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UNITED NATIONS WOMEN

AGENDAS

- A comprehensive study of the UNCSW 63(2019) Session.
- Health and Reproductive rights with special emphasis to FGM and Adolescent Pregnancy.

Welham Boys' School Model United Nations 2019

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Letter From The Chairperson

Delegates!

As the chairperson of the United Nations Women, I welcome you to the fifth edition of the Welham Boys' Model United Nations. This is the very first time that we are orchestrating this committee and hope to make this an enriching experience for the delegates as well as ourselves.

United Nations Women, the entity dedicated to gender equality and the empowerment of women, is a global champion for women which was established to accelerate progress on meeting their needs worldwide.

UNCSW's 63rd session, which focuses mainly on the Beijing declaration determined to advance the goals of equality, development and peace for all women, everywhere, in the interest of all humanity .It also addresses social protection systems, access to public services and sustainable infrastructure for gender equality, the empowerment of women and girls, and women empowerment and the link to sustainable development. The second agenda thereafter addresses a more sensitive issue; the health and reproductive rights. Delegates are expected to think of solutions to eradicate this problem taking into consideration the different beliefs of people all across. In the end I would like to wish you all the best of luck.

Best wishes,

Aryan Kathuria
chair.unw@welhamboys.org

Letter from the Executive Board

Dear delegates,

We welcome you to the simulation of the United Nations Women at the fifth edition of Welmun. This year we aim to make this simulation different from the previous ones, moving away from the conventional topics of discussion and widening the spectrum for debate. Our agendas being:-A comprehensive study of the UNCSW 63(2019) session and Health and Reproductive rights with special emphasis to FGM and Adolescent pregnancies.

The executive board for this year comprises Aryan Kathuria in the capacity of the chairperson, Tushar Gupta as the director and Ishman Kohli as the rapporteur. During committee sessions we encourage constructive debate and analysed argumentation. It is important to focus on certain issues and go into the depth rather than trying to put to tick mark on a checklist. Such analysis is what comes under proper solutions and research skills. Our agenda offers various facets but the committee needs to prioritise and try cover all facets in depth in the assigned committee time. Though the committee is an UN committee but a lot of time doesn't need to spent on establishing the need for the agenda. We would appreciate clash in committee but logical approach is primary. However, debate should also revolve around other countries where sustainable development levels are failing.

We understand that it can de a little difficult for the first timers as they have not been introduced to the concept yet but we expect a happening and a fast committee. However If you feel stuck at any point during research, try to think basic things you require in your everyday life and then the people who lack those things in the context of sustainable development goals If you still feel like you need more help, feel free to reach out to us for further clarifications.

See you this August!

Sincerely,

The Executive Board

Agenda-1

'A comprehensive study of the UNCSW 63(2019) Session'

UNCSW 63rd Edition

BEJING DECLARATION

An unprecedented 17,000 participants and 30,000 activists streamed into Beijing for the opening of the Fourth World Conference on Women in September 1995. They were remarkably diverse, coming from around the globe, but they had a single purpose in mind: gender equality and the empowerment of all women, everywhere.

Two weeks of political debate followed, heated at times, as representatives of 189 governments hammered out commitments that were historic in scope. Thirty thousand non-governmental activists attended a parallel Forum and kept the pressure on, networking, lobbying and training a global media spotlight. By the time the conference closed, it had produced the most progressive blueprint ever for advancing women's rights.
As a defining framework for change, the Platform for Action made comprehensive commitments under 12 critical areas of concern. Even 20 years later, it remains a powerful source of guidance and inspiration. The Platform for Action imagines a world where each woman and girl can exercise her freedoms and choices, and realise all her rights, such as to live free from violence, to go to school, to participate in decisions and to earn equal pay for equal work.

The Beijing process unleashed remarkable political will and worldwide visibility. It connected and reinforced the activism of women's movements on a global scale. Conference participants went home with great hope and clear agreement on how to achieve equality and empowerment.

Since then, governments, civil society and the public have translated the Platform for Action's promises into concrete changes in individual countries. These have ushered in enormous improvements in women's lives. More women and girls than at any previous point in time serve in political offices, are protected by laws against gender-based violence, and live under constitutions guaranteeing gender equality. Regular five-year reviews of progress on fulfilling Beijing commitments have sustained momentum.

Still, the Platform for Action envisioned gender equality in all dimensions of life—and no country has yet finished this agenda. Women earn less than men and are more likely to work in poor-quality jobs. A third suffer physical

or sexual violence in their lifetime. Gaps in reproductive rights and health care leave 800 women dying in childbirth each day.

