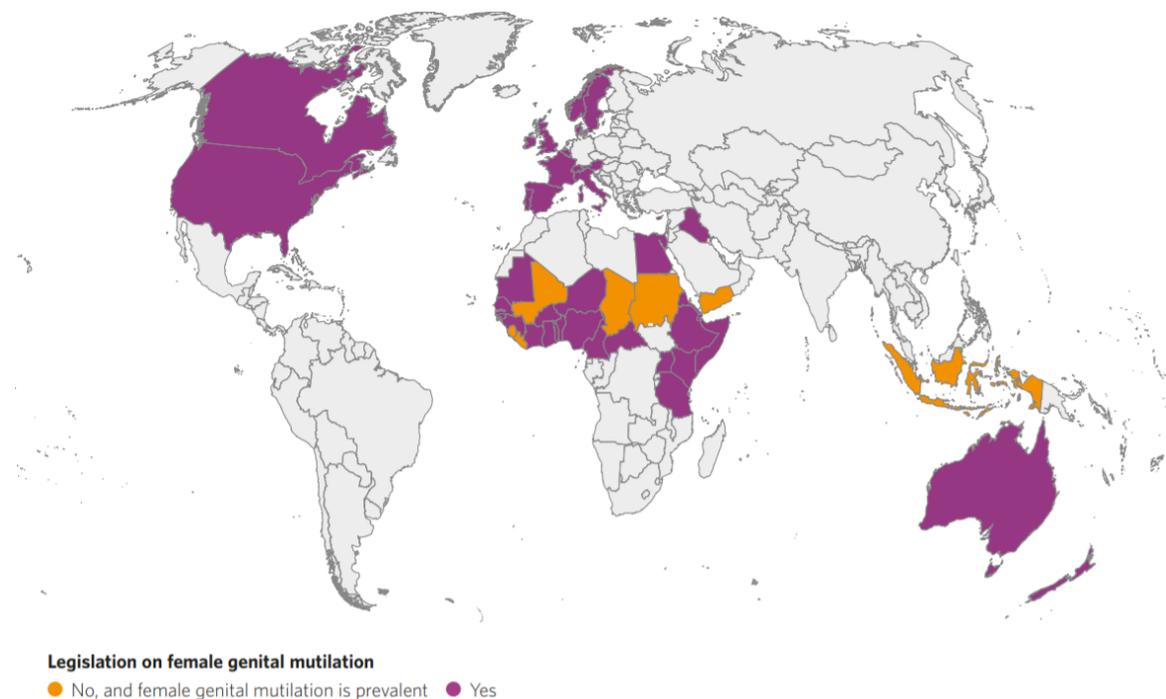
Generally the practice is justified by traditional beliefs and values. In Kenya and Sierra Leone, it is seen as a rite of passage of womanhood. In Sudan, Egypt and Somalia, it is used as a way of ensuring the virginity of a woman. In most other countries practicing this ritual, it is viewed as a prerequisite to marriage, given that in many of these cultures marriage is the only way for a woman to survive economically and socially. This is so ingrained as a belief that mothers believe that if their daughter is not circumcised she will never find a husband that will marry her. Not only does this practice hold so much power but it is also surrounded by very strong taboos, which only make it more difficult. Though FGM is rooted in a cultural context and some strongly believe it is a part of religion it is actually not within any specific religious context. No where in the Quran nor the Sunnah is FGM mentioned as any sort of necessity.

It is also very important to note that FGM, though it is very widespread in Africa, is not only present there. FGM has been practiced all around the world at multiple times in history.

3.3 CURRENT SITUATION/GLOBAL TRENDS

In the world of today the impact of FGM on a global scale is major.

Figure 2. Legislation on female genital mutilation globally, including in countries where it is prevalent



The map above shows us not only the inaction of so many countries within their own legislation towards FGM but also within the countries that have prevailing incidents of FGM within their female population. Furthermore, it is important to note that certain countries not only criminalize FGM under general criminal provisions but have specific criminal provisions or national laws. In March of 2020, a study conducted by Equality Now, the End FGM European Network and the US End FGM/C Network found that hundreds of thousands of cases have been reported across 92 countries stretching across all continents, 51 of which are countries in which FGM is criminalized. Due to this there is now a strong urge for counties to conduct nationwide surveys in the hopes of gathering more accurate data to help find a more effective solution. Additionally, there has been a large focusing of efforts on the African continent, which does make sense given FGM is very prevalent there and these efforts have been seeing very positive results, but this does not mean that this practice is not present in other places in the world, quite to the contrary.

