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Female Genital Mutilation

Jophin Joseph[1], Jyothy George[2]

[1]Department of Nursing and Midwifery, College of public health and medical Sciences, Jimma University, PO.Box:1104, Jimma, Ethiopia

[2] Department of Pediatric, Narayana Hrudayalaya, Bommasandra Industrial Area, Bengaluru, Karnataka 560099, India

Abstract: ***This article gives an overview over the huge topic of 'female genital mutilation' (FGM). FGM means non-therapeutic, partial or complete removal or injury of each of the external female genitals. It concerns about 130 million women around the world. FGM is performed in about 30 countries, most of which are located in Africa. Four types of FGM are distinguished: type I (clitoridectomy), type II (excision), Type III (infibulation) & type IV (traditional form). The mentioned reasons for FGM are: encouragement of the patriarchal family system, guarantee of moral behavior and faithfulness to the husband, protection of women from suspicions and disgrace, initiation ritual, symbol of feminity and beauty, hygienic, health and economic advantages. Early physical consequences of FGM include severe pain, bleeding, infections, sepsis, shock, micturition problems and fractures. Late physical problems like anemia, infections of the urinary tract, incontinence, infertility, pain, Reproductive tract infections, sexually transmitted infections including HIV, Mental disturbances and poor obstetric neonatal outcomes. FGM carried out by doctors, nurses or midwives is also called 'medicalization of FGM' and is definitely unacceptable in addition to that FGM has been considered a human rights violation. Local organizations in collaboration with religious institutions and community leaders should work together to engage in a process of change within the entire community by arranging awareness creation programmes on the harmfulness of the practice especially in the rural areas.***

Keywords: Female genital mutilation, Africa, Physical consequences, Awareness, Human rights violation

1. Introduction

~~6~~ FEB 2015 – WORLDWIDE - WHO joins people across the globe today, to stand in solidarity against Female Genital Mutilation (FGM), and to highlight the crucial role that health-workers can play to help end this practice. Female Genital Mutilation is a global health issue, and can have devastating physical, psychological, and social consequences for women and girls."

In address to African Union, US president criticizes corrupt leaders and makes plea for sexual equality and end to FGM, Obama said: "When African girls are subjected to the mutilation of their bodies, or early or forced marriage, that sets us back, and it needs to end. (http://www.theguardian.com/usnews/2015/jul/28/barack-obama-africas-presidents-for-life-are-a-risk-to-its-democratic-progress).

Female genital mutilation (FGM) is internationally recognized as a violation of the human rights of girls and women, reflecting deep-rooted inequality between the sexes. Since FGM is almost always carried out on minors, it is also a violation of the rights of children. It is usually performed on girls from birth to age 15. Girls may die at the time of cutting from hemorrhage or infection, or experience significant physical, psychological and sexual complications [1].

2. Definition

Female Genital Mutilation comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO) [2]. It is also sometimes referred to as female genital cutting or female circumcision.

Facts about Female Genital Mutilation (WHO)

- Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and problems of urination, and later cysts, infections, infertility as well as complications in childbirth and increased risk of newborn deaths.
- More than 125 million girls and women alive today have been cut in the 29 countries in Africa and Middle East where FGM is concentrated.
- FGM is mostly carried out on young girls sometime between infancy and age 15.
- FGM is a violation of the human rights of girls and women [2].

3. Incidence

- 100–140 million girls and women worldwide are living with the consequences of FGM; approximately 3.3 million girls are at risk of FGM each year; and in the 29 countries from which national prevalence data exist, more than 101 million girls aged 10 years and older are living with the effects of FGM [3].

FGM is known to be practiced in:

- 28 countries in Africa and Yemen, especially in the eastern, north-eastern and western regions; some Countries in Asia and the Middle East; immigrants in Australia, Canada, Europe, New Zealand and the USA; and few population groups in Central and South America [4].
- In the 29 countries in Africa and the Middle East for which data are available, national prevalence among women aged 15 years and older ranges from 0.6%

(Uganda) to 97.9% (Somalia) [4]. There are some regional patterns in FGM prevalence. According to Demographic Health Surveys done within north-eastern Africa (Egypt, Eritrea, Ethiopia and northern Sudan), prevalence was estimated at 70–97%, while in eastern Africa (Kenya and the United Republic of Tanzania) it was estimated to be 18–38%. However, prevalence can vary strikingly between different ethnic groups within a single country [5]. FGM has been documented in several countries outside Africa but national prevalence data are not available [4].