The Platform for Action Focused on:

- Women and the environment
- Women in power and decision-making
- The girl child
- Women and the economy
- Women and poverty
- Violence against women
- Human rights of women
- Education and training of women
- Institutional mechanisms for the advancement of women
- Women and health
- Women and the media
- Women and armed conflict

UN CEDAW

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

By accepting the Convention, States commit themselves to undertake a series of measures to end discrimination against women in all forms, including:

- to incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women;
- to establish tribunals and other public institutions to ensure the effective protection of women against discrimination; and
- to ensure elimination of all acts of discrimination against women by persons, organisations or enterprises. The Convention provides the basis for realising equality between women and men through ensuring

> women's equal access to, and equal opportunities in, political and public life -- including the right to vote and to stand for election -- as well as education, health and employment. States parties agree to take all appropriate measures, including legislation and temporary special measures, so that women can enjoy all their human rights and fundamental freedoms.

The Convention is the only human rights treaty which affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations. It affirms women's rights to acquire, change or retain their nationality and the nationality of their children. States parties also agree to take appropriate measures against all forms of traffic in women and exploitation of women.

UN 2030 SUSTAINABLE DEVELOPMENT GOALS

Gender equality is a right. Fulfilling this right is the best chance we have in meeting some of the most pressing challenges of our time—from economic crisis and lack of health care, to climate change, violence against women and escalating conflicts.

Women are not only more affected by these problems, but also possess ideas and leadership to solve them. The gender discrimination still holding too many women back, holds our world back too.

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) adopted by world leaders in 2015, embody a roadmap for progress that is sustainable and leaves no one behind.

Achieving gender equality and women's empowerment is integral to each of the 17 goals. Only by ensuring the rights of women and girls across all the goals will we get to justice and inclusion, economies that work for all, and sustaining our shared environment now and for future generations.

Gender equality in the 2030 Agenda." It features data, stories, videos and publications that illustrate how and why gender equality matters across all the Sustainable Development Goals, and how the goals affect the real lives of women and girls everywhere.

- SDG 1: No poverty
- SDG 2: Zero hunger
- SDG 3: Good health and well-being
- SDG 4: Quality education
- SDG 5: Gender equality
- SDG 6: Clean water and sanitation
- SDG 7: Affordable and clean energy
- SDG 8: Decent work and economic growth

- SDG 9: Industry, innovation and infrastructure
- SDG 10: Reduced inequalities
- SDG 11: Sustainable cities and communities
- SDG 12: Responsible consumption and production
- SDG 13: Climate action
- SDG 14: Life below water
- SDG 15: Life on land
- SDG 16: Peace, justice and strong institutions
- SDG 17: Partnerships for the Goals

REGIONAL CONVENTIONS

UN Member States have called on UN organisations providing regional and national development programmes to coordinate and harmonise their efforts, including to support the achievement of national gender equality priorities.

On the regional level, UN Women and UN regional commissions assist efforts to uphold agreed gender equality norms, working through regional coordination mechanisms and UN Development Group teams of regional directors. On the national level, UN Women engages with other UN entities through UN country teams, gender theme groups, joint programmes and the preparation of UN development assistance frameworks.

In 2011, UN country offices in **Tanzania** launched the first common development plan in UN history, covering all activities. Through the advocacy of UN Women and other champions of women's empowerment within and outside the UN system, the plan adopted gender equality as a core programming principle against which every key action has to be monitored. It established specific activities and results for women, and made 20 per cent of the allocation of common funds dependent on demonstrating gender equality results.

Joint development programmes are another avenue for UN coordination. In 2012, UN Women partnered with other UN entities in implementing 104 joint programmes around the world. One in **Ethiopia** brought us together with the UN Population Fund, the UN Development Programme, the UN Children's Fund, the UN Education, Scientific and Cultural Organisation and the International Labour Organisation.
Grounded in support for the Government's national development plan, the programme priorities education and economic empowerment for women and girls, along with measures to end gender-based violence. In 2011, it trained 6,000 women on business development and management skills, and extended credit and savings services to another 8,000 women to begin. By 2012 gender theme groups have become forums in 106 countries for UN organisations and government counterparts to plan and organise gender

equality initiatives. In **Cape Verde**, for example, the Gender Theme Group conducted a scorecard analysis that highlighted the need to better define joint UN gender priorities and advocacy, and enhance mechanisms to coordinate implementation. A joint UN gender strategy is now being developed to tackle these issues.

