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## FEMALE GENITAL MUTILATION FACT SHEET

### What is Female Genital Mutilation?

Female Genital Mutilation (FGM) comprises all procedures which involve 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<sup>1</sup>. The age at which girls undergo FGM varies enormously according to the ethnic group practising it. The procedure may be carried out when the girl is newborn, during childhood, adolescence, at marriage or during the first labour. In some FGM practising cultures, women are re-infibulated (re-stitched) following childbirth as a matter of routine.<sup>2</sup>

The WHO estimates that between 100 and 140 million girls and women have been subjected to FGM and that each year a further 2 million girls are at risk. Most of these women and girls live in 28 African countries, a few in the Middle East and Asia, and among immigrant communities in Europe, Australia, New Zealand, the United States of America and Canada. Due to the sensitivity of the subject and the non-prioritisation of the issue by the international community, systematic surveys have not been undertaken in all FGM practising communities. In the UK it is estimated that over one hundred thousand women have undergone FGM and that some twenty five thousand girls are at risk<sup>3</sup>. However, it is important to acknowledge the dearth of evidence on the prevalence and health complications and that this lack of information conceals the true extent of FGM. More substantial research is needed to establish the real extent of the FGM prevalence in the UK.

### What are the types of FGM<sup>4</sup>?

**Type I:** Involves the removal of the prepuce with or without excision of all or part of the clitoris.

**Type II:** Excision of the clitoris with partial or total excision of the labia minora (FGM types I and II constitute 80% of female genital mutilation performed world-wide).

**Type III:** Excision of part or all of the external genitalia (the clitoris, labia minora and labia majora) with stitching/narrowing of the vaginal opening (infibulation). This is the most extreme form of FGM, involving removal of almost two thirds of the female genitalia. Type III constitutes 15% of mutilations performed world-wide.

**Type IV:** Unclassified: includes pricking, piercing, incising of the clitoris and/or labia; cauterisation by burning of clitoris and surrounding tissue; scraping of the tissue surrounding the vaginal orifice (angurya cuts) or cutting into 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 which falls under the definition of FGM given above.

### What are the justifications and reasons behind FGM?

The origins of FGM are complex and numerous. Indeed, it has not been possible to determine when or where the tradition of FGM originated. The justifications given for the practice are multiple and reflect the ideological and historical context of the societies in which it has developed. Reasons cited generally relate to tradition, power inequalities and the ensuing compliance of women to the dictates of their communities.

#### Reasons include:

- Custom and tradition
- Religion<sup>5</sup>
- Preservation of virginity/chastity
- Social acceptance, especially for marriage

<sup>1</sup> Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement. Geneva, World Health Organization, 1997.

<sup>2</sup> WHO 1997.

<sup>3</sup> These figures are based on statistics from 1999 Labour force survey, FORWARD, London, 2001.

<sup>4</sup> Defined by WHO technical consultation 1995

<sup>5</sup> in the mistaken belief that it is a religious requirement

- Hygiene and cleanliness
- Family honour
- Enhancing fertility
- Many women believe that FGM is necessary to ensure acceptance by their community.
- Increasing sexual pleasure for the male
- A sense of belonging or the fear of social exclusion

### What are the Health Complications of FGM?

FGM is traditionally carried out by elderly women 'specialised' in this task, traditional birth attendants (TBA), and very occasionally barbers - usually without anaesthetics and with crude instruments such as razor blades, knives and broken shards of glass. In some communities, affluent families take their girls to medical personnel in an attempt to avoid the dangers of unskilled operations performed in unsanitary conditions.

The range of health complications associated with FGM is wide and some are severely disabling<sup>6</sup>. They vary according to the:

1. Type of procedure performed
2. Extent of cutting
3. Skill of the excisor
4. Cleanliness of the tools and the environment
5. Physical condition of the girl or woman concerned

#### Short-term Health Complications:

- Severe pain and shock
- Infection
- Injury to adjacent tissue
- Death
- Bleeding
- Urine retention
- Immediate fatal haemorrhaging

#### Long-term health Complications:

- Extensive damage of the external reproductive system
- Uterine, vaginal and pelvic infections
- Increased risk of vesico vaginal fistula or recto-vaginal fistula<sup>7</sup>
- Sexual dysfunction
- Cysts and neuromas
- Difficulties in micturation and menstruation
- Complications in pregnancy and child birth
- Psychological damage

#### FGM as a Human Rights Issue:

*'To succeed in abolishing the practice of FGM will demand fundamental attitudinal shifts in the way that society perceives the human rights of women'. (Efua Dorkenoo OBE, 1994).*

Many governments have passed laws and signed declarations stating that they support women and girls' human rights, however, in real terms very little has been done. The rights of women and girls are enshrined by various universal and regional instruments including the Universal Declaration of Human Rights, the United Nations Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights and Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. All these documents highlight the right for girls and women to live free from gender discrimination, free from torture, to live in dignity and with bodily integrity.

**FORWARD believes Female Genital Mutilation is a direct violation of girls and women human rights and demands that the international community act to stop this practice now.**

*When using the information in this document please acknowledge FORWARD, 2005.*

<sup>6</sup> World Health Organisation (WHO) 2001. *Female Genital Mutilation: Integrating the Prevention and the Management of the Health Complications into the Curricula of Nursing and Midwifery* WHO, Geneva

<sup>7</sup> An obstetric fistula is the breakdown of tissue in the vaginal wall communicating into the bladder (Vesico-Vaginal Fistula - VVF) or the rectum (Recto-Vaginal Fistula - RVF) or both. It is one of the most degrading morbidities resulting from pregnancy and childbirth. Early pregnancy and FGM are considered to be the prime causes of VVF.