- Even if the worldwide decline in FGM is maintained at current rates, population growth means that about 196 million girls would be cut by 2050 [5]. Cross-sectional study was conducted in Hormozgan, a southern province of Iran conclude that FGM/C is a common practice in rural areas of Southern Iran and it is associated with increased age, illiteracy, Sunni Islam religion, Afghan nationality, and positive family history. Lack of knowledge toward FGM/C is the main cause of its high prevalence and continuation. [6].

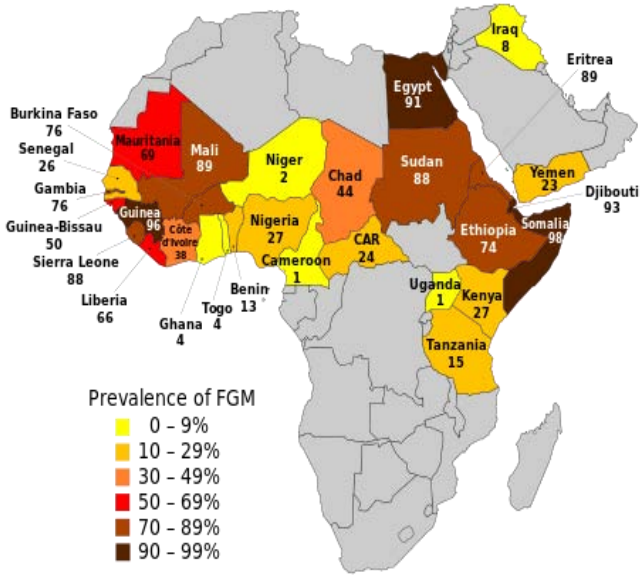

Figure 1: FGM prevalence in Africa and the Middle East (UNICEF. Retrieved18 August 2014.)

4. Causes of FGM

There are several reasons provided to justify the practice of female genital mutilation: Reasons for the continuing practice of FGM/C include rite of passage, preserving chastity, ensuring marriageability, religion, hygiene, improving fertility, and enhancing sexual pleasure for men [7]. In a community based cross sectional study among reproductive age women revels the main reasons of FGM was to get married, to get social acceptance, to safeguard virginity, to suppress sexual desire and religious recommendations [8]. Another study revealed that 26.7% of the respondents had intention for the continuation of FGM. Religion, safeguarding virginity, tradition, and social values were the major reasons for the perpetuation of this practice [9]. Further study shows Prevalence of female genital mutilation among Muslim Kurdish women in Erbil city is very high and more than one third of the women support the practice and have intention to mutilate their daughters [10]. On contrary to this the study done on Somalis in Oslo demonstrates a trend to abandon this practice over time. Nevertheless, the 30% of the people who still support its continuation, and who are primarily newly arrived immigrants [11]. The details of some reasons are;

Control over women's sexuality: Virginity is a pre-requisite for marriage and is equated to female honor in a lot of communities. FGM, in particular infibulation, is defended in this context as it is assumed to reduce a woman's sexual desire and lessen temptations to have extramarital sex thereby preserving a girl's virginity.

Hygiene: There is a belief that female genitalia are unsightly and dirty. In some FGM-practicing societies, unmutilated women are regarded as unclean and are not allowed to handle food and water. Cultural beliefs related to the hygiene of female genitalia and other social factors contribute to sustaining the practice [12].

Gender based factors: FGM is often deemed necessary in order for a girl to be considered a complete woman, and the practice marks the divergence of the sexes in terms of their future roles in life and marriage. The removal of the clitoris and labia — viewed by some as the ~~"~~male parts" of a woman's body — is thought to enhance the girl's femininity, often synonymous with docility and obedience. It is possible that the trauma of mutilation may have this effect on a girl's personality. If mutilation is part of an initiation rite, then it is accompanied by explicit teaching about the woman's role in her society.

Cultural identity: In certain communities, where mutilation is carried out as part of the initiation into adulthood, FGM defines who belongs to the community. In such communities, a girl cannot be considered an adult in a FGM-practicing society unless she has undergone FGM.