The participation of Gender Theme Group members in the preparation of the latest UN development assistance framework in **Senegal** resulted in the full integration of a series of strong commitments to gender equality, such as a new joint programme on fighting gender-based violence.

Role of National Mechanisms

National mechanisms for the advancement of women were defined by the United Nations (UN) as the body recognised by the government as the institution dealing with the promotion of the status of women. The United Nations Commission on the Status of Women has made it quite evident in its report that the presence of national mechanisms is paramount for its success. By the end of the UN Decade for Women (1976-1985) about 127 members had established some sort of national mechanism, which has now increased to 165. In its early stages, many of these countries had established traditional mechanism like bureaus and ministries which were under the jurisdiction of the executive branch of the government. The mechanisms have evolved since then, and presently the current bodies are independent of the government (according to the Expert Group Meeting in 2004). Ideally, these bodies would have to give a report on their progress to the United Nations, but a more systematic study of the different types of mechanisms in place at the national level, their mandates, political support and resources, and most importantly the ways in which they collaborate and complement each other in advancing gender equality and empowerment of women, had not yet been undertaken. Therefore, a multi-phase project was therefore planned, in a collaboration between the Division for the Advancement of Women and the Regional Commissions, to prepare an updated status report on national mechanisms for gender equality. This was to be presented at the commemoration of the 15th anniversary of the Fourth World Conference on Women organised by the Commission on the Status of Women in 2010. The project was supposed to provide the required information base for the development and to increase the effectiveness of national mechanisms. Apart from this the main objectives this project were –

- Identify the different types of national mechanisms trying to be established and the specific roles they were supposed to play for the implementation and the monitoring of gender equality and women empowerment.

- Evaluate the challenges faced and the achievements of the various types of mechanisms and discussing the strategies for overcoming the challenges and enhancing the functioning of the mechanisms.
- Identify priorities and strategies for increased collaboration between national mechanisms at national and regional levels, and with civil society.

This report provided an analytical insight on the framework and the basis for further development of the national mechanisms. The only drawback of this project was that it did not focus on private sector organisations that existed in nearly in all democratic countries.

The Goal of Universal Health Coverage

According to the definition by the World Health Organisation UHC means access for all people to health services and are suffering from financial hardship. It has been emphasised by the UNCSW that the progress towards the acceleration of universal health coverage is mandatory to provide equitable amount of access of healthcare to all genders. It includes quality, affordable and efficient medicines to all women in need, which is critically important. It focuses on the accessibility, affordability and acceptability of the services in order to better respond to the needs of women, especially in rural areas where these services are not readily available. One of the vital requirements to the success of this concept is the active participation of women in implementation of the health systems. It is quite evident from the experience of certain countries that the implementation of these health systems if of great benefit to the female community. The implementation of UHC was also the principal objective of SDG-3, i.e. Good Health and Well-being. This was taken as a sign of acknowledgement of its importance by most countries. In 2017, the World Bank and the WHO collectively published a report tracking the progress of UHC all over the world. This report looks at people who spend majority of their income on healthcare services and the people who lack resources to access such healthcare services. This report has made it quite evident that of the world's 7.3 billion population 45% people do not receive the essential services they need. At least 800,000 people spend 10% of their income on healthcare services and at least 100,000 people are pushed below the poverty line due to their healthcare expenses. It has been observed that areas where UHC is lacking behind are areas where the condition of the women is poor. Even though this concept is ideal for improving living conditions of women, it is face with many challenges.

Effects of armed conflict

Armed conflicts impact both the genders, but the magnitude relating to women is exponentially higher. It has been observed that the rate of sexual violence spikes up during armed conflicts. It makes women more vulnerable to poverty and unemployment and during this time the universal health coverage proves to be void as access is inconvenient.to resolve this the United Nation adopted Resolution 1325 on women peace and security. This resolution recognises the fact that women are affected differently and more than men and it seeks to increase the roe of women in executive and decision making bodies related to conflict prevention and resolution. Also the Beijing Declaration and Platform for Action was adopted by 189 member states and made the effect of armed conflict one of the areas of concern. Her it was also stated that peace is unanimously linked to equality between genders. But this action still has not made huge impact. Due to armed conflicts, the amount of refugees is increasing at an exponential rate, majority of whom are women. The response of the international community to this problem was-

- The United Nation High Commission for Refugees(UNHCR) has issued guidelines for the protection of women refugees, which include protection against sexual crimes.
- UNHCR has also ensured that women have adequate protection in international law, particularly in situations they experience gender based persecution.
- Several member states have recognised the importance of providing psychological support to women who have suffered abuses, whether sexual or physical.

