

## FEMALE GENITAL MUTILATION

### Introduction:

Female genital mutilation (FGM) also known as female genital cutting or female circumcision is practised widely around the world for various reasons including tradition, religious demands, purification/hygiene, family honour, protection of virginity and prevention of promiscuity, increasing husbands sexual pleasure and increasing fertility and matrimonial opportunities.

World Health Organisation defines FGM as 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 (non-medical) reasons.

Estimates indicate FGM affects between 100-138 million women world-wide and a further 2 million are estimated to be at risk every year. Currently, there is a world wide 'war' against FGM.

WomanBeing Concern International has received a grant from the Community Fund for a project to:

- conduct a preliminary qualitative survey on African men's knowledge, attitudes and practice (KAP) on issues of female genital mutilation (FGM).
- plan appropriate interventions to address the issues of FGM with African communities with focus on men as well as implement a pilot intervention: 'Men against FGM', in London.

The survey will help shed light on what African men, in the UK, know about FGM and whether or not they are interested in campaigning against the practice.

This article aims to give readers basic knowledge of the facts and issues surrounding FGM.

### TYPES OF FGM (WHO classification)

1. **Clitoridectomy** - removal of the hood of the clitoris and in some cases cutting off part or all of the clitoris.
2. **Excision** - removal of the hood of the clitoris together with part or all of the inner labia.
3. **Infibulation** - removal of the clitoris and the inner labia as well as cutting the outer lips to create raw surfaces that are stitched or joined together to cover the urinary opening and the entrance to the vagina with a hood of skin.

#### 4. Unclassified which includes practices like:

- Pricking, piercing or cutting the clitoris and /or labia.
- Stretching of the clitoris and/or labia.
- Burning the clitoris and surrounding tissue.
- Scraping (angurya cuts) of the vaginal opening or cutting (gishiri cuts) of the vagina.
- Placing corrosive substances into the vagina to cause bleeding or herbs into the vagina with the aim of tightening or narrowing the vagina.
- Any other procedure which falls under the general definition of FGM/FGC

#### How FGM is performed?

The cutting is normally done by a traditional circumciser, usually an elderly woman. The girl is held down and the process usually last about 20 minutes depending on the skill of the circumciser. Cutting is done with special knives, scissors, razor blades, scalpels or pieces of glass.

In some urban areas, qualified health personnel are sometimes used to carry out FGM. In which case, anaesthetics and antibiotics are used to reduce pain and risk of infection respectively.

#### At what age is FGM performed?

This varies from one community to another. It may be done during infancy or childhood, during adolescence, at the time of marriage or during the first pregnancy. It is thought that it is mainly performed between the ages of 4 and 12.

#### Where is FGM is practiced?

Research suggests, the highest prevalence of FGM is in Africa (28 countries). But, the practice is also known to occur, in the Middle East and Asian countries and increasingly in Europe, Canada, USA, Australia and New Zealand, primarily among migrant communities.

Prevalence of FGM based on surveys conducted in  
2001(WHO/FCH/GWH/01.3)

	COUNTRY	FGM PREVALENCE PERCENTAGE
1.	Benin	17%
2.	Burkina Faso	72%
3.	Cameroon	20%
4.	Central African Republic	43%
5.	Chad	60%
6.	Cote d'Ivoire	43%
7.	Dem. Republic of Congo	5%
8.	Djibouti	98%
9.	Egypt	97%
10.	Eritrea	95%
11.	Ethiopia	85%
12.	Gambia	80%
13.	Ghana	30%
14.	Guinea	99%
15.	Guinea-Bissau	50%
16.	Kenya	38%
17.	Liberia	60%
18.	Mali	94%
19.	Mauritania	25%
20.	Niger	5%
21.	Nigeria	25%
22.	Senegal	20%
23.	Sierra Leone	90%
24.	Somalia	98%
25.	Sudan	89%
26.	Tanzania	18%
27.	Togo	12%
28.	Uganda	5%
29.	Yemen	23%

## **Health Issues**

Needless to say, FGM is not only a violation of human rights but also has serious and at times fatal consequences for the health of women and girls subjected to it. These include; severe blood loss, infections from unsterilised instruments, HIV and Hepatitis B, fistulae and cysts.

FGM also compromises the sexual health of victims. It is claimed to reduce women's sexual desire and ability to achieve sexual fulfilment. It may also result in pain during sexual intercourse hence stress in relationships. Highest attainable standards of mental health may also be unattainable.

## **FGM and the Law**

Almost all countries have Articles in their criminal codes governing grievous bodily injury and cruelty to children. Many countries have also ratified UN conventions aiming to protect women and girls against violence. FGM perpetrators could be prosecuted under these laws.

FGM was made illegal in the United Kingdom in 1985 under the Prohibition of Female Circumcision Act. And, under Section 47 of the Children Act 1989, local authorities have a duty to investigate "reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer 'significant harm'".

The document 'Working Together Under the Children Act 1989' (Section 3.9) makes reference to FGM being investigated under section 47 and advises authorities to be alert to its possibility within practicing communities.

## **Brief history of Human Rights Instruments on FGM**

**In 1949** - The Universal Declaration of Human rights documented the need for a universal framework for the protection of human rights, within which FGM became an issue for the United Nations in **1958**,

**In 1979** - WHO conference in Khartoum held a seminar on traditional practices affecting the health of women and children and recommended formulation of legislation, and outreach programmes involving communities to eliminate FGM.

**In 1980** World Conference on women held in Copenhagen called on African governments and women's organisations to combat detrimental cultural practices.

**In 1981** the Association of African Women for Research and Development held discussions with the Economic Commission for Africa drawing attention to the issue of FGM.

In 1982 WHO made a formal statement to the UN Human Rights Commission of its position regarding FGM, endorsing the recommendations of the Khartoum seminars of 1979.

In 1984 a seminar on traditional practices affecting the health of women and children in Dakar condemned FGM as unnecessary human suffering

#### African countries with anti-FGM Laws or Decrees

- Tanzania (1998)
- Ghana (1994)
- Burkina Faso (1998)
- Sudan (1947)
- Central Republic of Africa
- Guinea
- Ivory
- Senegal (1998)
- Togo
- Egypt (Ministerial Decree)
- Benin Republic

It should be noted that, although the Law has come along way in eliminating FGM, it has also forced the practice "underground". A big effort is still need to sensitize and educate practicing communities on the harmful effects of FGM. Researchers believe, in addition to legal instruments a grassroots approach would be effective in eliminating FGM.

For more information on FGM and up coming events, visit the following sites:

1. <http://www.amnesty.org/ailib/intcam/femgen/fgm1.htm> Amnesty Int.
2. [http://www.religioustolerance.org/fem\\_cirm.htm](http://www.religioustolerance.org/fem_cirm.htm) Debate among Muslims
3. [http://www.religioustolerance.org/fem\\_cira.htm](http://www.religioustolerance.org/fem_cira.htm) FGM in N.America & Europe
4. [http://www.who.int/topics/female\\_genital\\_mutilation/en/](http://www.who.int/topics/female_genital_mutilation/en/) WHO
5. <http://www.cirp.org/pages/female/> FGM resources