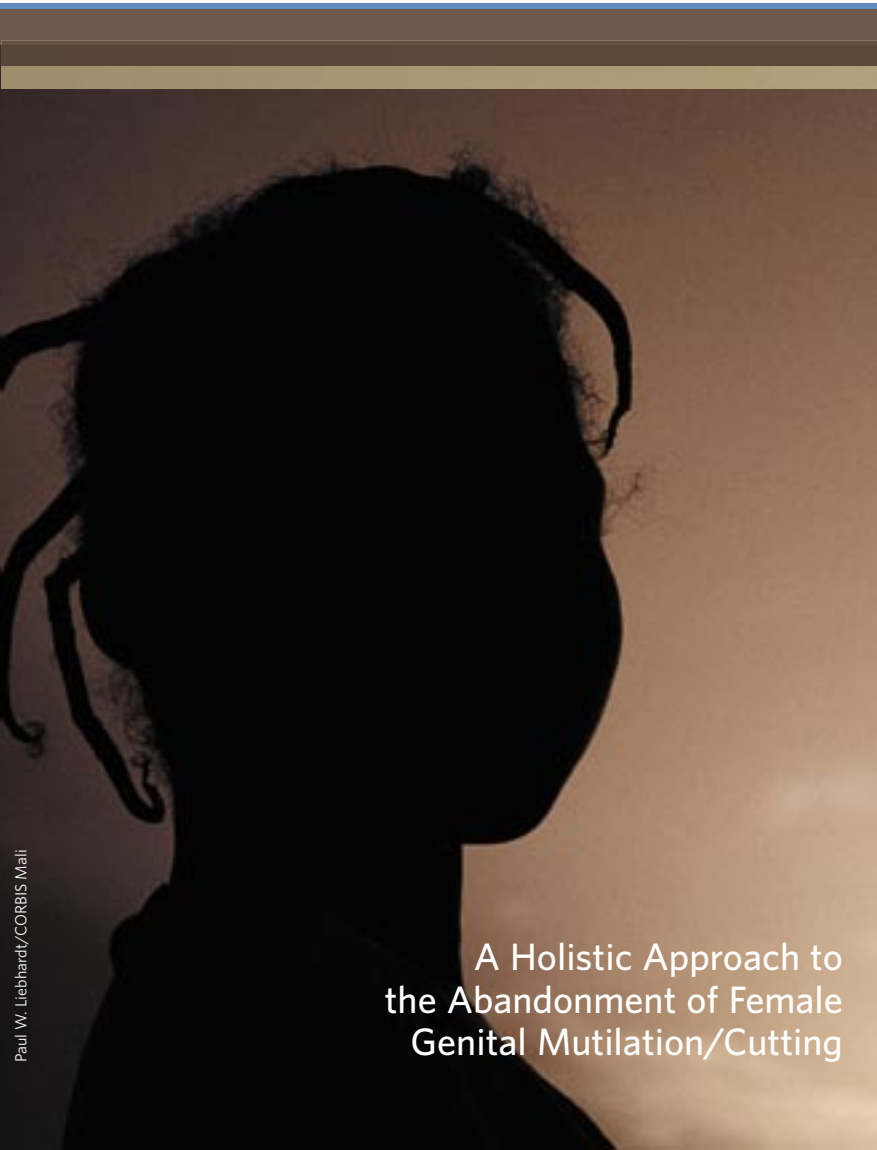

A Holistic Approach to the Abandonment of Female Genital Mutilation/Cutting

Paul W. Liebhardt/CORBIS Mali

Contents

List of Acronyms and Abbreviations

BAFROW	Foundation for Research on Women's Health, Productivity and Development
DHS	Demographic and Health Survey
FGM/C	Female Genital Mutilation/Cutting
ICPD	International Conference on Population and Development
NGO	Non-governmental organization
REACH	Reproductive Education and Community Health Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Acknowledgements

This publication was prepared by Ms. Khadija Hashi and Ms. Leyla Sharafi, of the Culture, Gender and Human Rights Branch in the Technical Support Division, UNFPA, and edited by Ms. Barbara Ryan.

Special thanks to the UNFPA Country Office, CST and HQ staff who assisted in providing insightful comments and descriptions of UNFPA programmes.

Introduction

Female genital mutilation (FGM), also called female genital cutting (FGC), is a reproductive health and human rights concern, with devastating short- and long-term impacts on the lives of women and girls. The procedure is risky and life-threatening for the girl undergoing the procedure and throughout the course of her life. This practice touches every aspect of the mandate of the United Nations Population Fund (UNFPA), including reproductive health and rights, gender equality and women's empowerment as well as adolescent reproductive health. However, UNFPA addresses the practice not only because it has a harmful impact on the reproductive and sexual health of women and girls but also because it is a violation of their fundamental human rights. The basis for a rights approach is the affirmation that human well-being and health is influenced by the way a person is valued, respected and given the choice to decide on the direction of her/his life without discrimination, coercion or neglect.

