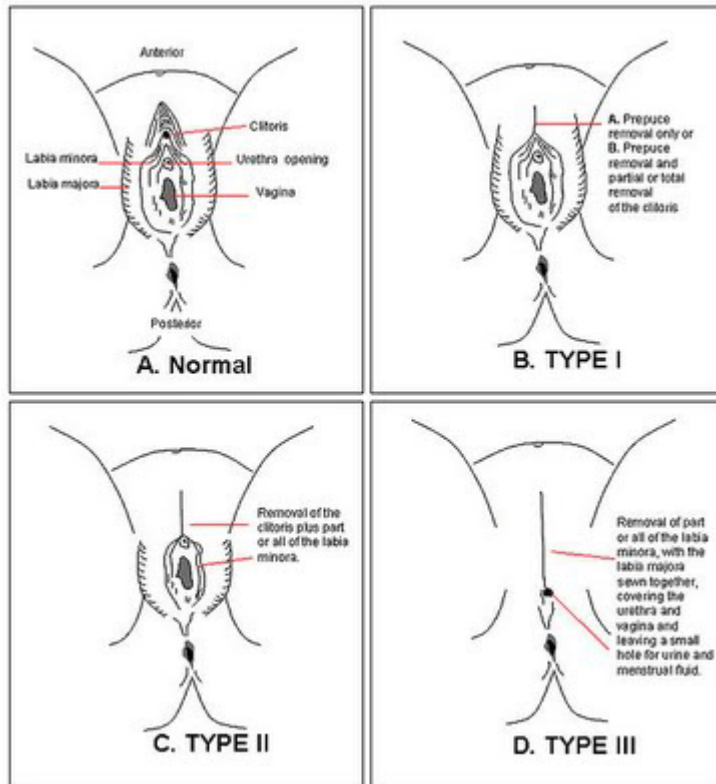


## Female Genital Mutilation

Female Genital Mutilation (FGM) is the partial or total removal of the female external genitalia. External genitals include the clitoris, labia, mons pubis (the fatty tissue over the pubic bone), and the urethral and vaginal openings.



The practice of FGM is often called "female circumcision" (FC), implying that it is similar to male circumcision. It is different from GRS and is usually done as a religious practice. However, compared to male castration, the degree of cutting is much more extensive, often impairing a woman's sexual and reproductive functions and in some cases, causing grievous threat to their lives.



## FGM: A Global Practice

- FGM is practiced in at least 26 of 43 African countries; the prevalence varies from 98 percent in Somalia to 5 percent in Zaire. A review of country-specific Demographic and Health Surveys (DHS) shows FGM prevalence rates of 97 percent in Egypt, 94.5 percent in Eritrea, 93.7 percent in Mali, 89.2 percent in Sudan and 43.4 percent in the Central African Republic.
- FGM is also practiced among some ethnic groups in Oman, the United Arab Emirates, and Yemen, as well as in parts of India, Indonesia and Malaysia.
- Most girls undergo FGM when they are between 7 and 10 years old. However, FGM seems to be occurring at earlier ages in several countries because parents want to reduce the trauma to their children. They also want to avoid government interference and/or resistance from children as they get older and form their own opinions.
- Some women undergo FGM during early adulthood when marrying into a community that practices FGM or just before or after the birth of a first child (Mali and Nigeria).

- FGM has become an important issue in Australia, Canada, England, France and the United States due to the continuation of the practice by immigrants from countries where FGM is common.

## **Types of FGM**

In 1995, the World Health Organization (WHO) developed four broad categories for FGM operations.

### **Type 1 - Sunna Circumcision**

It consists of the removal of the prepuce (retractable fold of skin, or hood) and /or the tip of the clitoris. Sunna in Arabic means "tradition".


**Photo**



### **Type 2 - Clitoridectomy**

It consists of the removal of the entire clitoris (prepuce and glands) and the removal of the adjacent labia.

**Photo**



### **Type 3 – Infibulation (pharonic circumcision)**

It consists of performing a clitoridectomy (removal of all or part of the labia minora, the labia majora). This is then stitched up allowing a small hole to remain open to allow for urine and menstrual blood to flow through.

**Photo**



### **Type 4 – Other surgeries (unclassified)**

All other operations on the female genitalia, including:

- Pricking, piercing, stretching, or incision of the clitoris and/or labia;
- Cauterization by burning the clitoris and surrounding tissues;
- Incisions to the vaginal wall;
- Scraping or cutting of the vagina and surrounding tissues; and
- Introduction of corrosive substances or herbs into the vagina.

