

## Female genital cutting

### What is female genital cutting (FGC)?

- FGC is a harmful practice where part or all of a girl's external genitals are removed<sup>1</sup>
- FGC serves no medical purpose<sup>2</sup>
- In half of the countries that practice FGC, the majority of girls are cut before the age of 5; elsewhere, cutting occurs between 5 and 14 years of age<sup>3</sup>
- Those who have experienced FGC may be affected physically and psychologically throughout their life<sup>4</sup>
- FGC is a form of violence against women<sup>5</sup> and girls and a violation of human rights<sup>6</sup>

### What are the types?

- There are currently four different types of FGC defined by the World Health Organization<sup>7</sup>
- Type I – Partial or total removal of the clitoris (a small, sensitive, and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)<sup>8</sup>
- Type II – Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina)<sup>9</sup>
- Type III – Commonly known as infibulation, this involves narrowing the vaginal orifice with the creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris, leaving a tiny hole for menstrual blood and urine.<sup>10</sup> This means that a woman may have to be cut open before she has intercourse and then has to be cut and resealed each time she gives birth<sup>11</sup>
- Type IV – All other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping, and cauterization<sup>12</sup>

### What is the scale of the issue?

- An estimated 200 million women and girls worldwide are living with the effects of FGC, and in Africa alone, 68 million girls are at risk of being cut by 2030<sup>13</sup>
- FGC is practiced in 27 African countries, Yemen, Indonesia, and Iraq, as well as many other countries for which we do not have data, including Malaysia and Oman<sup>14</sup>
- Girls in Europe, North America, and Australasia living in diaspora communities are also cut, with 500,000 women in Europe and 500,000 in the U.S. thought to be affected<sup>15,16</sup>

### Why does FGC happen?

- FGC is a social norm: parents decide to have their daughter cut not only because they believe it is the right thing to do, but also because the community believes it is the right thing to do<sup>17</sup>
- Pressure from the community throughout life continues to reinforce the norm, with it being harder for uncut girls to marry or take part in community life<sup>18</sup>
- FGC is not a religious practice. FGC pre-dates, and is not a requirement of, the main organized religions, and is held in place by social norms<sup>19</sup>

### How FGC is ending

- Because FGC is a social norm, it is difficult for individual families to stop the practice on their own, for risk of social sanctions. There usually must be a collective process of deliberation before the whole community is able to decide to abandon the practice<sup>20</sup>
- Once a community decides to abandon FGC, they can solidify this commitment by publicly declaring that they will no longer practice it, thereby being held accountable by everyone<sup>21</sup>
- Abandonment spreads exponentially. Since communities are linked via social networks, abandonment becomes quicker and easier as the movement gains momentum. This process of "organized diffusion" can be seen in Senegal.<sup>22</sup>
- UNICEF and UNFPA report that over 15,000 communities have abandoned the practice since 2008<sup>23</sup>
- Drops in prevalence have been seen in several countries, particularly in countries with a high prevalence of FGC such as Burkina Faso, Guinea, and Mali.<sup>24</sup>

## Female genital cutting

- In communities that still practice FGC, there has been a shift toward medicalization, or cutting by a healthcare provider. Despite widespread opposition to medicalized cutting, it has seen an increase in prevalence, which poses continued health risks and may influence a community's willingness to abandon the practice.<sup>25</sup>
- On December 21, 2012, the United Nations General Assembly passed a resolution titled, "Intensifying global efforts for the elimination of female genital mutilation"<sup>26</sup>
- In 2015, the United Nations adopted the Sustainable Development Goals, which includes the proportion of women and girls who have undergone FGC as an indicator for Goal 5: Achieve gender equality and empower all women and girls.<sup>2</sup>

### FGC and sexual health and rights

- FGC violates human rights principles including non-discrimination on the basis of sex, the right to bodily integrity, the right to life, and the right to the highest attainable standard of physical and mental health<sup>28</sup>
- During and immediately after cutting, girls may experience severe pain, hemorrhaging, shock, vaginal infections, cysts, urine retention, damage to adjoining organs, and even death<sup>29</sup>
- Women who have undergone FGC were more likely report increased of painful intercourse<sup>30</sup>
- Women who have undergone FGC were more likely report impact on sexual function including lowered arousal, orgasm, and lubrication<sup>31</sup>
- Women who have undergone FGC are more likely to report reduced sexual desire<sup>32</sup>
- The practice of FGC in communities is reflective of a greater underlying gender inequality that places less value on women and girls in comparison to men and boys; when exacerbated by socio-cultural norms that place emphasis on girls' purity and virginity, this same gender inequality may lead to other harmful traditional practices including child, early, and forced marriage (CEFM)<sup>33</sup>

### FGC and HIV/STI risk

- There is potentially an increased risk of transmitting HIV during cutting due to unsterilized utensils, particularly if the girl is cut in a mass cutting ceremony<sup>34</sup>
- In Kenya, girls who have been cut are more likely to have older partners and more likely to have their sexual debut before the age of 20—both risk factors for HIV<sup>35</sup>
- FGC is associated with an increased risk of bacterial vaginosis, an infection of the vagina<sup>36</sup>

### FGC and reproductive and maternal health

- FGC performed early in life is a contributing factor to maternal mortality<sup>37</sup>
- The WHO found that women who have undergone more extreme forms of FGC are 70% more likely to suffer post-partum hemorrhage and 30% more likely to require a caesarean section than other women<sup>38</sup>
- FGC can lead to infertility<sup>39</sup>
- FGC leads to an increased risk of childbirth complications<sup>40</sup>
- FGC leads to increased risk of newborn death<sup>41</sup>
- Women and girls who undergo infibulation will need to be cut open before or during labor to allow for childbirth and/or before sex. This leads to multiple cutting and stitching procedures<sup>42</sup>
- Women and girls in Somalia, Egypt, and Sudan report fearing labor and delivery after having undergone FGC<sup>43</sup>
- FGC can lead to urine retention in labor<sup>44</sup>
- FGC can cause difficulty in assessing progress during labor and can lead to prolonged labor and obstruction during labor<sup>45</sup>
- Women who undergo FGC experience higher rates of perineal damage than women who have not had FGC<sup>46</sup>
- The highest rates of maternal and infant mortality occur in FGC-practicing regions<sup>47</sup>
- There are also likely to be 1 or 2 infant deaths per 100 births among women who have undergone FGC (of all types), largely as a result of obstructed labor<sup>48</sup>
- A review by the Norwegian Knowledge Centre for the Health Services reinforced World Health Organization findings and concluded: "the increased risk of harm is unmistakable... the increase in obstetric suffering and morbidity is too high to justify continuing the practice."<sup>49</sup>

## Female genital cutting

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