WHO guidelines on the management of health complications from female genital mutilation

Policy brief

Who is this policy brief for?

- Policy-makers and Ministry of Health professionals
- Health systems managers
- Healthcare professionals

World Health Organization

Overview

Female genital mutilation (FGM) comprises all procedures that involve the partial or total removal of external genitalia or other injury to female genital organs for non-medical reasons. FGM has no known health benefits, can cause immediate and long-term health consequences, reinforces deep-rooted inequality between the sexes, and violates women's and children's human rights. FGM is a global problem affecting girls and women living in countries throughout the world.

The guidelines provide current, evidence-based recommendations and best-practice statements on the management of health complications among girls and women living with FGM in the following domains:

- De-infibulation for preventing and treating obstetric and urologic complications
- Psychological support in the context of post-traumatic stress disorder (PTSD), depression and anxiety disorders, and surgical procedures to correct complications from FGM
- Sexual counselling for treating female sexual dysfunction
- Information and education regarding FGM to women and health care providers

Full Guidelines

Download the Full Guidelines

Contact

For questions, please email: agh-info@who.int

Policy Statement

FGM is an unacceptable human rights violation and threat to the health and wellbeing of girls and women worldwide. Information, resources, training, and commitment are needed to eliminate this practice and provide healthcare to the millions of girls and women living with FGM. Collaboration at many levels will be required to execute two key implications of the Guidelines, which are as follows:

1. Girls and women living with FGM have access to needed information, education, and healthcare services

- Ministry of Health officials need to assure that national policies regarding FGM healthcare are enforced and that there are resources in place to address the health and wellbeing of girls and women living with FGM.
- Health officials at all levels must ensure that girls and women living with FGM have access to information and education about their rights and where and with whom they can seek healthcare.
- All communities should have access to information on the potential health consequences of FGM.

2. Healthcare workers recognize their role as preventers of FGM and providers of care, and are empowered to avert its spread

With appropriate support and training, healthcare providers can assume a crucial role as potential change agents in stopping the spread of FGM.

1. **Prevent**: Providers first and foremost must prevent FGM from happening. They must be empowered to reject requests for medicalized FGM, including perpetuating FGM for those women who have already undergone it previously (and may be, for example, requesting reinfibulation).
2. **Recognize:** As global migration trends continue, providers worldwide must be trained to recognize FGM in their patients as well as be aware of any immediate or long-term health consequences their patients may encounter as a result.
3. **Treat and/or Refer:** If women with FGM request or require healthcare related to their condition, providers should be trained to treat women when appropriate, and know where to refer women if needed.

Health officials must offer providers training and support tools to be able to recognize the signs of FGM and offer appropriate counseling, care, and referrals when necessary. Additionally, healthcare professionals require education on the importance of not medicalizing FGM. Finally, health officials must be prepared to hold accountable healthcare providers who continue to practice medicalized FGM.

WHO's Next Steps

These guidelines serve as the foundation of the three pillars describing WHO's continued work on FGM:

1. **Eliminating the medicalization of FGM** is a key component of WHO's mandate. Planned efforts include the development and testing of interventions to reduce medicalization.
2. **Providing training and tools to healthcare providers**, in recognition of providers' role as key players in the fight to eliminate FGM and as agents of change for their communities. WHO will develop supportive, guideline-derived tools and training materials to educate healthcare providers both before and during their service.
3. **Initiating research** to fill a number of key evidence gaps identified during the guidelines development process. WHO will lead research in certain FGM priority areas related to the health system.

Background

It is estimated that over 200 million girls and women worldwide are living with FGM (1).* Despite efforts to eradicate the practice, every year, 3 million girls and women are at risk of being cut, and exposed to the health consequences of this harmful practice (2).

Types of FGM	
Type I	Partial or total removal of the clitoris (clitoridectomy) and/or the prepuce
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision)
Type III	Narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation)
	Reinfibulation: The procedure to again narrow the vaginal opening in a woman with FGM Type III after she has been deinfibulated* (i.e. after childbirth); also known as re-suturing
Type IV	All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, pulling, piercing, incising, scraping and cauterization.

*Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary to improve health and wellbeing, and to allow for vaginal intercourse or childbirth.

FGM is an important health issue, *worldwide*, but it occurs most commonly in many countries in Africa and in a few countries in Asia and the Middle East (1, 3). FGM has also been reported among some populations in Central and South America (3) . The rise in international migration has also increased the number of girls and women living in diaspora communities in Europe and North America; who have undergone or may undergo the practice (2, 4).

Medicalization of FGM refers to FGM of any type practised by any category of health care provider – whether in a public or a private clinic, at home or elsewhere, including re-infibulation at any point in time in a woman's life (5). Whether FGM is carried out by traditional or medical personnel, **it represents a harmful and unethical practice, which should not be performed under any circumstances**.

