



## WHAT IS FEMALE GENITAL MUTILATION?

### Introduction

African activists, women's groups and intellectuals have been opposing female genital mutilation (FGM) in their countries for decades now. The extent of this opposition is reflected in the large number of non-governmental organisations (NGOs) and regional networks working in this field.

Although the elimination of FGM was originally regarded as a mere question of health education and information, today FGM is recognised as a socio-cultural problem that is deeply rooted within the societies in which it is practised. Thus social change is indispensable if the practice is to be ended permanently. Commitment to ending FGM is symbolic of the effort to strengthen the position of women and women's rights generally, because FGM is a serious violation of human rights, and its elimination would serve to advance virtually every one of the UN Millennium Development Goals.

### Definitions and terms

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

In addition to the term 'female genital mutilation' (FGM) the expressions 'female genital cutting' (FGC) and 'female circumcision' are also employed. 'Female circumcision' is often considered to be a misrepresentation of the facts due to the implied analogy to male circumcision. However, without wishing to judge the effects of male circumcision, even the least invasive form of female 'circumcision' amounts to a major violation of a woman's physical integrity, with serious consequences to her health. Internationally, several organisations prefer to use the term 'female genital cutting' (FGC) which they consider to be less derogatory to those affected. Nevertheless, the term 'mutilation' is employed by activists and interna-

tional organisations such as the Inter-African Committee (IAC) to underscore the seriousness of the intervention. Thus although consistent terminology is desirable among experts, on the local level terminology should be used that preserves the dignity and self-respect of those affected.

### Classification

For the sake of international consistency, the World Health Organization (WHO) has broken down the various forms of FGM into four categories with a standardised terminology. Definitive classification according to type of procedure is still not always possible however.

#### **WHO classification:**

*Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).*

*Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).*

*Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).*

*Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.*

### Prevalence

It is estimated that some 140 million women, girls and babies throughout the world have been genitally mutilated. Another three million girls are at risk of such mutilation each year. Female genital mutilation is primarily practised in 28 African countries, the incidence varying markedly within various regions and countries according to ethnic affiliation. National rates of prevalence vary from 1 to 98 per cent.

To a limited extent, genital mutilation is also practised in several countries in Asia and the Middle

East (for instance among certain ethnic groups in Yemen, Oman, Indonesia and Malaysia) and also, as a result of migration, in western host countries.

### **Motives**

FGM is often practised out of respect for tradition and a desire to 'belong' socially. Assumptions associated with it are that social and medical benefits result from the practice and that women's sexuality must be kept under control. A particular social definition of female sexuality and identity is often implicit within these arguments. In some countries, the practice is also imagined to be a religious duty. As a socially recognised practice, FGM enjoys the support of all of the members of a society, including the women themselves. Persons who fail to observe the practice risk social ostracism.

### **Practice**

The form of FGM practised is primarily determined by ethnic affiliation. According to WHO estimates, 90 per cent of all cases of FGM involve Type I or II, or incision or piercing of the genitalia (Type IV). Percentages vary from country to country, however. For example, most women in Djibouti, Somalia and Sudan are subjected to infibulation (Type III).

FGM is often part of a rite of passage marking a girl's transition into womanhood. The procedure is usually conducted on girls between 0 and 15 years of age, and in some cases on baby girls who are only a few days old, less frequently on mature women. The age of the girls varies from region to region, but currently the age at which FGM is performed is dropping further and further. This may be due to the fact that the practice is losing its significance as a rite of initiation or to avoid conflict with the law or resistance on the part of the girls themselves.

FGM is usually performed without benefit of anaesthetic by traditional circumcisers, who frequently use razor blades, knives or scissors, which are rarely sterilised. The procedure is normally undertaken in some secluded place with no men present, these days for instance in private houses.

### **Health risks**

The practice can lead to a whole series of physical and psychological complications. The risks and injuries that accompany it increase in proportion to the severity of the intervention. All forms of FGM are irreversible.

Acute, life-threatening risks are intense pain, haemorrhage, urinary retention, and infection. In

Published by:

Deutsche Gesellschaft für  
Technische Zusammenarbeit (GTZ) GmbH

Sectoral and supraregional project Ending Female Genital Mutilation  
Dag-Hammarskjöld-Weg 1-5  
65760 Eschborn/Germany  
T +49 61 96 79 - 1579  
E bianca.schimmel@gtz.de  
I www.gtz.de

July 2009

the long term, women may suffer from sexual and reproductive health problems, a greater risk of HIV infection, and psychological trauma.

In the case of infibulation and the severer forms of Type II interventions, the resulting scars must be reopened when the woman gives birth. If this is not done by experienced birth attendants, the lives of mother and child are at risk.

In addition, a 2006 WHO study reports that complications during childbirth are documented as being more prevalent in women who have been cut than in other women. On record are, for instance, higher rates of Caesarean section and haemorrhaging following childbirth. FGM also contributes to increased rates of infant and child mortality.

### **Medicalisation**

In some regions, there is a trend toward a 'medicalisation' of FGM, that is, to having the procedure conducted under relatively hygienic conditions by trained medical personnel, who often stand to benefit financially from this additional source of income. This 'medical' handling of FGM in no way alters the fact, however, that the procedure damages women's health and violates their human rights.

Therefore, GTZ has joined the WHO and other international organisations in condemning the medicalisation of FGM.

### **Human rights**

The fact that FGM, as a cultural tradition, is deeply rooted within the societies in which it is practised must not obscure the fact that for the women and girls affected it violates numerous human rights – particularly the right to personal safety and freedom, to life and physical integrity, and to health. This is why FGM has been an important human rights issue since the early 1990s.

Today numerous conventions specifically condemn FGM. These are important instruments for persistently reminding governments and the international community of their duty to accept responsibility for guaranteeing the rights of women and girls.

Sources:

WHO: Eliminating Female Genital Mutilation: An interagency statement, OHCHR, UNAIDS, UNDP, et. al., 2008.

WHO: Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries, 2006.

IAC: Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, www.iac-ciaf.com.