Traditionally women were not allowed to enlist in armies due to their status. Due to international pressure and the realisation of the importance of gender

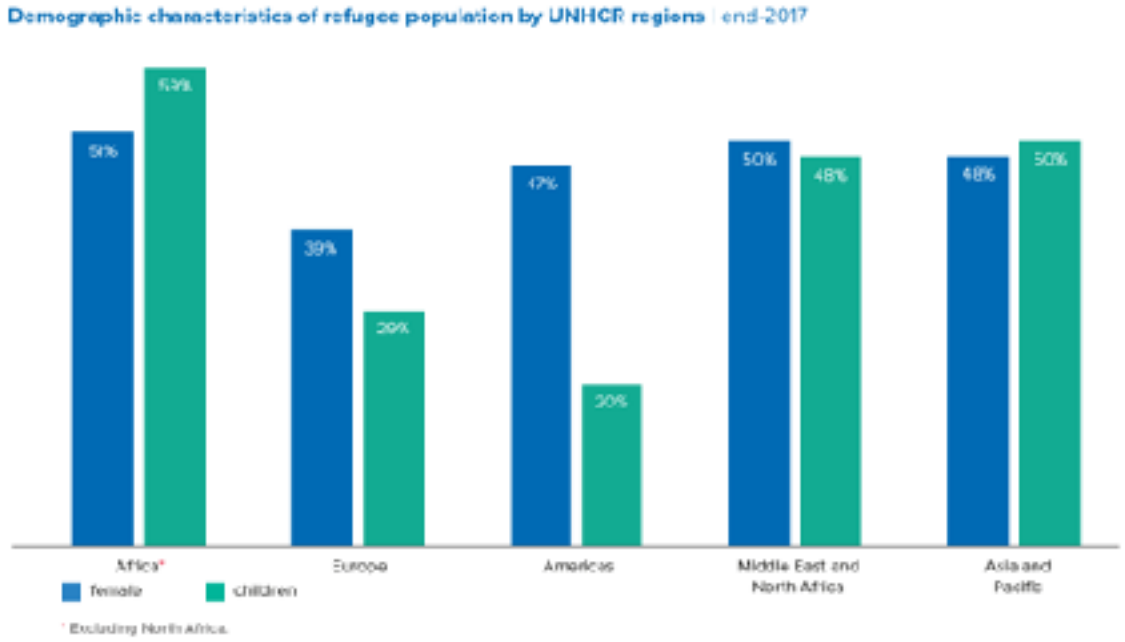
equality, many countries have taken steps to provide women more opportunities to enlist in the armies of their countries. Some example of the steps taken by various countries are-

- In Denmark the legislation has worked to ensure that women are recruited in the army under the same criteria as men and that more women are promoted to the higher ranks than before.
- In Israel it is mandatory for all women to enlist in the army when they reach adulthood, admission procedures for the air force have been reviewed to allow women to take entrance examination for pilot training.
- Norway has introduced targets for recruitment of army personnel. For example, in 2005 it ensured that 7% of its personnel were compulsorily female.
- Austria has undertaken reviews of the cultural and social barriers to women's career progression in the military.

HEALTH AND REPRODUCTIVE RIGHTS.

A series of international agreements reached in the past decade has affirmed that national development and global health depend on fostering the full capacity of all citizens. Essential to this is the empowerment of women. The empowerment of women has been recognised through many international, regional and national conferences as a basic human right—and also as imperative for national development, population stabilisation and global well-being. Reproductive and sexual health and rights are essential for the empowerment of women and to all quality of life issues concerning social, economic, political and cultural participation by women. Empowerment of women was a central policy goal of both the International Conference on Population and Development (ICPD) in Cairo in 1994 and the Fourth World Conference on Women (FWCW) in Beijing in 1995. Both conferences recognised and reaffirmed that reproductive health is an indispensable part of women's empowerment. Women's empowerment has also been underscored in agreements of other important international, regional and national conferences during the past decade, including the World Summit for Children in 1990, the World Conference on Human Rights in 1993, the World Summit for Social Development in 1995, the World Food Summit in 1996, Habitat II in 1996, and the fifth-year review of ICPD implementation (ICPD+5) in 1999. Women's empowerment is the process by which unequal power relations are transformed and women gain greater equality with men. At the

government level, this includes the extension of all fundamental social, economic and political rights to women. On the individual level, this includes processes by which women gain inner power to express and defend their rights and gain greater self-esteem and control over their own lives and personal and social relationships. Male participation and acceptance of changed roles are essential for women's empowerment. This report, a contribution to the "Beijing+5" review of progress since the FWCW, focuses on reproductive and sexual health and rights as necessary and vital components of women's empowerment throughout the life cycle.



