

# Female Genital Mutilation, FGM

## Summary

- FGM is sometimes referred to as Female Genital Cutting, FGC, or female circumcision.
- The use of a less emotive phrase than 'mutilation' is an attempt to engage communities rather than confront them. While we understand this, there are aspects of the procedure which seem more in line with physical mutilation.
- FGM involves the cutting away of parts of the female genitalia: the labia, the clitoris and/or the clitoral hood.
- The form of FGM known as infibulation involves surgically sewing together the labia to narrow the vaginal opening.
- FGM differs from male circumcision in several ways: there are no medical reasons at all in favour of FGM; for some women, the reduction in genital sensitivity can be extreme or complete; and, the scarring of the pelvic floor is a serious and potentially life-threatening issue during childbirth.
- The reasons why FGM is performed are purely traditional and cultural. Some stem from traditional views on female decency but others are based on misinformation or superstition.
- Performing FGM risks infection, scarring, infertility, disability, and death.
- Childbirth is far more risky for FGM mothers than for non-FGM women, as the scarring and possible internal damage can lead to haemorrhage, tearing, slow labour, caesarean sections, fistulae, and other complications. In some cases, FGM can condemn a woman to death during childbirth.
- Infant mortality increases in direct proportion to the degree and type of FGM carried out, being worst in infibulated women, according to a WHO study.
- It is estimated that FGM contributes an additional 10-20,000 infant deaths a year in Africa.
- The practice of FGM is widespread across the sub-Saharan belt of Africa, where there is an approximate prevalence of 25-100%. It is less common in Northern and Southern Africa.
- FGM is now illegal in 25 member states of the African Union. Few prosecutions have taken place so far.
- The topic of FGM is highly sensitive and controversial. Attempts to end the practice face many obstacles, from men and women.
- Spreading accurate medical information and providing alternative income opportunities for practitioners might help eliminate FGM.

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## Female Genital Mutilation, FGM (also known as Female Genital Cutting or Female Circumcision)

FGM involves the physical cutting away of external parts of the female genitalia: the vaginal labia, the clitoris and/or the clitoral hood. Different types of FGM involve different levels of tissue removal. In some cases, the vaginal orifice is narrowed by surgically sewing the labia together to largely close up the opening (known as infibulation). It is estimated that 3 million girls face the procedure every year.

FGM is normally performed on girls during childhood, by around the age of eight to ten years old. As a result, it requires the consent of the parents. In some areas where FGM is carried out, the operation is traditional and is considered a way of distinguishing decent women from prostitutes and slaves. It is considered a form of protected status. In some regions, a girl cannot marry without being 'circumcised'.

The main reasons stated for carrying out FGM tend to stem from:

- misinformation (to improve cleanliness, protect from rape),
- superstition (beliefs related to spiritual cleansing, bad luck during birthing practices, or the need for deliberate child gender assignment before puberty),
- traditional views on female decency (proof of virginity on marriage), or
- a perceived need for a reduction in excessive female sexual pleasure that might lead to masturbation, promiscuity or adultery.
- Aesthetic reasons are also sometimes cited.

FGM is apparently not specifically required by any religion.

The similarities between FGM and male circumcision are that parts of the genitalia are cut from the body, that tissue removal reduces the sexual sensitivity of the genitals, and that scarring results when the wound heals. However, one difference is that in FGM the removal of the clitoris can eliminate sexual pleasure entirely or severely reduce it. A survey of 300 women in Sudan who had had FGM performed on them found that most were able to experience sexual pleasure (that was arguably weaker than in non-FGM women), but some could not experience orgasm at all. (There is an implication that a woman's positive relationship with her husband and her mental attitude towards FGM can influence a woman's approach to and enjoyment of sex. As FGM is typically carried out in childhood, however, there is no comparable frame of reference nor can individual experiences of pain or pleasure be readily measured.) A further difference between FGM and male circumcision is that the scarring has significantly more serious physical impact for women during childbirth. Clearly, infibulation has no comparison in male circumcision.

FGM is a fairly complex operation. It is often carried out in areas that are remote from hospitals by non-medically trained practitioners. Conditions might be unhygienic, and rudimentary implements might be used that may be unsterilised. Sometimes, FGM is performed without anaesthetic. The immediate risks of performing FGM include:

- haemorrhage,
- infection,
- sepsis,
- scarring,
- shock, or
- death.
- In addition, there may be damage to the neighbouring tissues of the urinary or reproductive tracts.

