

Female Genital Mutilation - 1996

Women of Reform Judaism has adopted resolutions supporting the rights of children since 1977. In 1993 WRJ called for support of legislation and programs to insure women's health, and in particular reproductive health. Moreover, since 1975 WRJ has been on record against abuse of women and children.

The UN has taken the position that female genital mutilation violates the rights of the child because it is usually inflicted on girls between the ages of 4-16 (The World's Women. New York: United Nations, 1995, p.71). This position is first seen in the Convention on the Rights of the Child (1989), which mandates nations to "take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children" and protect children from "all forms of physical or mental violence or abuse." The Cairo International Conference on Population and Development (1994) linked women's reproductive and sexual health to global well-being. The plan of action developed at the 1995 women's conference in Beijing explicitly applies human rights standards to women's sexuality and provides grounds for refusing mutilations.

Female genital mutilation, a term for several different practices that involve the cutting of the female genitals and may include stitching together the sides of the vulva (leaving a match stick-sized opening for urine and menstrual flow), is a dangerous health risk. According to the American Medical Newsletter (Feb. 1995), bleeding to death is the greatest immediate risk. Female genital mutilation can also lead to "shock, damage to the urethra or anus, sterility, infant-threatening complications at childbirth, and a host of infections." Estimates suggest that 2 million girls, generally coerced or even forced to submit, undergo genital mutilation every year. Female genital mutilation is practiced primarily in Africa, but also in Asia, the Middle East and now throughout the world, including North America, among immigrants from these areas.

Various UN agencies, such as the World Health Organization and UNICEF, are working on eradicating female genital mutilation, and a UN Inter-agency Working Group on Female Genital Mutilation has recently been established. In dealing with female genital mutilation, it is essential that efforts be designed by regional and national organizations, applying strategies based on local needs and situations, with support from international agencies and Non-Governmental Organizations. The Inter-African Committee on Harmful Traditional Practices Affecting the Health of Women and Children is playing an important role in developing such strategies.

Women fleeing genital mutilation have sought asylum in the United States and Canada. In May of 1995 the US Immigration and Naturalization Service issued guidelines that recognized genital mutilation as a form of violence against women that could be used as a basis for asylum. Moreover Canada was, in 1994, the first nation to make female genital mutilation grounds for granting refugee status. In both the United States and Canada only a small number of women have sought protection.

North American doctors treating immigrants and foreign students see women who have experienced genital mutilation. In some instances, immigrant parents may ask physicians to perform such surgery. The American Medical Association has called upon doctors to discourage the practice, actively but with sensitivity. But legislation against the practice is needed. Legislation to make female genital mutilation illegal has been introduced in the U.S. House of Representatives and in the Canadian legislature.

The Board of Directors of Women of Reform Judaism, The Federation of Temple Sisterhoods, calls upon its

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affiliates to urge:

1. The United States Immigration and Naturalization Service to grant asylum to girls and women fleeing the threat of female genital mutilation;
2. The United States. and Canadian governments to pass legislation to make female genital mutilation illegal;
3. The United States and Canadian governments to be strong voices in international arenas to make eradicating female genital mutilation a priority; and
4. The United States government to direct a significant portion of the American foreign aid budget for local and regional campaigns against female genital mutilation in the nations in which it is practiced.

Further we:

1. Commend Canada for making female genital mutilation grounds for granting refugee status;
2. Encourage the UN to intensify its efforts to end the practice of female genital mutilation;
3. Applaud the work of agencies and NGOs such as the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children; and

We encourage our overseas affiliates to take similar action where appropriate.