

Female genital mutilation

Evidence brief

Female genital mutilation is recognized internationally as a violation of the human rights of girls and women.



Key facts

- ▶ Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- ▶ The procedure has no health benefits for girls and women.
- ▶ Procedures can cause severe bleeding and problems urinating, and later cysts, infections, infertility as well as complications in childbirth and increased risk of newborn deaths.
- ▶ More than 200 million girls and women alive today have been cut in the 30 countries in Africa, Asia and the Middle East where FGM is concentrated ¹.
- ▶ FGM is mostly carried out on young girls sometime between infancy and age 15.
- ▶ FGM is a violation of the human rights of girls and women.

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. More than 18% of all FGM, however, is performed by health care providers, and the trend towards medicalization is increasing.

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The 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.

Types

Female genital mutilation is classified into four major types.

- Type I: Partial or total removal of the clitoral glans (clitoridectomy) and/or the prepuce.
- Type II: Partial or total removal of the clitoral glans and the labia minora, with or without excision of the labia majora (excision).
- Type III: Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation).
- Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization.

No health benefits, only harm

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

Long-term consequences can include:

- recurrent bladder and urinary tract infections;
- cysts;
- infertility;
- an increased risk of childbirth complications and newborn deaths;
- the need for later surgeries. For example, the FGM procedure that seals or narrows a vaginal opening (type 3 above) needs to be cut open later to allow for sexual intercourse and childbirth. Sometimes it is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing and repeated both immediate and long-term risks.

Who is at risk?

Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. In Africa, more than three million girls are estimated to be at risk for FGM annually.

More than 200 million girls and women alive today have been cut in the 30 countries in Africa, Asia and the Middle East where FGM is concentrated.¹

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas.

Cultural, religious and social causes

The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities.

- Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a strong motivation to perpetuate the practice.
- FGM is often considered a necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered proper sexual behaviour, linking procedures to premarital virginity and marital fidelity. In many communities, FGM is believed to reduce a woman's libido and therefore believed to help her resist "illicit" sexual acts. When a vaginal opening is covered or narrowed (type 3 above), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage "illicit" sexual intercourse among women with this type of FGM.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are "clean" and "beautiful" after removal of body parts that are considered "male" or "unclean".
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.
- In some societies, FGM is practised by new groups when they move into areas where the local population practice FGM.

International response

In December 2012, the UN General Assembly adopted a resolution on the elimination of female genital mutilation.

In 2010, WHO published a “Global strategy to stop health care providers from performing female genital mutilation” in collaboration with other key UN agencies and international organizations.

In 2008, WHO together with 9 other United Nations partners, issued a new statement on the elimination of FGM to support increased advocacy for the abandonment of FGM. The 2008 statement provides evidence collected over the past decade about the practice. It highlights the increased recognition of the human rights and legal dimensions of the problem and provides data on the frequency and scope of FGM. It also summarizes research about why FGM continues, how to stop it, and its damaging effects on the health of women, girls and newborn babies.

The 2008 statement builds on the original from 1997 that WHO issued together with the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA).

Since 1997, great efforts have been made to counteract FGM through research, work within communities, and changes in public policy. Progress at both international and local levels includes:

- wider international involvement to stop FGM;
- international monitoring bodies and resolutions that condemn the practice;
- revised legal frameworks and growing political support to end FGM (this includes a law against FGM in 24 African countries, and in several states in two other countries, as well as 12 industrialized countries with migrant populations from FGM practicing countries);
- in most countries, the prevalence of FGM has decreased, and an increasing number of women and men in practising communities support ending its practice.

Research shows that, if practicing communities themselves decide to abandon FGM, the practice can be eliminated very rapidly.

WHO response

In 2008, the World Health Assembly passed a resolution (WHA61.16) on the elimination of FGM, emphasizing the need for concerted action in all sectors - health, education, finance, justice and women’s affairs.

WHO efforts to eliminate female genital mutilation focus on:

- developing guidance and tools: including clinical guidelines, handbooks and training materials for health care providers to support the abandonment of FGM and provide medical care and counselling to girls and women living with FGM;
- supporting countries: strengthening the health sector response to FGM through development of action plans and implementing policy and programmatic actions;
- building evidence: generating knowledge about the causes and consequences of the practice, how to eliminate it, and how to care for those who have experienced FGM;
- increasing advocacy: developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation.

WHO is particularly concerned about the increasing trend of medically trained personnel performing FGM. WHO strongly urges health professionals not to perform such procedures and to use their influence to encourage the abandonment of the practice.

References

1. United Nations Children’s Fund, Female Genital Mutilation/ Cutting: A global concern, UNICEF, New York, 2016.



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