What Are Sexual and Reproductive Rights?

International understanding about sexual and reproductive rights has broadened considerably in recent years. The ICPD Programme of Action1 and the Beijing Platform for Action2 recognize sexual and reproductive rights as inalienable, integral and indivisible parts of universal human rights. Sexual and reproductive rights are also a cornerstone of development. Attaining the goals of sustainable, equitable development requires that people are able to exercise control over their sexual and reproductive lives. The most important sexual and reproductive rights include3 : • Reproductive and sexual health as a component of overall health, throughout the life cycle, for both men and women

• Reproductive decision-making, including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children; and the right to have access to the information and means needed to exercise voluntary choice;
• Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender;
• Sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy.

The neglect of sexual and reproductive health and rights lies at the root of many problems the international community has identified as in need of urgent action. These include gender based violence, HIV/AIDS, maternal mortality, teenage pregnancy, abandoned children and rapid population growth. This massive denial of human rights causes the death of millions of people every year; many more are permanently injured or infected. Most are in developing countries—and most are women. Sexual rights and health are not just an individual concern. Rather, they can have direct impact on the economy of a country—as clearly evidenced in the African countries hardest hit by the AIDS pandemic.

Defining Concepts and Rights

The United Nations conferences of the 1990s reached agreement on the following key concepts and definitions:

• **Reproductive health** is a state of complete physical, mental and social well-being (not merely the absence of disease or infirmity) in all matters related to the reproductive system and to its functions and processes.

• **Sexual health** means that people should be able to have safe and satisfying sex lives. Gender relations should be equal, responsible and mutually respectful. Sexual health encompasses behaviours essential to countering sexually transmitted diseases (STDs), including HIV/AIDS. Sexual health aims at the enhancement of life and personal relations, and sexual health services should not consist merely of counselling and care related to reproduction and sexually transmitted diseases.

- **Reproductive rights** include "the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents".
- **Sexual rights** include "the human right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence".

Links for Further Research

http://www.genderequality.ie/en/GE/Pages/BeijingPlatform

https://www.newdelhitimes.com/nam-highlights-the-significance-of-beijing-declaration-and-platform-for-action/

http://www.unwomen.org/en/digital-library/publications/2016/12/cedaw-for-youth

https://nwlc.org/issue/health-care-reproductive-rights/

https://www.who.int/reproductivehealth/en/

https://iwpr.org/issue/health-safety/reproductive-health-rights/

https://www.vox.com/science-and-health/2018/1/30/16947086/trump-womens-health-reproductive-rights

Agenda-2

'Health and Reproductive rights with special emphasis to FGM and Adolescent Pregnancies'

INTRODUCTION

The World Health Organisation (WHO) defines female genital mutilation (FGM) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons."

FGM has been recognised internationally as a violation of the human rights of girls and women. It deeply reflects the deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is almost always carried out on minors and is a violation of the rights of children. This 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 when the procedure results in death.

The technical descriptions of the various types of female genital mutilation known to be practised are:

Type I	**Clitoridectomy:** partial or total removal of the clitoris and/or the prepuce. When it is important to distinguish between the major variations of Type I mutilation, the following subdivisions are proposed: .
Type II	**Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type III	**Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
Type VI	**Other:** All other harmful procedures to the female genitalia for nonmedical purposes includes pricking, piercing, or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissues; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purposes of tightening or narrowing it; and any other procedure that falls under the definition of female genital mutilation.

Origins

The beliefs surrounding the origins of female genital mutilation vary greatly. The predominant school of thought is that FGM originated in ancient Egypt and then spread to East Africa, hence the term 'pharaonic circumcision' coined by the Sudanese. The earliest record of the custom was made by Strabo, the Greek geographer and historian who reported excision on Egyptian girls in 25BC.