Challenges to eliminating FGM

Worldwide, there has been an increase in legislation prohibiting FGM. However, implementation of the laws can be challenging as FGM is often a strongly-embedded sociocultural practice. Reasons for FGM vary – it may be performed as a rite of passage; for social acceptance; to promote marriageability; to prevent sexual activity; for aesthetic reasons; or under a perceived religious mandate.

*Full citations can be found online at www.who.int/reproductivehealth/publications/fgm/management-health-complications-fgm-brief/en/.

FGM as a human rights issue

WHO's *Guidelines on the Management of Health Complications from Female Genital Mutilation* includes a focus on human rights and gender inequality, as FGM denies girls' and women's ability to fully exercise their human rights and to be free from discrimination, violence and inequality.

FGM violates a series of well-established, global human rights principles, norms and standards including:

- the right to the highest attainable standard of health;
- the right to equality and non-discrimination on the basis of sex;
- the right to life (when the procedure results in death);
- the right to freedom from torture, cruel, inhuman or degrading treatment or punishment;
- the rights of the child.

FGM as a health issue

There are no known health benefits to FGM. Girls and women living with FGM may face immediate and long-term risks affecting their health and wellbeing (and that of their newborns), for example:

Risks				
Immediate	**Obstetric**	**Sexual functioning**	**Psychological**	**Long-term**
haemorrhage pain shock infections urination problems death	prolonged labor obstetric tears neonatal death	pain during intercourse decreased sexual satisfaction	post-traumatic stress disorder (PTSD)	genital tissue damage menstrual problems reproductive tract infections

Health care providers must be adequately trained to properly recognize FGM and plan appropriate management strategies.

Guideline Development

A team of WHO staff members and consultants, as well as an external group of international stakeholders (including health care providers, researchers, health care programme managers, human rights lawyers, and women's health advocates from around the world) were involved in developing the content of the guidelines, including the formulation of evidence-based recommendations and best practice statements.* An external review group reviewed the final guideline document.

With these issues in mind, the guidelines were developed with four major objectives:

- **To help guide clinical decision-making** and ensure the delivery of standardized, quality health services to girls and women currently suffering complications of FGM.
- **To convey the message that the procedure is harmful to the health and a violation of the human rights of girls and women**.
- **To serve as an important base for both pre- and in-service medical training programmes**, urgently needed in both high FGM prevalence countries as well as many high-income countries with growing diaspora communities migrating from regions where FGM is practiced.
- **To aggregate available evidence and identify critical research gaps** that are crucial to expanding our knowledge in this field.

Guidance Summary

The guidelines present a combination of recommendations and best practice statements, framed by three guiding principles. These guiding principles reflect the stance of WHO and its collaborators with regards to FGM:

Guiding principles
I. Girls and women living with FGM have experienced a harmful practice and should be provided quality health care.
II. All stakeholders – at the community, national, regional and international level – should initiate or continue actions directed towards primary prevention of FGM.
III. Medicalization of FGM (i.e. performance of FGM by health-care providers) is never acceptable because this violates medical ethics since (i) FGM is a harmful practice; (ii) medicalization perpetuates FGM; and (iii) the risks of the procedure outweigh any perceived benefit.

*The development of recommendations is an evidence-driven process. For these guidelines however, the quality of evidence was generally low; for a number of topic areas no evidence was available. Despite the low quality or non-existence of the evidence, some interventions were issued and labelled as "best practice statements" if they were supported by the Guideline Development Group's sound practical judgement. These statements were also required to carry little to no risk of harm to health, and be supported by internationally recognized human rights standards and principles.

Recommendations (R) and Best Practice Statements (BP) Summary

Deinfibulation

R-1 Deinfibulation is recommended for preventing and treating obstetric complications in women living with type III FGM (strong recommendation; very low-quality evidence).

R-2 Either antepartum or intrapartum deinfibulation is recommended to facilitate childbirth in women with type III FGM (conditional recommendation; very low-quality evidence).

R-3 Deinfibulation is recommended for preventing and treating urologic complications – specifically recurrent urinary tract infections and urinary retention – in girls and women living with type III FGM (strong recommendation; no direct evidence).

BP-1 Girls and women who are candidates for deinfibulation should receive adequate pre-operative briefing (Best practice statement).

BP-2 Girls and women undergoing deinfibulation should be offered local anaesthesia (Best practice statement).

Mental health

R-4 Cognitive behavioural therapy should be considered for girls and women living with FGM who are experiencing symptoms consistent with anxiety disorders, depression or post-traumatic stress disorder (PTSD) (conditional recommendation; no direct evidence).

BP-3 Psychological support should be available for girls and women who will receive or have received any surgical intervention to correct health complications of FGM (Best practice statement).

Female sexual health

R-5 Sexual counselling is recommended for preventing or treating female sexual dysfunction among women living with FGM (conditional recommendation; no direct evidence).

Information and education

BP-4 Information, education and communication* interventions regarding FGM and women's health should be provided to girls and women living with any type of FGM (Best practice statement).

BP-5 Health education** and information on deinfibulation should be provided to girls and women living with type III FGM (Best practice statement).