Longer term, pain may become chronic, and cysts may develop and become infected. Scarring to or physical blockage of the urinary or reproductive tracts may cause infections. Some women become infertile as a result of pelvic infections due to FGM.

FGM that includes infibulation can lead to painful and problematic menstruation, as well as possible inability to consummate marriage at all initially (one study suggested this occurs in 15% of cases). Penetration may eventually have to occur using small cuts and tearing to increase the opening, risking haemorrhage and infection again. Subsequently, pregnancies require a surgical re-opening of the labial closure, to allow birth to

take place, and a re-closing of it later, with the further risks associated with this additional surgery. All of this opening and closing further extends the scarring, sometimes to dramatically hard and tough levels.

Scarring from cutting at the labia will reduce the flexibility of the pelvic floor and vaginal opening to stretch to accommodate the head of a baby during birth. This is one of the reasons that FGM causes more birthing complications which can lead to the death or disability of either or both of the mother and the child. Further risks are due to haemorrhaging from tears in the scar tissue and complications of premature labour in infibulated women. The more pregnancies an FGM woman has, the greater the risks of her developing serious or potentially fatal complications related to the FGM.

In addition, the longer a birth takes (including because the vaginal opening will not stretch sufficiently due to scarring), the more likely it is that a woman will suffer from a fistula, a debilitating condition of permanent incontinence of urine or faeces. (In most cases, fistulae can be surgically corrected, but this specialised surgery is currently quite rarely available in Africa, and prevention is far better than an only uncertain 'cure'.)

According to WHO research on over 28,000 births in Africa, infant mortality increases in direct proportion to the type and degree of FGM carried out, being significantly higher in the infibulated women in the study. The need for an infant to require resuscitation was significantly higher in FGM women than non-FGM. They were also more likely to need caesarean sections with the associated risks of haemorrhage and infection. Five times as many women with FGM died during childbirth as non-FGM women. Extrapolating the WHO research results gives an estimate of 10-20,000 additional babies dying each year as a direct consequence of FGM. And these results refer to births observed in obstetric centres, leaving aside the many rural births not carried out in health clinics. Although it might be the case that hospital births have a higher proportion of higher risk deliveries, complications such as haemorrhage or the need for a caesarean section would undoubtedly have more serious consequences in rural settings.

It has recently controversially been suggested that male circumcision may reduce the likelihood of contracting HIV/AIDS (although this is an imprecise and highly risky method of prevention). However, there are no medical or health benefits at all of female genital mutilation. It remains a traditional practice only. In many ways, FGM is a huge risk and imposition on women and a suppression of their health rights. In some cases, FGM condemns a woman to death during childbirth.

Despite FGM being illegal in Sudan, for instance, the law has apparently never been implemented and the practice is virtually universal there. Carried out mainly across the sub-Saharan belt of Africa, the prevalence is believed to range for 25% to 100%. It is less common in Northern and Southern Africa but data is very unreliable. By December 2008, 25 members of the African Union had ratified a protocol to promote women's rights that also included a commitment to ending FGM. However, individual country bans from the 1990s have not resulted in elimination. This is despite threats of fines, imprisonment or the death sentence in some countries if a death occurs due to an FGM procedure.

There is some evidence that, when the dangers to women and infants of FGM are explained to communities in a sensitive manner, it can begin to become less common, sometimes suddenly so. Unfortunately, resistance may continue from men (unwilling to risk their women potentially becoming more promiscuous or a reduction in men's dominant role in many African societies) and from older women (unwilling to see younger women enjoying sexual pleasures denied to them or reduced earnings from not performing the surgery). Past insensitive approaches to stopping the procedure have caused unrest and violence - the Kenyan Mau Mau uprising in the 1950s is said to have stemmed in part from a British banning of FGM there.

Working with communities towards acceptance of the problems and risks of FGM would ultimately require simultaneous stopping throughout a region through collective decision-making. As a result, it is a delicate and complicated problem. An associated practice is early or forced marriage, often to older men. Combining work on eliminating both practices might be possible, but the whole area remains highly sensitive and controversial. Alternative methods of celebrating a girl's transformation into a woman can be performed (such as on beginning menstruation), and alternative ways of earning income for FGM practitioners may also help (such as micro-credit). Three of Development Ratings charities which attempt different types of work related to this area are Health Unlimited, African Initiatives, and IMPACT Foundation.

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