Religion: FGM predates Islam and is not practiced by the majority of Muslims, but it has acquired a religious dimension. Where it is practiced by Muslims, religion is frequently cited as a reason. Many of those who oppose mutilation deny that there is any link between the practice and religion, but Islamic leaders are not unanimous on the subject. Although predominant among Muslims, FGM also occurs among Christians, animists and Jews.

Lack of awareness: Poor acquaintances regarding ill effects of FGM and some study evince that there was low awareness with less education status in Somali and Afar regions, rural residence, and Muslim religion were predictors of continuation of females' genital mutilation [13].

5. Types of FGM

Type I:
Partial or total removal of the clitoris and/or the prepuce. In medical literature this form of FGM/C is also referred to as ‗clitoridectomy'. A number of practicing communities also refer to it as *Sunna*, which is Arabic for ‗tradition' or ‗duty'

[14].

Figure 2:. clitoridectomy

Type II:

Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora. The 2007 WHO definition recognizes that although this form of cutting is more extensive than Type I, there is considerable variability in the form or degree of cutting. In English, this type of cutting is often referred to as ‗excision', although it is important to note that in French the term ‗excision' generally refers to all forms of FGM/C [14].

Figure 3:.excision

Type III:

Narrowing of the vaginal orifice by cutting and bringing together the labia Minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together, which is referred to as ‗infibulation'. The adhesion of the labia results in complete covering of the urethra and the vaginal orifice, which must be reopened for sexual intercourse and childbirth, a procedure known as ‗Defibulation'. In some instances, this is followed by reinfibulation [14].

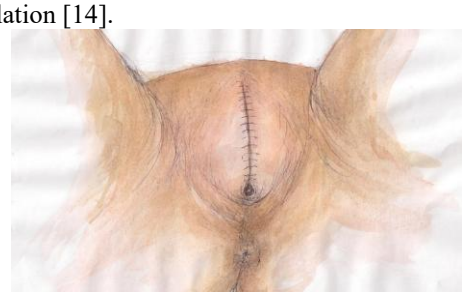

Figure 4:.infibulation

Type IV:

All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization. Pricking or nicking involves cutting to draw blood, but no removal of tissue and no permanent alteration of the external genitalia. This is sometimes called ‗symbolic circumcision', and some communities have described it as a traditional form of FGM/C [14]. Although symbolic circumcision is still highly controversial, it has been proposed as an alternative to more severe forms of cutting in both African and other countries where FGM/C is performed [15], [16].

By reviewing about the prevalence of different types of FGM, it is understood that type I FGM is common when compared to other types especially type IV, which is rare. A systematic review among 22,052 patients, Type I FGM was performed in 3,115 women while 5,894, 4,049 and 93 women underwent Type II, Type III and unknown type of FGM, respectively [17]. In Gambia the prevalence of patients with different types of FGM/C were: type I, 66.2%; type II, 26.3%; and type III, 7.5% [18]. furthermore a cross-sectional study in 650 Egyptian females exhibits 84.98% showed signs of type I genital cutting, while 15.02% showed signs of type II [19].

6. Health consequences of FGM

Health risks increase with increasing severity of the procedure, all forms of FGM/C; including type I, produce significantly high percentages of complications, especially infections [18].

a) **Immediate risks of health complications:** Immediate complications include pain, hemorrhage, infection, sepsis, and death. Study done in Ethiopia exhibit the reported immediate complications were excessive bleeding at the time of the procedure, infection, urine retention and swelling of genital organ [8].

- **Severe pain:** Cutting the nerve ends and sensitive genital tissue causes extreme pain. Proper anesthesia is rarely used and, when used, not always effective. The healing period is also painful. Type III female genital mutilation is a more extensive procedure of longer duration (15–20 minutes), hence the intensity and duration of pain are more extensive. The healing period is extended and intensified accordingly.
- **Excessive bleeding** (hemorrhage) and shock have been documented. Difficulty in passing urine, and also passing of feces, can occur due to swelling, edema and pain. A systematic review and meta-analysis on effects of female genital cutting on physical health outcomes shows the most common immediate complications were excessive bleeding, urine retention and genital tissue swelling [20].
- **Infections** may spread after the use of contaminated instruments (e.g. use of same instruments in multiple genital mutilation operations), and during the healing period.
- **Human immunodeficiency virus (HIV)**: It has been postulated that FGM may also play a significant role in facilitating the transmission of HIV infection through numerous mechanisms [21]. Use of the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together. In one study an indirect association was found, but no direct association has been documented, perhaps because of the rarity of mass genital cutting with the same instrument, and the low HIV prevalence among girls of the age at which the procedure is performed.
- **Death** can be caused by hemorrhage or infections, including tetanus and shock.
- **Psychological consequences**: The pain, shock and the use of physical force by those performing the procedure are

mentioned as reasons why many women describe female genital mutilation as a traumatic event.