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This map also helps visualize the aforementioned global impact of FGM. It is estimated that at least 200 million girls and women alive today have experienced FGM. Though, in the past two years, the number of girls and women, in areas where this practice is more prevalent, that are opposed to FMG has doubled. This is thanks to multiple international initiatives aiming to raise awareness on the dangers and harm of this practice. It has also been observed by UNICEF that over the past three decades there has been a general trend of decrease of FGM worldwide though this in no way should be reassuring given the number of women and girls that have experienced it or are in danger of facing it. Additionally, though there has been a decline it has not been even and does not include all countries.

Strong global trends towards the elimination of FGM, in a supranational context, date back only to 2015, with a target of total global elimination by 2030. Though this goal does seem very large to have been deemed achievable by the Agenda for Sustainable Development, it remains a very pressing issue. Furthermore, in 2015, was signed by 39 European states, at the Istanbul Convention, the Council of Europe Convention on preventing and combating violence against women and domestic violence. Though this document does aim to tackle the general theme of violence against women it does mention FGM, however briefly, thus holding the countries that have signed it accountable for actions against FGM. This convention has a very important step taken by European countries in the fight against FGM.

3.4 EFFECT OF COVID-19

Due to the global pandemic the efforts that have been put in place or planned have been very much slowed down. Because of the pandemic many girls are unable to attend school and community networks of prevention have come to a halt and given that FGM is a practice that is very emblematic in family life there is a high risk of increase in the number of girl subjected to this practice. This makes it even more important of a subject to tackle because though times may be hard and the world we know is facing a global pandemic it does not mean that this should be the only focus of governments and supranational organisations such as the UN.

3.5 INTERNATIONAL RESPONSES & ACTIONS

Before our delegates can start forming resolutions, we must look back and understand what has worked and what doesn't work in tackling female genital mutilation (FGM). According to evaluations by the WHO, interventions that have proven to be successful included the involved coordination between NGOs and governments.⁴ In addition, the positive impact of behavioural change interventions which have developed communication on projects of change and alternative rites of passage to womanhood rituals.⁵ Some weaknesses and areas of improvement that the WHO has identified included the lack of financial and technical support provided by governments required by agencies, as well as their relationships with NGOs regarding health and educational programmes.⁶

On the larger international scale, there have been great progression in international legal responses towards tackling FGM. Some of the most fundamental sources include; the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 1979, the Universal Declaration of Human Rights (UDHR) and the Convention on the Rights of the Child (CRC) of 1989. More recently and geographically relevant, the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) specifically prohibits and aims to eliminate harmful practices, explicitly including FGM.⁷ In Egypt, the Cairo Declaration for the Elimination of FGM (2003) was developed as well, stating their explicit accordance with the implementation of legislation to criminalize and prohibit FGM.⁸ While sources of international law are not always binding, these international actors in geographically significant regions, is a tremendous step in acknowledging the issue and a step forward in the right direction towards progressive change. Nevertheless, we must not forget that the international community still has a long way to go.

⁴ https://apps.who.int/iris/bitstream/handle/10665/75195/WHO_RHR_11.36_eng.pdf

⁵ https://apps.who.int/iris/bitstream/handle/10665/75195/WHO_RHR_11.36_eng.pdf

⁶ https://apps.who.int/iris/bitstream/handle/10665/75195/WHO_RHR_11.36_eng.pdf

⁷ <https://www.endvawnow.org/en/articles/645-sources-of-international-human-rights-law-on-female-genital-mutilation.html>

⁸ <https://www.endvawnow.org/en/articles/645-sources-of-international-human-rights-law-on-female-genital-mutilation.html>

4. Key Stakeholders

4.1 MOST AFFECTED MEMBER STATES & NON-MEMBER STATES

All UN Women member states have an active and important role in tackling the issue of FGM. FGM continues to be practised worldwide today, including Europe; in United Kingdom, France, Italy, Norway, Sweden and Belgium.⁹ We highly suggest that you research deeply into this issue and how your countries are not only taking action against the issue but how they are impacted by it. Nevertheless, the region in which the practise of FGM is most deeply rooted in culture and traditions is in Africa, where 80% of FGM cases occur. Among the most affected states are but not limited to : Somalia (98% of girls)¹⁰, Sudan, Egypt, Ethiopia, Nigeria and Kenya. We suggest that the delegates have a broad geographic understanding of where FGM is currently still practised. Section 3.3 and 3.2 goes into greater detail of the current trends within the aforementioned countries and the deeply corrupted cultural traditions that remain today.

