Saving the Lives
of Mothers & Children
Rising to the Challenge

Facts about Female genital mutilation

Introduction[1]

Despite more than 25 years of efforts to curtail its practice, female genital mutilation (FGM) – defined by WHO, UNICEF and the United Nations Population Fund (UNFPA) as "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons" – is still a deeply rooted tradition in more than 28 countries in Africa and in some countries in Asia and the Middle East. In the world today there are an estimated 100 million to 140 million girls and women who have been subjected to the operation. Currently, about 3 million girls, the majority under 15 years of age, undergo the procedure every year.

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.

Historical perspective

From an Islamic perspective, the Qur'an makes no mention of female circumcision nor was it authenticated by any other of the accepted sources of Islamic law, i.e. the sayings (hadith) and actions (sunnah) of the Prophet (PBUH).

The practice of FGM has its roots in different sources. For instance, it was practised 5000 years ago by the ancient Egyptians. In the 19th century some countries in Europe practised some forms of FGM. While in Africa and the Middle East it took root centuries ago, some countries began the practice relatively recently. For example Yemen only adopted it in the 20th century as a result of contacts with communities in the Horn of Africa, where the practice had long been ingrained in the local culture.

Female genital mutilation in the Eastern Mediterranean Region

In the WHO Eastern Mediterranean Region, the practice of female genital mutilation is still widespread in Djibouti, Egypt, Somalia and Sudan and relatively predominant in Yemen. Somalia has a prevalence of 98%[2], Djibouti 93%[1], Egypt 91%[3], Sudan 90%[1], and Yemen 30%[4] (Figure 1).

The negative health impacts of this practice are known. It is therefore alarming that studies show an increase in the medicalization of FGM. For example in Egypt, despite adoption of the global strategy to stop health care providers from performing FGM[5], and despite the fact that coverage with antenatal care services is above the regional average, 72% of FGM is performed by health professionals[6]. In Sudan, health professionals are said to be promoting the practice through specialized clinics for "alkhitan alshari'i". There is also a decline in some countries, including Egypt and Yemen, in the average age at which such mutilation is performed, to 5 years of age or even less[7].

Health impacts

A 2006 WHO study[8], the first ever large-scale prospective study of the effects of FGM on maternal and neonatal outcomes, demonstrated that women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes. Moreover, the risk of an adverse outcome increases with more extensive FGM.

- **Female genital mutilation contributes directly and indirectly to maternal, neonatal and child morbidity and mortality**
- **It is a harmful traditional practice that is not authenticated by Islam**

[1] This fact sheet is adapted from *An update on WHO's work on female genital mutilation (FGM): Progress report*. Geneva, World Health Organization, 2011

[2] UNICEF. *Somalia. Monitoring the situation of children and women. Multiple Indicator Cluster Survey 2006.*

[3] El-Zanaty F, Way A. *Egypt demographic and health survey2008*. Cairo, Egypt, Ministry of Health, El-Zanaty and Associates, and Macro International, 2009.

[4] Ministry of Public Health and Population, PAPFAM, UNICEF. Yemen. *Monitoring the situation of children and women. Multiple Indicator Cluster Survey 2006.* Ministry of Public Health and Population and UNICEF, 2008

[5] UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, IOM, MWIA, WCPT, WMA. Global strategy to stop health-care providers from performing female genital mutilation. Geneva, World Health Organization, 2010

[6] UNICEF. *Female genital mutilation/cutting*, Egypt Demographic and Health Survey 2008, Tackling female genital mutilation/cutting in Egypt 2012.

[7] *Female genital cutting.* US Department of Health and Human Services. Office on Women's Health, 2009.

[8] Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries. *The Lancet*, 2006, 367:1835-1841

Figure 1. Prevalence of female genital mutilation among women aged 15-49 years in the Eastern Mediterranean Region (%)

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

Severe pain and bleeding are the most common immediate consequences of all forms of FGM. Since in most cases the procedure is carried out without anaesthesia, the resulting pain and trauma can produce a state of clinical shock. In some cases, bleeding can be protracted and result in long-term anaemia. Infections are also common, particularly if the procedure is carried out in unhygienic conditions or with unsterilized instruments, and in severe cases can include potentially fatal septicaemia and tetanus. Urinary retention is also a frequent complication, especially when skin is stitched over the urethra.

Long-term consequences

Long-term adverse effects include abscesses, painful cysts and complications including recurrent bladder and urinary tract infections, infertility and the accumulation of menstrual fluid in the vagina. Raised scars can, in turn, cause problems during subsequent pregnancy. There is also increased risk of obstetric complications, including caesarean section, postpartum haemorrhage, extended hospital stays, the need for infant resuscitation, stillbirth, early neonatal death and low birth weight.

An FGM procedure that seals or narrows a vaginal opening 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 both immediate and long-term risks.

Physical consequences are only part of the damage that a girl or woman may suffer as a result of FGM. A wide range of psychological and psychosomatic disorders have been attributed to the practice, among them sleeplessness, recurring nightmares, eating disorders (loss of appetite, weight loss or excessive weight gain), changes in mood, panic attacks, and difficulties in concentrating and learning.

One often neglected aspect of the medical and psychological problems ascribed to FGM is their impact on a girl's education: absenteeism, poor concentration, low academic performance and loss of interest have been associated with FGM.

Ending the practice

Many international and national organizations and agencies, both governmental and nongovernmental, have set up programmes to halt the practice of FGM. The various strategies have ranged from public education to mobilizing religious leaders, education campaigns, media campaigns, promotion of alternative "rites of passage" that preserve the ritual or symbolic component of FGM, and increase in access to education and health services. There is still a long way to go to achieve substantive progress in reducing FGM and the health risks it poses for women, girls and newborn children.

Female genital mutilation is a violation of human rights and a crime

Act now to:

- enact/enforce legislation to STOP female genital mutilation
- educate people about the health impact of female genital mutilation on women, girls and newborn children
- conduct communication programmes to stop the practice
- mobilize religious institutions to educate people about the misconceptions and wrong beliefs associated with the practice

Act now to stop female genital mutilation

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