Type I and Type II surgeries account for 85 percent of all FGM. Type III (infibulation) is common in Djibouti, Somalia and Sudan and in parts of Egypt, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria, and Senegal.

### **FGM Procedure**



The age when the procedure is carried out varies from just after birth to some time during the first pregnancy, but most cases occur between the ages of four and eight. Most times this procedure is done without the care of medically trained people, due to poverty and lack of medical facilities. The use of anesthesia is rare. The girl is held down by older women to prevent the girl from moving around. The instruments used by the mid-wife will vary and could include any of the following items; broken glass, a tin lid, razor blades, knives, scissors or any other sharp object. These items usually are not sterilized before or after usage. Once the genital area for removal is gone, the child is stitched up and her legs are bound for up to 40 days.

This procedure can cause various side effects on the girls which can include death. Some of the results of this procedure are serious infections, HIV, abscesses and small benign tumors, hemorrhages, shock, clitoral cysts. The long term effects may also include kidney stones, sterility, sexual dysfunction, depression, various urinary tract infections, various gynecological and obstetric problems.

In order to have sexual intercourse the women have to be opened up in some fashion and in some cases cutting is necessary. After child birth some women are re-infibulated to make them (tight) for their husbands.

### **Risk Factors Associated with FGM**

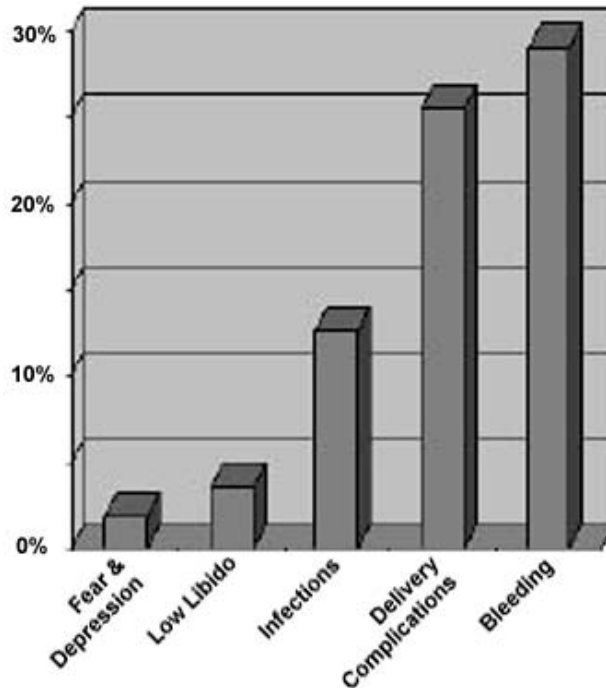
The highest maternal and infant mortality rates are in FGM-practicing regions. The actual number of girls who die as a result of FGM is not known. However, in areas in the Sudan where antibiotics are not available, it is estimated that one-third of the girls undergoing FGM will die. Conservative estimates suggest that more than one million women in Centrafrican Republic (CAR), Egypt, and Eritrea, the only countries where such data is available, experienced adverse health effects from FGM. One quarter of women in CAR and 1/5 of women in Eritrea reported FGM-related complications. Where medical facilities are ill-equipped, emergencies arising from the practice cannot be treated. Thus, a child who develops uncontrolled bleeding or infection after FGM may die within hours.

### **Immediate Physical Problems following FGM**

- Intense pain and/or hemorrhage that can lead to shock during and after the procedure. A 1985 Sierra Leone study found that nearly 97 percent of the 269 women interviewed experienced intense pain during and after FGM, and more than 13 percent went into shock.
- Hemorrhage can also lead to anemia.
- A survey in a clinic outside of Freetown (Sierra Leone) showed that of 100 girls who had FGM, 1 died and 12 required hospitalization due to wound infection, including tetanus. Of the 12 hospitalized, 10 suffered from bleeding and 5 from tetanus. Tetanus is fatal in 50 to 60 percent of all cases.
- Damage to adjoining organs from the use of blunt instruments by unskilled operators. According to a 1993 nationwide study in the Sudan, this occurs approximately 0.3 percent of the time.

- Urine retention from swelling and/or blockage of the urethra, which may need surgical intervention in many cases.