Prevalence

Female genital mutilation/cutting (FGM/C) consists of the removal of all or part of the female genitalia. Despite global efforts to promote abandonment of the practice, FGM/C remains widespread in many developing countries. It is estimated that the procedure is performed on 3 million women and girls every year, while in the world today, an approximate 100 to 140 million have already undergone the practice.[1] Statistics show that the majority of women and girls who are at risk of undergoing FGM/C live in 28 countries in Africa and Western Asia. The practice has also been reported among certain populations in India, Indonesia and Malaysia.[2]

In the Arab States region, it is common in Egypt and among some communities on the Red Sea coast of Yemen. Although no clear evidence is available,

John Isaac, UNFPA
Egypt

Table FGM/C prevalence among women aged 15-49, by country

Country	Survey type and date	National prevalence FGM/FGC%
Benin	DHS 2001	17
Burkina Faso	DHS 2003	77
Central African Republic	MICS 2000	36
Chad (provisional)	DHS 2004	45
Cote d'Ivoire	DHS 2005	42
Djibouti	PAPFAM 2002	98
Egypt*	DHS 2005	96
Eritrea	DHS 2002	89
Ethiopia	DHS 2005	74
Ghana	DHS 2003	5
Guinea	DHS 2005	96
Kenya	DHS 2003	32
Mali	DHS 2001	92
Mauritania	DHS 2000/2001	71
Niger	DHS 2006	2
Nigeria	DHS 2003	19
Senegal	DHS 2005	28
Sudan*+	MICS 2000	89
Uganda	DHS 2006	1
U.R. Tanzania	DHS 2004/2005	15
Yemen*	DHS 1997	23

**Sample consisted of ever-married women ages 15-49*
+Surveys were conducted in northern Sudan with samples consisting of ever-married women ages 15-49
SOURCES: UNICEF, DHS, Pan Arab Project for Family Health (PAPFAM)

some reports indicate that limited incidences of FGM/C are being practised in Jordan, Occupied Palestinian Territory (Gaza) and Oman as well as among certain Kurdish communities in Iraq. It is also practised in other parts of the world, such as Europe and North America, where some immigrant families have now settled.[3]

The most extensive data on FGM/C – including its prevalence, which is defined as the percentage of women aged 15-49 who have undergone the procedure – are provided by the Demographic and Health Surveys (DHS) and by the Multiple Indicator Cluster Surveys. The table outlines FGM/C prevalence in 21 countries.

Countries where FGM/C is practised but where there are not yet DHS or MICS data available include: Democratic Republic of Congo, Djibouti, Gambia, Guinea Bissau, Liberia, Sierra Leone, Somalia and Togo.

Types of Female Genital Mutilation/Cutting

There are four broad types of FGM/C, with the most severe form being infibulation:[4]

Type 1: Excision of the prepuce, with or without excision of part of or the entire clitoris;

Type 2: Excision of the clitoris with partial or total excision of the labia minora;

Type 3: Excision of part or all of the external genitalia and the stitching/narrowing of the vaginal opening (infibulation);

Type 4: Unclassified: all other operations on the female genitalia, including:

- The pricking, piercing, stretching or incisions of the clitoris and/or labia;
- Cauterization by burning the clitoris and surrounding tissue;
- Incision to the vaginal wall; scraping (*angurya* cuts) or cutting of the vagina and surrounding tissue (*gishiri* cuts);
- Introduction of corrosive substances or herbs into the vagina to cause bleeding or to tighten or narrow it; and any other procedures that fall under the definition of FGM/C given above.

Impact of Female Genital Mutilation/Cutting

Female genital mutilation/cutting has both immediate and long-term consequences to the health of women. The effects of FGM/C depend on the type performed, the expertise of the circumciser, the hygienic conditions under which it is conducted, the amount of resistance and general health condition of the girl/woman undergoing the procedure. Complications may occur in all types of FGM/C but are most frequent with infibulation.

The practice of FGM/C has had immediate and lifelong psychological effects on the estimated 100 to 140 million women and girls who have been subjected to this procedure. The experience has also been related to a range of psychological and psychosomatic disorders which, in turn, affect eating, sleeping, moods and cognition. Symptoms can manifest themselves in various ways, including those associated with post-traumatic stress syndrome.[5]

Severe physical health consequences can also emerge. Often performed with basic cutting instruments and under little or no anaesthesia, the procedure not only inflicts severe pain but can also cause fatal medical complications. Furthermore, using the same instrument on several girls without steril-

ization can cause the spread of HIV. In addition to the immediate effects caused by FGM/C including pain, shock, haemorrhage, acute urinary retention, infection and abscesses, failure to heal, injury to the adjacent tissues, fractures and dislocation - the long-term consequences and complications can be felt for several years. Long-term effects include cysts and abscesses, recurrent urinary tract infections, menstruation difficulties, chronic pelvic infections, obstetric complications, keloid scar formation and difficulties in future gynaecological care.

A recent study that surveyed the status of FGM/C in 28 obstetric centres in six African countries – Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan – found that women who had undergone FGM/C were significantly more likely than others to have adverse obstetric outcomes such as Caesarean sections, post-partum haemorrhaging, prolonged labour, resuscitation of the infant and low birth weight, and in-patient prenatal deaths. The inquiry also discovered that the risk seemed to increase among women who had undergone more extensive forms of FGM/C.[6]

Reasons for the Practice

The reasons for practising FGM/C include:

- Sociological: As an initiation for girls into womanhood, social integration and the maintenance of social cohesion;
- Hygienic and aesthetic: Where it is believed that the female genitalia are dirty and unsightly;
- Sexual: To control or reduce female sexuality;
- Health: In the belief that it enhances fertility and child survival;
- Religious: In the belief that it is a religious requirement;
- Socio-economic factors: