AMNESTY INTERNATIONAL

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What is FGM?

Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons as defined by the World Health Organisation (WHO).

Types of FGM
Female genital mutilation is classified into four types:

Type I: Also known as clitoridectomy, this type consists of partial or total removal of the clitoris and/or its prepuce.

Type II: Also known as excision, the clitoris and labia minora are partially or totally removed, with or without excision of the labia majora.

Type III: The most severe form, it is also known as infibulation or pharaonic type. The procedure consists of narrowing the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without removal of the clitoris. The appositioning of the wound edges consists of stitching or holding the cut areas together for a certain period of time (for example, girls' legs are bound together), to create the covering seal. A small opening is left for urine and menstrual blood to escape. An infibulation must be opened either through penetrative sexual intercourse or surgery.

Type IV: This type consists of all other procedures to the genitalia of women for non-medical purposes, such as pricking, piercing, incising, scraping and cauterization.

Recent estimates indicate that around 90% of cases include clitoridectomy, excision or cases where girls' genitals are "nicked" but no flesh removed (Type IV), and about 10% are infibulations (WHO).

See drawings that illustrate the types of FGM **here** (Courtesy American Association of Paediatrics).

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Why is it practiced?

There are several reasons provided to justify the practice of female genital mutilation:

- **Control over women's sexuality**: Virginity is a pre-requisite for marriage and is equated to female honour 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.
- **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.

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Where is it practiced?

WHO estimates that between 100 million and 140 million women and girls worldwide have been subjected to FGM. Three million girls and women a year are at risk of mutilation - approximately 8000 girls per day. It has been documented mainly in Africa (in 28 countries), and in a few countries in the Middle East (e.g. Yemen, Kurdish communities, Saudi Arabia), Asia and among certain ethnic groups in Central and South America. Anecdotal evidence and case studies show that FGM is now being encountered in various European countries as well.

Prevalence rates in Africa vary between countries. Countries with high prevalence rates (> 85%) are for example Somalia, Egypt and Mali. Low prevalence rates (< 30%) are found in for example Senegal, Central African Republic and Nigeria.

Prevalence rates also vary within countries and regions; the decisive criteria being ethnicity. For example, of the 23 percent of Yemeni women who have undergone FGM procedures, the figure rises to 69% in the sparsely-populated Red Sea and Aden coastal regions, compared with 15 percent in the heavily-populated highlands and five percent in plateau and desert regions (DHS Survey 1997).

Some studies have also been done on the prevalence of FGM among Iraq's Kurdish communities. Amnesty International produced a report in April 2010 entitled *Iraq: Civilians Under Fire*. This report mentions the prevalence of FGM and the recommends banning of this practice.

- Read Amnesty International's report *Iraq: Civilians Under Fire* **here**
- Read *Iraq: Decades of Suffering*, a report from February 2005 by Amnesty International on the various forms of violence against women in Iraq, including FGM **here**

Human Rights Watch produced a detailed report in June 2010 on the practice of FGM in Iraq's northern territories, known as Kurdistan. The report recommends action by the Iraqi government, the Kurdish regional authorities, civil society and international donors.

- Read the Human Rights Watch report *"They Took Me and Told Me Nothing"* **here**
- For a comprehensive overview of FGM, see the **Fact Sheet** on Female Genital Mutilation developed by WHO.

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How is it practiced?

The type of mutilation practiced, the age at which it is carried out and the way in which it is done, vary according to a variety of factors. These include the woman or girl's ethnic group, what country they are living in, whether in a rural or urban area and their socio-economic background.

The procedure is carried out at a variety of ages, ranging from shortly after birth to sometime during the first pregnancy. It most commonly occurs between the ages of 0 to 15 years and the age is decreasing in some countries. The practice has been linked in some countries with rites of passage for women.

FGM is usually performed by traditional practitioners using a sharp object such as a knife, a razor blade or broken glass. There is also evidence of an increase in the performance of FGM by medical personnel. However, medicalisation of FGM is denounced by WHO.

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Effects of FGM

Immediate consequences of FGM include severe pain and bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and sometimes death. T**he procedure can result in death through severe bleeding leading to haemorrhagic shock, neurogenic shock as a result of pain and trauma, and overwhelming infection and septicaemia**, according to Manfred Nowak, UN Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

Almost all women who have undergone FGM experience pain and bleeding as a consequence of the procedure. The event itself is traumatic as girls are held down during the procedure. Risk and complications increase with the type of FGM and are more severe and prevalent with infibulations.

"The **pain inflicted by FGM does not stop with the initial procedure, but often continues as ongoing torture throughout a woman's life**", says Manfred Nowak, UN Special Rapporteur on Torture.

In addition to the severe pain during and in the weeks following the cutting, women who have undergone FGM experience various long-term effects - physical, sexual and psychological.

Women may experience chronic pain, chronic pelvic infections, development of cysts, abscesses and genital ulcers, excessive scar tissue formation, infection of the reproductive system, decreased sexual enjoyment and psychological consequences, such as post-traumatic stress disorder.

Additional risks for complications from infibulations include urinary and menstrual problems, infertility, later surgery (defibulation and reinfibulation) and painful sexual intercourse. Sexual intercourse can only take place after opening the infibulation, through surgery or penetrative sexual intercourse. Consequently, sexual intercourse is frequently painful during the first weeks after sexual initiation and the male partner can also experience pain and complications.

When giving birth, the scar tissue might tear, or the opening needs to be cut to allow the baby to come out. After childbirth, women from some ethnic communities are often sown up again to make them "tight" for their husband (reinfibulation). Such cutting and restitching of a woman's genitalia result in painful scar tissue.

A multi-country study by WHO in six African countries, showed that **women who had undergone FGM had significantly increased risks for adverse events during childbirth, and that genital mutilation in mothers has negative effects on their newborn babies**. According to the study, an additional one to two babies per 100 deliveries die as a result of FGM.

Read the WHO collaborative study on FGM and obstetric outcome