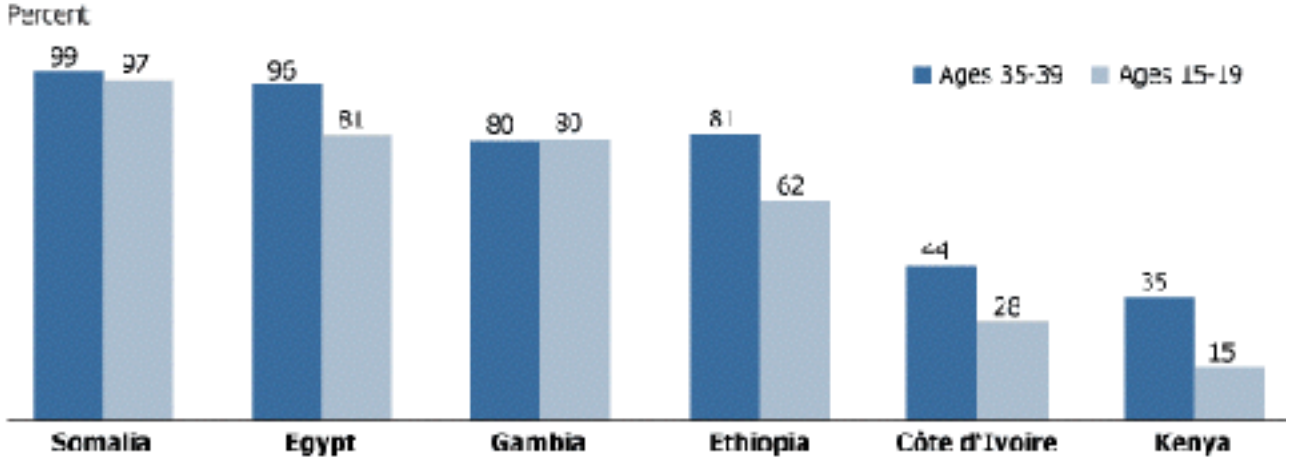
Age at which FGM is performed

The age at which FGM is performed varies widely between all the cultures.In some groups, FGM is performed as early as infancy, while in some other groups the practice may not occur until the girl is near the age of marriage, approximately 14 to 16 years old. The most typical age for infibulation seems to be between six years and eight years, although the age is generally falling, indicating that FGM is having less and less to do with initiation into

adulthood. It is also reported that refugees who have been seeking asylum in western countries seeking asylum Complications in western countries are performing the procedure on their daughters at a much younger age.

How FGM is performed?

FGM is most frequently performed in rural areas by traditional birth attendants, midwives, or 'circumcision operators'. The procedure is carried out using special knives, scissors, razor blades, or scalpels. Anaesthetics and antiseptics are not generally used and pastes containing herbs, local porridge, or ashes are frequently rubbed on to the wound to stop bleeding.



Increased risk of HIV transmission

There is an increased risk of HIV transmission due to the use of the same unsterile instruments in-group circumcisions, repeated cutting and stitching during labour, and the higher incidence of lacerations and abrasions during intercourse.

Childbirth complications

There are a range of childbirth complications that can be associated with FGM, particularly with Type 3 FGM (infibulation). The extent of the complications varies depending on factors such as the type of FGM, parity, and the nature of the scar tissue. Complications that can occur following infibulation, particularly amongst primigravidae.

FGM is most frequently performed in rural areas by traditional birth attendants, midwives, or 'circumcision operators'. The procedure is carried out using special knives, scissors, razor blades, or scalpels. Anaesthetics and antiseptics are not generally used and pastes containing herbs, local porridge, or ashes are frequently rubbed on to the wound to stop bleeding.

The girl is held down by female relatives to prevent her from struggling and there may be unintended damage due to crude tools, poor light, and septic conditions. In urban areas however, FGM is being performed more frequently in hospitals under anaesthetic by trained doctors, nurses, and midwives.

Beliefs and Issues

FGM is a complex multifaceted practice deeply rooted in a strong cultural and social framework. It is endorsed by the community and supported by loving parents with what is believed to be the best interests of a young girl at heart. FGM can only be understood within its cultural context, for in the societies where it is practised - despite its harmful physical effects - FGM provides women with many social and cultural benefits.
The beliefs sustaining the practice of FGM vary greatly from one ethnic group to another, although there are many common themes. Some of the most common beliefs, are outlined in the following sections.

Sexuality

For many societies, FGM is quite clearly about curtailing a woman's sexuality and preventing her from engaging in promiscuity. The most frequently offered reason for why FGM is performed relates to the attenuation of a woman's sexual desire - to prevent her from being oversexed.