- **Unintended labia fusion**: Several studies have found that, in some cases, what was intended as a Type II female genital mutilation may, due to labia adhesion; result in a Type III female genital mutilation.
- **Repeated female genital mutilation** appears to be quite frequent in Type III female genital mutilation, usually due to unsuccessful healing.

b)Long-term health risks (occurring at any time during life); Long-term complications include pain, scarring, urinary issues, and poor obstetric and neonatal outcomes.

- **Pain**: Chronic pain can be due to trapped or unprotected nerve endings.
- **Infections**: Dermoid cysts, abscesses and genital ulcers can develop, with superficial loss of tissue [22]. Chronic pelvic infections can cause chronic back and pelvic pain. Urinary tract infections can ascend to the kidneys, potentially resulting in renal failure, septicemia and death. Girls with a form of FGM narrowing vulva had significantly more UTI than others, and among girls below the age of seven there was a significant association between FGM and UTI [23]. An increased risk for repeated urinary tract infections is well documented in both girls and adult women. An epidermal inclusion cyst can develop as a long-term consequence of FGM. Although it grows slowly and usually without symptoms, it may require excision because of inflammation, secondary infection, or, in rare cases, malignancy developing within the cyst [24].
- **Keloid**: Excessive scar tissue may form at the site of the cutting.
- **Reproductive tract infections and sexually transmitted infections**: An increased frequency of certain genital infections, including bacterial vaginosis has been documented. Some studies have documented that Different types of infections were identified including UTIs, genitourinary tract infections, abscess formation and septicemia or even HIV infection. Moreover, most infections were identified in Type III FGM. The isolated pathogens in the different type of infections, were HIV, Clostridium tetany, Chlamydia trachomatis, Neisseria gonorrhoeae, Treponema pallidum, Candida albicans, Trichomonas vaginalis, HSV-2, Pseudomonas pyocyanea, Staphylococcus aureus [17].
- **Human immunodeficiency virus (HIV)**: An increased risk for bleeding during intercourse, which is often the case when defibulation is necessary (Type III), may increase the risk for HIV transmission. The increased prevalence of herpes in women subjected to female genital mutilation may also increase the risk for HIV infection, as genital herpes is a risk factor in the transmission of HIV. Further, while data is limited on HIV transmission via FGM, there is biologic plausibility in suggesting that FGM may be associated with increasing prevalence of HIV in sub-Saharan Africa [25].
- **Quality of sexual life**: Removal of, or damage to highly sensitive genital tissue, especially the clitoris, may affect sexual sensitivity and lead to sexual problems, such as decreased sexual pleasure and pain during sex. Scar formation, pain and traumatic memories associated with the procedure can also lead to such problems. Findings of a hospital-based case-control study in Khartoum, Sudan indicate a positive association between the anatomical extent of FGM and primary infertility and the association between FGM and primary infertility is highly relevant for preventive work against this ancient practice [26].
- **Birth complications**: The incidences of caesarean section and postpartum hemorrhage are substantially increased, in addition to increased tearing and recourse to episiotomies. A systematic review of the scientific literature and quantitative meta-analyses of the obstetric consequences of FGM/C results showed that prolonged labor, obstetric lacerations, instrumental delivery, obstetric hemorrhage, and difficult delivery are markedly associated with FGM/C, indicating that FGM/C is a factor in their occurrence and significantly increases the risk of delivery complications. There was no significant difference in risk with respect to cesarean section and episiotomy [27]. WHO study group on female genital mutilation and obstetric outcome shows women with FGM are significantly more likely than those without FGM to have adverse obstetric outcomes. Risks seem to be greater with more extensive FGM [28]. Women with FGM Type 2 and 3 were more prone to dystocia and obstructed labor and cesarean delivery than those with FGM Type 1. FGM constitutes an important risk factor for complications during childbirth [29]. Furthermore an observational study in San Camillo Hospital, Burkina Faso conclude that FGM is associated with a higher risk of gynecological and obstetrical consequences, acting on women's health and also on the economy of resource limited countries [30].
- **Danger to the newborn**: Higher death rates and reduced Apgar scores have been found, the severity increasing with the severity of female genital mutilation.
- **Psychological consequences**: Some studies have shown an increased likelihood of fear of sexual intercourse, post-traumatic stress disorder, anxiety, depression and memory loss. For many girls and women, FGM/C is a traumatic practice, transforming it to FGM and affecting their mental health [31]. The cultural significance of the practice might not protect against psychological complications.