### FGM-related Chronic Complications



The chronic health problems encountered by 49.1% of health providers surveyed are bleeding (29.1%); delivery complications (25.5%); infections (12.7%); low libido (3.6%); and fear and depression (1.8%).

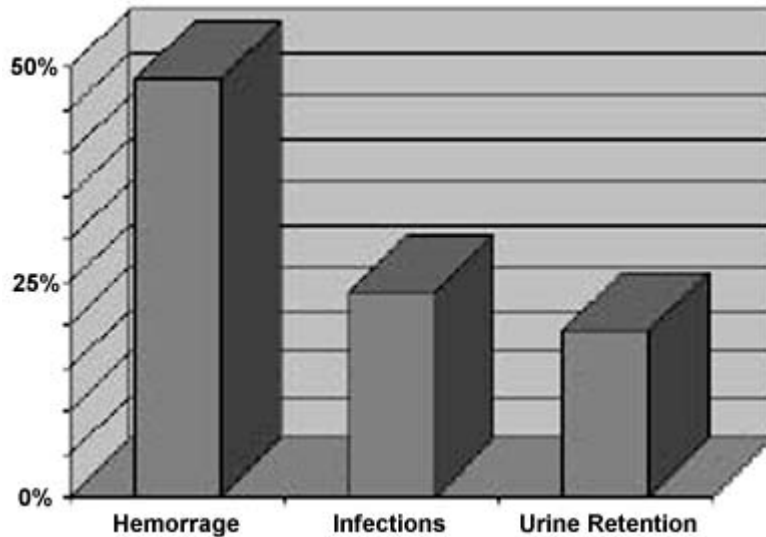
### FGM-related Long Term Complications

- FGM leads to painful or blocked menses.
- Women who have undergone the operation experience recurrent urinary tract infections. A 1983 study in the Sudan revealed that 16.4 percent of such women experienced recurrent urinary tract infections.
- FGM causes abscesses, dermoid cysts, and keloid scars (hardening of the scars).
- FGM leads to increased risk of maternal and child morbidity and mortality due to obstructed labor. Women who have undergone FGM are twice as likely to die

during childbirth and are more likely to give birth to a stillborn child than other women. Obstructed labor can also cause brain damage to the infant and complications for the mother (including *fistula formation*, an abnormal opening between the vagina and the bladder or the vagina and the rectum, which can lead to incontinence). Among 33 infibulated mothers followed at Somalia's Benadir Hospital in 1988, all required extensive episiotomies during childbirth. Their second-stage labor was 5 times longer than normal, 5 of their babies died, and 21 suffered oxygen deprivation because of the long, obstructed labor.

- In Sudan, 20-25 percent of female infertility has been linked to FGM complications.
- FGM is likely to increase the risk of HIV infection – often the same unsterilized instrument is used on several girls at a time, increasing the chance of spreading HIV or another communicable disease.
- Some researchers describe the psychological effects of FGM as ranging from anxiety to severe depression and psychosomatic illnesses. Many children exhibit behavioral changes after FGM, but problems may not be evident until the child reaches adulthood. However, little research has been done on this subject.
- According to a study conducted 83 percent of women who had undergone FGM would require medical attention at some point in their lives for a condition resulting from the procedure.
- A study of one hospital in Alexandria (Egypt) found that 1,967 hospital days were used in one year to treat FGM-related ailments.
- According to a survey almost half encountered women with chronic FGM-related complications (see chart to right) while over half treated recent FGM-related complications.

### **Immediate FGM-related Complications**



- A 1991 survey of 1,222 women in Africa indicated that 48.5% of the women experienced hemorrhage, 23.9% infection, and 19.4% urine retention at the time of the FGM operation.