In societies where virginity is an absolute prerequisite for marriage and where any type of promiscuity or extramarital relationship may lead to the most severe penalties, FGM is believed to safeguard the morality of women, preserve their virginity, prevent them from being oversexed, and save them from temptation and disgrace. In times of war FGM is also thought to protect women from rape.

FGM is also closely associated with family honour, which is of vital importance in the Horn of Africa. If a woman loses her honour, the entire family is dishonoured. The most dishonourable experience for a man is the sexual impropriety of a female member of the family, and once lost it cannot be restored. Coupled with the belief that women who have not undergone FGM are oversexed and impure, 'honour' is supported and sustained largely through the practice of FGM.

FGM is also believed by some to promote fertility and increase a man's sexual pleasure, both of which enhance a woman's attractiveness in marriage.

The position of women and marriage

Many groups that practice FGM come from patriarchal societies. In these societies, resources and power are passed down and held solely under male control, with a woman's access to land and to economic resources being exclusively through her husband (or the male members of her family). In order for a woman to be eligible for marriage it is essential that she is a virgin. The association between virginity and FGM is so strong, that an infibulated or unexcused girl has virtually no chance of marriage, regardless of her virginity. Her access to land and future resources are therefore dependent on her having undergone FGM.

Many societies practising FGM are also patrilineal, whereby a woman represents and retains her father's lineage and her marriage is not only a union of two people, but an alliance of two lineages. This alliance strengthens clans and clan relationships with other groups and a woman who has not undergone FGM brings great shame and dishonour to her father's lineage. FGM is therefore vital not only to a husband as proof of his future bride's virginity - but also to the bride's family or lineage.

The Role Of Men

While the practice of FGM remains in the female sphere and women are commonly considered the excisors and the perpetrators of the practice, the underlying role of men cannot be over emphasised. FGM is universally considered a practice resulting from patriarchal societies and the subsequent powerlessness of women. It is considered to be rooted in male dominated societies that have attempted to subjugate women and repress their sexuality.
In the Horn of Africa, FGM is also considered to play a significant role in men's sexuality. A narrowed vaginal opening is believed to enhance a husband's sexual pleasure and the challenge of penetrating a tight opening is considered to be linked to a man's virility.

Religion

FGM has been reported to be practised by followers of many different religions: Muslims, Catholics, Jews, Animists and Christian Copts. It is important to stress that there is no basis in any of the various religious texts for FGM, and FGM predates most modern religions - including Christianity and Islam. The association between FGM and religious obligation is assumed to be the result of historic concurrence and incorrect interpretation and teaching of religious texts.

One commonly held misconception about FGM is that it is prescribed within the Islamic religion. Whilst it is practised by many Muslim communities in the genuine belief that it is demanded by Islam, there is no sustainable evidence to suggest that it is an Islamic religious requirements

Social Pressure

In many societies the practice of FGM is considered a vital part of a young girl's social development and initiation rites - an anticipated step in her passage into womanhood. In some regions, such as in Northern Sudan, Kenya, and Mali the practice is commonly accompanied by ceremonies, celebrations, and coming-of-age rituals. Specific periods of the year, such as after harvest, are designated for the event and there are songs, dances, and chants intended to teach a young girl her duties and the desirable characteristics of a good wife and mother. The event is rich in ritual and symbolism and can last up to 2-3 weeks. There are special convalescent huts for the girls where they remain until they are healed and then emerge to be adorned with special clothes and gifts.

Whether the practice is shrouded in rituals and celebrations, or whether it involves a visit to the local midwife, FGM is an integral part of a girl's social development. The practice is deeply embedded in the social norms of the community and there is immense social pressure on all young girls to conform. A girl who does not undergo FGM is likely to be severely socially penalised, and is often despised, taunted, ostracised and made the target of ridicule. No one in her community may want to marry her, and what is clearly understood to be her life's work - marriage and childbearing - will be denied her.

For a woman living in a patriarchal society with no access to land or education and no effective power base, marriage is her main means of survival and access to resources - and FGM is her pre-requisite for marriage. With the beliefs surrounding FGM deeply embedded from childhood, the social approval associated with FGM and the sanctions women face if they don't undergo FGM - the benefits of FGM would seem to outweigh the physical difficulties. FGM is inevitably viewed in a very positive light and this can explain why women continue to cling to the tradition, colluding in their own daughters' circumcision.