4.2 MOST INVOLVED MEMBER STATES IN TACKLING FGM

The United States of America

The United States has taken quite a strong stance against FGM in a direction of protecting the women and girls it affects as well as criminalizing anyone responsible for the procedure. The United State's stance against FGM dates back to the 1990s. They stress the fact that FGM is not a public health issue but rather a large infringement on human rights, which violates a woman's right to her body. The United States Agency for International Development (USAID) is the agency mainly responsible for all the actions against FGM. The US, while working alongside with partners, aims to identify specific geographic areas where this practice is more prevalent to find realistic and effective local solutions.

Ireland

In 2012, Ireland passed their Female Genital Mutilation Act, stating:

⁹ <https://www.28toomany.org/continent/europe/>

¹⁰ <https://reliefweb.int/report/world/eighty-cent-fgm-cases-happen-africa>

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2. (1) A person is guilty of an offence if the person does or attempts to do an act of female genital mutilation.

(2) A person is not guilty of an offence under subsection (1) if—

(a) the act concerned is a surgical operation performed by a registered medical practitioner on the girl or woman concerned, which is necessary for the protection of her physical or mental health,

(b) the act concerned is a surgical operation performed by a registered medical practitioner or a midwife, or a person undergoing training to be a midwife, on the girl or woman concerned when she is in any stage of labour, or has just given birth, for purposes connected with the labour or birth,

(c) the person is the girl or woman on whom the act of female genital mutilation is done, or

(d) the act concerned is done to a woman who is not less than 18 years of age and there is no resultant permanent bodily harm.

(3) For the avoidance of doubt, it is hereby declared that it shall not be a defence to proceedings for an offence under this section for the accused person to show that he or she believed that the act concerned was consented to by the girl concerned or her parents or guardian, or the woman concerned, as the case may be, or required or permitted for customary or ritual reasons.

This allows courts to process cases of FGM without putting in danger any of the women concerned and does not allow the legal guardians of a girl use her supposed 'consent' as a defense. Since the passing of this act there have been

The United Kingdom

The UK passed their first act against FGM in the 1985 Act, the articles in this act have been revisited and replaced in the 2003 Act by modernizing it. This revised act also reflects upon the instances where girls are taken back to their family's home countries (abroad) for the procedure, furthermore this more recent act also increase the sentencing for anyone found guilty of the crime of FGM. The 2003 Act was further amended in 2015 with more procedural provisions to help ensure more women and girls would come forward as victims. The UK strongly recognizes that one of the main problems with convicting and bringing FGM cases to court is the reluctance of victims to classify themselves as victims. For this the 2015 revisions include a clause of anonymity for victims, which would start when the allegations are first brought to attention and for the remainder of the lifetime of the victim. Though this clause of anonymity may be limited in situations where the person being tried could be given an advantage in their defense or if it is considered by the court that the non-identification of the victim goes against public interest. Furthermore, the amendments made by the 2015 Act, recognize the parental responsibility of protecting their child, and therefore have added a clause about the offense of failing to protect a girl from risk of FGM. Another important event to note is the Girl Summit in July of 2014 which further looked into FGM as a world crisis.

5. Points a resolution should address

- How can increasing general medicalization of areas strongly influenced by FGM help stop it?
- Is it possible to prevent people from practicing their culture? Is it possible to change traditions?
- Given FGM is part of cultural traditions, can we still condemn it, if yes, how? Will condemning the practice solve the issue or will it escalate it?
- If we can't abolish the practice due to culture and traditions, which part of this issue can we focus on to make it more safe for women and girls?
- How can we further integrate the 2022-2025 UN Women Strategic Plan, Beijing+25 outcome and the CEDAW in our resolutions?

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- Can one method of prevention work everywhere? Is it universal? Or must we tailor our interventions and plans of action depending on the geographical region, culture and the country's historical background?
- How can we take into account and assure that we are taking into account the local cultures, norms and traditions when integrating our intervention methods to tackle FGM?

7. References & Recommended Reading

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