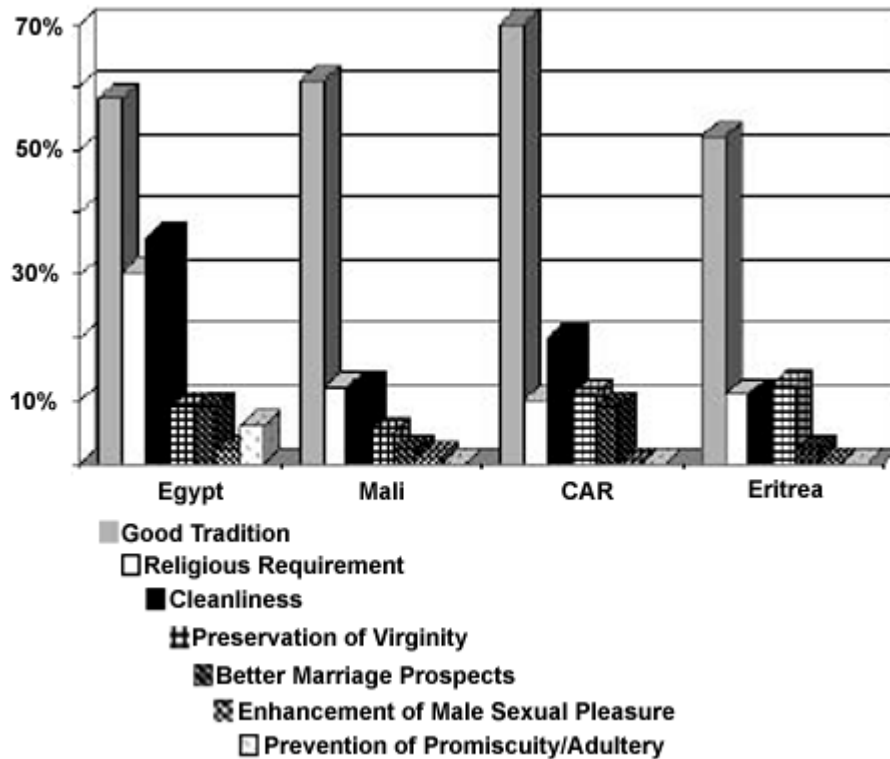
### **FGM and Sexuality**

- Cultural values and ambiguities make women's sexuality very complex. This is also an area that has not been widely studied. Although it is difficult to verify reports of women's sexual experiences, physical complications from FGM often impede sexual enjoyment. FGM destroys much or all of the vulval nerve endings, delaying arousal or impairing orgasm. Lacerations, loss of skin elasticity, or development of neuroma (a tumor or mass growing from a nerve) can lead to painful intercourse. In a 1993 Sudanese study, 5.5 percent of women interviewed experienced painful intercourse while 9.3 percent of them reported having difficult or impossible penetration.
- In 1981, 1,545 Sudanese women who had undergone the operation were interviewed. Fifty percent of them said that they did not enjoy sex at all and only accepted it as a duty.

### **Reasons for Supporting FGM**

- Religious affiliation can affect approval levels: A study in Kenya and Sierra Leone revealed that most Protestants opposed FGM while a majority of Catholics and Muslims supported its continuation.
- There is a direct correlation between a woman's attitude towards FGM and her place of residence, educational background, and work status. Demographic and Health Survey (DHS) data indicate that urban women are less likely than their rural counterparts to support FGM. Employed women are also less likely to support it. Women with little or no education are more likely to support the practice than those with a secondary or higher education. Data from the 1989 Sudanese survey (of women 15 to 49 years old) show that 80 percent of women with no education or only primary education support FGM, compared to only 55 percent of those with senior secondary or higher schooling. A woman's age does not seem to influence support.
- Most women who have had the FGM procedure are strongly in favor of FGM for their daughters. In Egypt, 50 percent of the women surveyed reported that they had at least one daughter who had gone through the procedure, while 38 percent intended to do so in the future. In addition, most of these women want their daughters to undergo the same type of procedure they had.
- Most women who favor ending the practice also feel they do not have enough information to convince men of the harmful effects of FGM. Men help continue the practice by refusing to marry women who have not had FGM or by allowing or paying for their daughters' procedures. DHS data indicate that, in general, women believe that their husbands' attitudes toward FGM are similar to their own.<sup>51</sup> However, recent studies in Eritrea and Sudan found that men may actually be less supportive and more indifferent than women toward this practice.
- Until the 1950s, FGM was performed in England and the United States amongst immigrants as a common "treatment" for lesbianism, masturbation, hysteria, epilepsy, and other so-called "female deviances".

### **Reasons for Supporting FGM in Orthodox Communities**



Today, the most common reason evoked for supporting FGM is the belief that the practice is a "good tradition". Other reasons include religious requirement(s); rite of passage to womanhood; cleanliness; prevention of promiscuity among girls; preservation of virginity; better marriage prospects; enhancement of male sexuality; prevention of excessive clitoral growth; and facilitation of childbirth by widening the birth canal.