Adolescent pregnancy

It is a situation when a adolescent girl, between the age of 13 and 19 becomes pregnant. The term usually refers to girls who have not reached legal adulthood(differs from nation to nation) who become pregnant.

THE CURRENT SCENARIO-

WHO(World Health Organisation) offers some statistics on the matter-

Half of the world's population is under the age of 25, out of which 68% become sexually active by the age of 20.Almost 16 million girls who are aged between 16 and 19 give birth every year in developing regions.

The leading causes of death in these situations are complications during the pregnancy.

About 3.9 million girls undergo unsafe abortions every year.Adolescent mothers (ages 10 to 19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years.

Causes of Teen Pregnancies-

Peer pressure- Often peers have more influence over a girl than her parents. Many times a girl's decision to engage in sexual intercourse is influenced by her peers.Lack of knowledge-Pregnancy is likely to occur to those teens who have not been educated about the topic. They may get wrong information out of various sources.

Sexual Abuse- This behaviour is likely to lead to rape which can result in the pregnancy of the teen, along with a vast array of negative psychological effects.
Wrong or no measures of Contraception- Even if teens indulge in sexual activity, various contraceptive methods can be used to avoid STDs and pregnancies.

Poverty- Low financial status results in lack of education and contraceptives and family pressure for child marriage in underdeveloped areas.

Life outcomes of a teen mother

A teen mother is most likely to drop out of school due to pressure from family to take care of the child.This will also have an effect on her educational qualifications which are necessary for any occupation.This affects the teens future standards of living and pushes the girl in poverty.The girl consequently has to live on welfare and can even go into depression.

Expected outcome of the child

The child is most likely to grow up in poverty due to the financial condition of the mother.He/she is likely to grow up without a father or be subject to abuse and harassment.The child will most probably not do well at school because of the precarious condition at his home.The child may also begin the consumption of drugs and alcohol at an early age and get involved in crimes.The conclusion of this situation will be the repetition of the cycle of teen pregnancy all over again.

Medical complications due to teen pregnancy

It is evident from research that pregnant teens mostly do not receive maternity care, seeking it only in the third trimester, if at all.

Risks for medical complications are greater for girls 14 years of age and younger, as an underdeveloped pelvis can lead to difficulties in childbirth.As a result of the above mention result, the incidence of premature births is highest in adolescent pregnancies.
Young women under 20 face a higher risk of obstructed labour, which if Caesarean section is not available can cause an obstetric fistula, a tear in the birth canal that creates leakage of urine and/or faeces. At least 2 million of the world's poorest women live with fistulas. According to research complications during pregnancy and delivery are the leading causes of death for girls aged 15 to 19 . They are twice as likely to die in childbirth as women in their 20s. Adolescent girls account for 14% of the estimated 20 million unsafe abortions performed each year, which result in some 68,000 deaths.
The possibilities of STDs are higher due to unprotected sex from a young age.The highest rates of STIs worldwide are among young people aged 15 to 24. Some 500,000 become infected daily (excluding HIV).
Two in five new HIV infections globally occur in young people aged 15 to 24. Surveys from 40 countries show that more than half their young people have misconceptions about how HIV is transmitted. Married adolescent girls generally are unable to negotiate condom use or to refuse sexual relations. They are often married to older men with more sexual experience, which puts them at risk of contracting STIs, including HIV.

Family planning and preventive measures

Many societies, including in Malaysia, premarital sex is condemned harshly. Modern contraceptive use among adolescents is generally low, and decreases with economic status. Fewer than 5% of the poorest young use modern contraception.

Young women evidently have less say in the use of contraceptives and their access to information on this topic is also limited.For the purpose of dignity young people refuse to visit clinics. This also because of the high cost of the clinics.Laws and policies also may restrict adolescents' access to information and services, for example, by limiting family planning to married people or requiring parental or spousal consent. A basic challenge in advocacy, especially in traditional societies, is the taboo on public discussion of sexual issues, including the fact that many young people are sexually active before marriage.

Links for Further Research

https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/preventing-protecting/

https://www.unfpa.org/resources/female-genital-mutilation-fgm-frequently-asked-questions

https://www.un.org/en/events/femalegenitalmutilationday/background.shtml

http://www.npwj.org/GHR/Campaign-ban-FGM-worldwide.html-1

https://www.reproductiverights.org/document/female-genital-mutilation-fgm-legal-prohibitions-worldwide

https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

https://pediatrics.aappublications.org/content/116/1/281

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4852976/