7. Prevention of FGM

- Female genital mutilation (FGM) is a traditional cultural practice, but also a form of violence against girls, which affects their lives as adult women. FGM has drawn increasing international attention in recent decades, including new laws against the practice in countries within and outside Africa [32]. Many studies have shown that There was low awareness with less education status were predictors of continuation of females' genital mutilation. Study conducted in University of Nigeria Teaching Hospital shows that Educational intervention programme has been successful used to impact knowledge, change beliefs and negative attitudes of women toward FGM [33]. Another study exhibit the level of education of men was one of the most important indicators for his support for abandonment of FGM. Social obligation and the lack of

dialogue between men and women were two key issues that men acknowledged as barriers to abandonment. Advocacy by men , collaboration between men and women's health and community programs may be important steps forward in the abandonment process [34].

- A major trend is that health-care providers, such as physicians, nurses and midwives, are increasingly providing FGM in place of traditional excisers, a phenomenon known as **'medicalization'**. FGM is still carried out primarily by traditional excisers in most countries, but, for example, survey data suggest that girls in Egypt are three times more likely to undergo FGM at the hands of a health-care provider than did their mothers [35]. A cross-sectional study of 600 medical students in Egypt prove the low level of knowledge among even future health professions, this study suggests that communication, rather than passive learning, is needed to convey the potentially negative consequences of FGM/C and to drive a change in attitude toward discontinuation of this harmful practice[36]. In an another study Female genital mutilation (FGM) is almost always performed on children and consequently pediatricians should have a central role in the detection and prevention of FGM. Pediatricians worldwide need to be familiar with the identification and classification of FGM and its impact upon health as well as current trends in practice [37]. There is a need for improved education and training to build knowledge and skills, and to change attitudes concerning the medicalization of FGM and re-infibulation.
- Legal sanctions against FGM are the most common type of intervention at the national and international levels but there is strong evidence that laws alone are not enough. As noted above, FGM has for decades been recognized as a danger to women's health. Since the 1980s, the practice has increasingly been considered a human rights violation. These rights include the right to be free from all forms of gender discrimination, the rights to life and to physical integrity, the right to health, and children's right to special protections [38]. Nevertheless, legislation creates an enabling environment for interventions at the local level. Healthcare workers should both discourage women from performing FGM on their daughters and receive information on codes of conduct and existing laws. A new report into female genital mutilation (FGM) highlights that, despite the barbaric practice being illegal in the U.K., not one single person has been held to account for their involvement in the act [39].

8. Conclusion

Female genital mutilation (FGM) has gained increased attention in policy and research over the last decades due to its impact on women's health, including severe violation of human rights. This harmful practice have no medical value, are usually done between birth and puberty. Tradition, religion ,concern with reducing women's sexual desire, cultural beliefs related to the hygiene of female genitalia and other social factors contribute to sustaining the practice more over health consequences vary in severity but can be devastating. Public education and information dissemination aiming to change current cultural notions favoring FGM practice through community religious leaders, and medias may play an important role in modifying societies attitudes towards FGM.

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Author Profile

Mr. Jophin Joseph received M.Sc. in pediatric nursing from The Karnataka College of nursing, Bangalore. Currently he is working as a lecturer in department of nursing, Jimma University, Ethiopia.

Mrs. Jyothy George received M.Sc. in pediatric nursing from Rajarajeswari College of nursing Bangalore, there after she was working as a staff nurse in Narayana hrudayalaya, Bangalore.